

**KNOWLEDGE AND ATTITUDE REGARDING
COPPER T INSERTION AMONG WOMEN
AT KUNDRATHUR VILLAGE**

By

Kokila. N

**A DISSERTATION SUBMITTED TO THE TAMIL NADU DR. M.G.R MEDICAL
UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR DEGREE OF MASTER OF
SCIENCE IN NURSING**

APRIL 2012

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DECLARATION

I hereby declare that the present dissertation entitled “**KNOWLEDGE AND ATTITUDE REGARDING COPPER T INSERTION AMONG WOMEN AT KUNDRATHUR VILLAGE**” is the outcome of the original research work undertaken and carried out by me, under the guidance of Prof. S. Ani Grace Kalaimathi M.Sc (N), PGDNA.,DQA.,Ph.D. Principal and Prof.S.Kanakambujam,M.Sc.,M.Phil., Head of the Department of Community Health Nursing, MIOT College of Nursing, Chennai. I also declare that the material of this has not found in any way, the basis for the award of any degree or diploma in this university or other universities.

Kokila. N.

II year M.Sc (N).

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ABSTRACT

The study is to assess the knowledge and attitude regarding copper T insertion among women. A conceptual frame work of the study was developed on the basis of Pender's Health Promotion Model. A quantitative research approach with descriptive design was used to achieve the objectives of the study. A Non- probability purposive sampling technique was adopted with a sample size of 100 women.

The findings revealed that majority of the women 70% were not using contraceptive methods whereas, only 30% were using contraceptive methods. 18% of the women had moderately adequate knowledge, 1% of the women had adequate knowledge and 81% of the women had inadequate knowledge regarding Copper T insertion.

There was a significant association between the level of knowledge and family income and previous history of using temporary contraception where $P < 0.05$.

There was no significant association between the level of knowledge and demographic variables such as Age, religion, type of family, educational status occupation, method of adoption and source of information where $P > 0.05$.

As for attitude was 22% of the women favourable attitude, 59% had unfavourable attitude and 19% had most favourable attitude regarding Copper T insertion.

There was a significant association between level of attitude and religion where $P < 0.01$. There was a significant association between level of attitude and demographic variables such as educational status and occupation where $P < 0.05$.

There was no significant association between the level of attitude and demographic variables such as age, type of family, previous history of using temporary contraception, method of adoption and source of information where $P > 0.05$, $p > 0.01$.

The study revealed that 81% had inadequate knowledge regarding Copper T insertion and 19% had most favourable attitude regarding Copper T insertion. Hence an information booklet on copper T insertion was provided to the women by the investigator.

TABLE OF CONTENTS

| CHAPTER | CONTENT | PAGE NO |
|----------------|--|----------------|
| I | INTRODUCTION | 1-7 |
| | Need for the study | |
| | Statement of the problem | |
| | Objectives | |
| | Operational definitions | |
| | Assumptions | |
| | Delimitations | |
| | Projected outcome | |
| II | REVIEW OF LITERATURE | 8-43 |
| | Review related to contraceptive usage among women | |
| | Review related to knowledge and attitude regarding intrauterine contraceptive device | |
| | Conceptual framework | |
| III | RESEARCH METHODOLOGY | 44-49 |
| | Research approach | |
| | Research design | |
| | Setting | |
| | Population | |
| | Sample | |
| | Sample size | |
| | Sampling technique | |
| | Inclusion criteria | |
| | Exclusion criteria | |

| CHAPTER | CONTENT | PAGE NO |
|----------------|---|----------------|
| | Data collection tool | |
| | Validity | |
| | Reliability | |
| | Pilot study | |
| | Data collection procedure | |
| | Human rights protection | |
| IV | DATA ANALYSIS AND INTERPRETATION | 50-61 |
| V | DISCUSSION | 62-64 |
| VI | SUMMARY, CONCLUSION, LIMITATIONS, IMPLICATIONS AND RECOMMENDATIONS | 65-70 |
| | REFERENCES | 71-75 |
| | APPENDICES | xxxiii |

LIST OF TABLES

| TABLE NO. | TABLES | PAGE NO. |
|-----------|--|----------|
| 1. | Distribution of demographic variables among women. | 51-52 |
| 2. | Mean and standard deviation value of overall knowledge score on Copper T insertion among women | 53 |
| 3 | Mean and standard deviation value of overall attitude score on Copper T insertion among women | 54 |
| 4 | Correlation coefficient between knowledge and attitude on Copper T insertion among women. | 57 |
| 5 | Association between level of knowledge on Copper T insertion and demographic variables among women | 58-59 |
| 6 | Association between level of attitude on Copper T insertion and demographic variables among women | 60-61 |

LIST OF FIGURES

| FIGURE NO. | DESCRIPTION | PAGE NO. |
|-------------------|--|-----------------|
| 1. | Conceptual framework | 43 |
| 2. | Percentage distribution of knowledge score | 55 |
| 3. | Percentage distribution of attitude Score | 56 |

LIST OF APPENDICES

| APPENDIX | DESCRIPTION | PAGE NO. |
|----------|--|------------|
| A | Letter seeking permission to conduct the study | x |
| B | Informed consent form | xi |
| C | Data collection tool-English | xii-xx |
| D | Data collection tool-Tamil | xxi-xxix |
| E | Information booklet | xxx-xxxiii |

CHAPTER I

INTRODUCTION

“Self knowledge is the beginning of self improvement”

- Spanish proverb

Women is the magnificent creation of God, multi-faceted personality with the power of benevolence, adjustability, integrity and tolerance. Our women have a great part to play in the progress of our country. The mental and physical contact of women with life is more lasting and comprehensive than that of men. Women's health is determined by reducing the maternal mortality and morbidity and spacing the birth interval and avoiding abortion. These are the main factors which affect women's health.

Globally, on an average, of 2.5 million couples are joining the reproductive group every year. The reproductive age group needs special attention. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children. They must have the education and means to do so. The reproductive and Child Health Programme in India, promotes responsible and planned parenthood through the government Family Welfare Program, with voluntary use and free choice of contraceptive methods.

The target couple includes families with one child or even newly married couples. The current approach in family planning emphasizes on offering high quality

contraceptive services, among eligible clients on a voluntary basis. An important component of the programme is promoting adequate spacing of births.

The National Population Policy 2000 has recognized as its immediate objective, the task of addressing the unmet need for contraception, to achieve the medium term objective of bringing the total fertility rate, to replacement level of 2 % by 2010, so as to achieve the long term goal of population stabilization by 2045.

As per National Family Health Survey the contraceptive prevalence rate in India is 56.3 %, which varies widely among different states. The unmet need for family planning is high at 13% and 6% for spacing. There are two types of intrauterine devices available which is levonorgestrel intrauterine device and copper intrauterine device. Copper intrauterine device is a new approach which was tried in 1970s. Some of the copper bearing devices which are currently available are Copper 7, Copper T 200, T Cu 220, T Cu 380A, Nova T and Multiload devices. But, from the year 2002 Cu T 380A has been utilized. More than 25 million Cu T 380A intrauterine devices have been distributed in 70 countries throughout the world.

Copper T 380A is recommended for women who have at least one child in a stable, mutually monogamous relationship and have no history of pelvic inflammatory disease.

WHO (2010) intrauterine device primarily in the form of 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 dysmenorrhoea. However, cumulative discontinuation rates of Copper T 380 A are lower than that have been reported for other methods, indicating that the Copper T 380 A is highly acceptable to women. After 5 years approximately 50% of all women who have a Copper T 380 A inserted will continue to use this effective contraceptive method.

Worldwide more women use intrauterine device than birth control pills. The Copper T 380 A is one of the most widely used intrauterine devices in the world, and is available in many countries. The Copper T 380 A acts primarily by preventing fertilization, as the copper ions decrease sperm motility and function, by altering the uterine and tubal fluid environment, thus preventing sperms from reaching the fallopian tubes and fertilizing the egg.

The Copper T 380 A is a highly effective form of long term reversible contraception. In a long-term international study sponsored by the average WHO, the annual failure rate was 0.4 % or less.

The effective life of Copper T 380 A is 10 years. A women's fertility returns promptly after an intrauterine contraceptive device is removed Continuation rates are also high in users, higher than those of most other reversible methods.

Large clinical trials conducted in many developing countries show that approximately 70% to 90% of women are still using their intrauterine contraceptive device one year after insertion.

It is highly effective, safe for most women. It is reversible, economical, and can be safely used by lactating and postpartum women, and a good choice for older women. The latest scientific evidence shows that Copper T 380 A is effective for at

least 12 years. It prevents ectopic pregnancy. Some studies of intra uterine contraceptive device have shown a decreased risk of uterine cancer. There is also some evidence that an intrauterine contraceptive device protects against cervical cancer. One visit for insertion and minimal follow up is required. It will not interact with medication and can be removed whenever the client chooses. So Copper T 380 A is the best choice for spacing child birth.

Need for 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.

Results of recent studies confirmed that intrauterine contraceptive devices provide very effective, safe, long-term protection against pregnancy and that health risks associated with the method are negligible.

Recent estimates suggest that almost one in five married contraceptive users are currently using an intrauterine contraceptive device because, it offers highly effective, long- term protection against pregnancy and returns to fertility upon removal.

Rivera, et al (2006) stated that Copper T 380 A is convenient and does not require daily action on the part of the user, or repeated clinical visit for supplies.

United Nations Development Programme et al (1997) the average failure rate over the course of 12 years was 2.2% which is comparable that of tubal sterilization.

During 2006 -2007 the total number of family planning acceptors by different method was as follows:

| | | |
|---------------------|---|--------------|
| Sterilization | - | 4.51 million |
| Vasectomy | - | 0.11 million |
| Tubectomy | - | 4.40 million |
| Intrauterine device | - | 5.95 million |
| Condom users | - | 26.21million |
| Oral pill users | - | 9.52 million |

However, about 53.4 percent eligible couples are still unprotected against contraception.

In India the total number of eligible couples was estimated to be 193 million during the year 2008. The unsterilized couples were 119 million and 74 million couples were sterilized. The unsterilized couples exposed to higher order of birth was 49 million.

One of the main reason that intrauterine contraceptive device (IUCD) is underutilized in India, because of lack of accurate up to date information about IUCD. It is often found that the advantages are understated, and the disadvantages tend to be exaggerated. Many myths and misconceptions are also prevalent in the community.

In Kundrathur out of a population of 1,82,000 and 15000 eligible couples, only 80 cases were IUCD users, 120 were taking oral pills and 600 mothers were undergoing puerperal sterilization yearly.

During my community speciality posting in Kundrathur I noticed there were some misconceptions about Intra uterine devices. It was believed that a women who had an Intra uterine device could not do heavy work, she could not get pregnant again and it cause ectopic pregnancy. Hence the investigator decided to find out the knowledge and attitude of women on Copper T insertion.

Statement of the problem

A descriptive study to assess the knowledge and attitude regarding copper T insertion among women at Kundrathur Village.

Objectives

- To assess the knowledge and attitude regarding Copper T insertion among women.
- To correlate knowledge and attitude regarding Copper T insertion among women.
- To associate knowledge and attitude of women with the demographic variables

Operational definitions

Knowledge

Knowledge refers to the ability of the women to understand and the awareness 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

Copper T is an intrauterine device made up of plastic or copper that is inserted in to the uterus through the vaginal canal.

Women

Women who have conceived and given birth, and raised a child.

Assumptions

- Women have inadequate knowledge and unfavourable attitude towards Copper T insertion.
- Women's knowledge and attitude on Copper T insertion may vary with selected demographic variables.

Delimitations

- Delimited to mothers in the reproductive age group of 20-45 year.
- The period of study limited to six weeks
- The sample size was limited to 100.

Projected outcome

- It creates awareness regarding Copper T insertion among women.
- It will help the health team members, to motivate the community in the adaptation of intrauterine device.
- It will help to find out the knowledge, attitude of women regarding copper T insertion.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an essential component of the research process. It is critical examination of publication related to a topic of interest. Review should be comprehensive and evaluative. Review of literature helps to plan and conduct the study in a systematic manner.

This Chapter deals with the review of published research studies and related material for the present study. The review helped the investigator to develop an insight in to the problem area. This helped the investigator in building the foundation of the study. For the present study literature is reviewed and organized under broad headings:

Section I: Literature related to overview of Copper T insertion

SectionII: Literature related to knowledge and attitude regarding intrauterine contraceptive device

Section I: Literature related to overview of Copper T insertion

Zakirhusain, et al (2011) conducted an exploratory study to assess the contraceptive use among illiterate women in India. A total sample of 34,108 currently married women was taken. The study concluded that the women information about family planning methods.

Nijer.J (2010) conducted a qualitative study to evaluate the contraceptive choices of women in rural South Eastern Nigeria to identify the factors influencing

their choices and usage of modern contraceptive methods. Qualitative data was collected by in depth interview of about 188 clients. The study has shown that the most commonly used contraceptive method is the injectable hormonal contraceptive.

Johnwiley, et al (2010) conducted a descriptive study to identify and describe factors that impact contraceptive practices in women. The study concluded that factors impacting positively or negatively on contraceptive practices were age related issues, education and status, religion, socio-cultural beliefs, values and norms, knowledge about contraceptives, contraceptive providers and the accessibility to contraceptive services.

Laureen. M Lopez (2010) conducted a descriptive study to assess the efficacy and feasibility of IUD insertion immediately after expulsion of placenta. The study concluded that this practice is safe but associated with higher expulsion rate than interval IUD insertion.

Bliss Kaneshiro, et al (2010) conducted a descriptive study to assess long-term safety, efficacy, and patient acceptability of the intrauterine Copper T-380 A contraceptive device. The study showed that cumulative discontinuation rates of Copper T-380 A are lower than that have been reported for other methods, indicating that the Copper T-380 A is highly acceptable to women. After 5 years, approximately 50 % of all women, who have a Copper T-380 A inserted, will continue to use this highly effective contraceptive method.

Grimes DA, et al (2010) conducted a prospective study to assess the effect of IUDs. The study concluded that, use of the IUD for more than 5 years did not increase the risk of pelvic infection, ectopic pregnancy, anemia, or abnormal Pap

smears. Duration of IUD use did not affect subsequent pregnancy rates or pregnancy outcome.

Pengpid (2010) conducted a quantitative descriptive study to assess the level of awareness of contraceptives and utilization of family planning services among young women and barriers that hinders effective use of such services at the National University of Lesotho, Roma. Sample was conducted among 360 female undergraduate students. Awareness of family planning is high among the participant (98.3%). Condom is the most commonly known and used family planning method. The result concluded that the level of awareness and utilization of family planning services is high among female students of university of Lesotho. Access to services is good but there are misconceptions. There is the need to introduce family planning teaching that is based on accurate knowledge to school curriculum.

Palma Cabrera.Y (2009) conducted a descriptive study to assess the current level and trends in contraceptive use. The most utilized method until female sterilization, IUDs 19.8% pills 18.3%, the rhythm and coitus interrupt, 15.1% respectively. The study concluded that various methods of regulating fertility need to be evaluated because of increasing integration of segments of population previously excluded by geographical, cultural, and social barrier.

Eleanor. A Dreya, et al (2009) conducted a descriptive study to assess the continuation and patient satisfaction with intrauterine contraception insertion immediately after elective abortion in the first and second trimesters in an urban, public hospital-based clinic. A cohort of 256 women who elected to have insertion of a copper-T IUC (CuT380a) or a levonorgestrel- releasing IUC were followed

postoperatively by phone calls or chart review to evaluate satisfaction with the method. Nearly all (93.8%) of the women were satisfied with IUC. The study showed that rates of satisfaction between women after first and second trimester abortions were equal. In an urban clinic, IUC has high initial continuation and high patient satisfaction when inserted immediately following either first or second trimester abortions.

Zhao, et al (2009) conducted a prospective cohort study to assess the impact of different contraceptive methods on quality of life in rural women in China. The combined oral contraceptives and intra uterine devices are the most common contraceptive methods used by women. women's choices of contraceptive method are largely affected by the safety and efficacy of contraceptive methods as well as by change in women's quality of life . However there are still scanty data focusing on the impact of IUD on quality of life in women, especially in China. Significant score changes in physical health, mood, work, school, labour, living situation, vision, general wellbeing and overall satisfaction were noted as significant improvements after oral contraceptives use in women, the largest improvements were in physical health and living situation, all the item scores except for work, house hold activities and leisure time activities had improved statistically from baseline in IUD users. For oral contraceptive users the proportion of women with total quality of life scores before and after oral contraceptive use were 11.5% and 11.79%, but the proportion of IUD users with total quality of life scores increased from 4.4% to 12.4%. Compared to women without contraceptive use history, women with past oral contraceptive and IUD use had a significantly high difference in the total quality of life. The study

conclude that oral contraceptive and copper T could significantly improve overall quality of life in rural women.

Bjog, et al. (2009) conducted an exploratory study to assess the current status of contraceptive use among rural married women in China. A total sample of 53,652 married women aged 18-49 years was taken. The study concluded that there was a significant increase in contraceptive use of rural married women in China.

Epup (2009) conducted a prospective cohort study to assess the impact of different contraceptive methods on the quality of life in rural women in China. The study concluded that there was a significant improvement over the quality of life in China.

Naomi. K Tepper, et al (2009) conducted a descriptive study to examine the evidence regarding the safety and effectiveness of intrauterine devices in women with uterine abnormalities. The study concluded that reported complications included expulsion, pregnancy, bleeding, perforation, and pain. In several case reports, no complications were reported.

Wiliamson L.M, et al (2009) conducted a qualitative study to assess the limits to modern contraceptive use among young women in developing countries. Sample size ranged between 16 and 149 young women. The study revealed that increasing contraceptive method use requires communitywide, multi-faceted interventions and the combined provision of information, life skills, support and access to youth friendly services.

Jayaraman. A Mishra, et al (2009) conducted a descriptive study to assess the relationship of family size and composition to fertility desires, contraception adoption

and method choice in South Asia. A sample of non pregnant women aged 15-49 who had at least one child was taken to examine the relationship of parity and number of sons, to reproductive outcomes in Nepal, India and Bangladesh. The study concluded that desire for another child decreased and contraceptive use increased as number of children and number of sons increased.

Woldemicael. G (2009) conducted a descriptive study to assess women's autonomy and reproductive preferences in Eritrea. The results from the multi- variate logistic models show that although relationship between women's autonomy and reproductive preferences in Eritrea is complex, some clear, broad patterns exist that have implication.

David Hubacher (2007) conducted a descriptive study to assess the contraindication to using the copper IUD in nulliparity. The result show that however, more research is needed to determine whether expulsions and removals due to bleeding and pain can be reduced with improved copper devices.

Ann M. Stanek, et al (2008) conducted a descriptive study to assess the barriers associated with the failure to return for delayed intrauterine device (IUD) insertion postabortion. This study had two components: (a) a retrospective cohort study of women who choose an IUD as their postabortion contraceptive method to compare characteristics of those who did and did not receive a device within 6 months of the procedure and (b) a prospective survey of women intending IUD use postabortion to assess actual IUD use at 6 weeks, barriers to access and attitudes on insertion timing. Of the 500 abortion patient charts available for review during the study period, 53 women intended IUD use postabortion. At 6 months, only 32%

intending an IUD received one, and there were no significant demographic differences between the groups. For the prospective portion, the response rate at 6 weeks was 54% (27/50), with only 26% (7/27) of responders reporting IUD insertion by this time. The principal reported barrier to IUD insertion was time needed for an additional visit (41%). The study concluded that significant number of women that express a preference for IUD use after first-trimester abortion do not return to obtain a device. Most would prefer to have the option of immediate insertion

Daniel EE, et al (2008) conducted an experimental study to assess the effect of community based reproductive health communication interventions on contraceptive use among young married couples in Bihar, India. Random samples of married women below 25 with no more than one child were surveyed in 2002-2003. The study showed that contraceptive use was very low (2-6%) at the baseline in both comparison and intervention areas. Demand for contraception increased from 25 % at the baseline, to 40 % at follow up in intervention areas, but remained virtually unchanged in comparison areas.

Collins and Crosignani P.G, (2008) conducted a descriptive study to assess the prevalence rate among countries. During 5 years of IUD use, pregnancy occurs in less than 2 per 100 insertions. Bleeding and pain are the most common reason for removal rates of 10% in the first year and up to 50 % within 5 years. The study showed that effective use of IUDs for up to 10 years has the same pregnancy rate as tubal interruption. Thus, the IUD could be an alternative to female sterilization especially in younger women who are more likely to regret sterilization.

Reeves, (2007) conducted a descriptive study to assess the contraceptive effectiveness of immediate compared with delay insertion of intrauterine devices after abortion. The result show that women who have an IUD inserted immediately after an abortion are expected to have fewer pregnancies and repeated abortion than women scheduled for insertion of an IUD at a follow up visit.

Hubacher, et al (2007) conducted a exploratory study to assess the possibility that IUDs may reduce the risk of cervical cancer, but none has shown a statistically significant reduction with the intra uterine devices.

Ristya Ira Murti, (2007) conducted a exploratory study to explore factors Influencing the Use of Long-Term Contraceptives in Indonesia. The sample of this study is to examine the factors influencing the use of long-term contraceptive use in Indonesia 2007. The analysis is based on data collected at the 2007 Indonesia Demographic and Health Survey (IDHS 2007), which collected a range of family planning, demographic and health information by interviewing 32,895 currently married women. Of these women, 3,381 were currently using a long-term contraceptive method such as IUD, female sterilisation and implants. The study show that the type of place of residence (rural or urban), women's age, household wealth index, knowledge of any method of contraception, women's educational attainment, women's current work status, ideal number of children, and the total number of children ever born and living are the factors which are significantly associated with the use of long-term contraceptives.

Robey B, (2007) conducted a study to assess the community based contraceptive distribution program using village women in Island, Korea. The study concluded that

increasing number of community workers in rural areas helps to reduce barriers to the use of contraceptives.

Gubhaju. B (2006) conducted a descriptive study to assess the influence of wives and husbands education levels on contraceptive method choice in Nepal, 1996-2006. Data collected from currently married, non- pregnant women aged 15-49 in Nepal and health surveys of 1996, 2001 and 2006 were analyzed. The study showed that an educated women was more aware of male sterilization and condoms.

Malay Mundle, et al (2006) conducted a cross-sectional study to assess the perceptions of couples about contraception in Eastern India. A sample of 2,000 respondents, $\frac{3}{4}$ were from rural and $\frac{1}{4}$ from urban areas was taken, to determine perceptions of couples about contraception. The study showed that literacy level among women was higher, and the ideal birth interval between pregnancies also increased.

Rob U Philips, et al (2005) conducted a descriptive study to assess the effectiveness of Copper T in Matlab, Bangladesh. The study suggest that sustained motivation and regular resupply are the key components of this successful family planning programme.

Tripathy. V Nandan et al (2005) conducted a descriptive study on intrauterine contraceptive device users in a rural district of India. Multi-variate analysis indicated several significant predictors of early discontinuation of intrauterine contraceptive planning devices use. The study findings may help in family planning providers in counseling practice.

Anibal Faundes, et al (2005) conducted a comparative study to assess Post-abortion insertion of the Copper T 200 and Lippes loop. Sample of lippes loops and copper-T were inserted in the first week after abortion to 705 and 639 women, respectively, as part of the routine work of a large Obstetrics Department in Santiago, Chile. The study concluded that continuation rate after a year was better for the Copper-T (78.5) than for the Lippes loop (72.0), derived from lower expulsion (13.0 vs. 16.5) and medical removal rates. Pregnancy rate was higher for the Copper-T (3.5) than for the Lippes loop (2.6).

Joseph A, et al (2005) conducted a descriptive study to determine the proportion of postpartum women at the University of New Mexico. They conducted a retrospective chart review of 1627 postpartum women who delivered at the University of New Mexico. Medical records were reviewed to identify the timing of IUD placement. Twelve percent of postpartum women requested an IUD. Records were available for 114 women. Of these, only 69 (60%) actually obtained an IUD. Barriers to postpartum IUD insertion included provider advice against the IUD, patient failure to return for a postpartum visit and early repeat pregnancy. We conclude that postpartum women desiring an IUD may have difficulty obtaining one.

Carlos Brambila, et al (2003) conducted the prevalence of contraceptive use among married women in Guatemala. The result show that among the modern methods, the most popular are female sterilization (16.7%), the pill (5.0%), the injection (3.9%) and the condom (2.3%). Only 2.2 percent of women in union use IUDs, a smaller proportion than those that used this method in 1995 (2.8%), which is indicative of its lack of supply as well as the act of demand for this method in the

health service system. IUD use may be considered low with respect to the estimated demand for long-term methods.

Campbell MJ. et al (2002) conducted a exploratory study to determinants of contraceptive method choice after first delivery, before first abortion, and after abortion in East China. Sample of 2880 women were included. For first method choice after first delivery, the most popular method is the IUD, although there are rural and urban differences. Better educated women in urban areas prefer the condom, IUD, pill. Younger women prefer the IUD and pill. For last method choice before first abortion women who had no sons apparently high failure rates on the pill.

Zhang LJ, et al (2002) conducted a randomized control trial to assess the effectiveness of Multiload Cu 250 intra uterine device and Cu 200 intrauterine devices for women with previous failure of stainless steel ring failure. The study concluded that both type of copper IUD were effective for women with previous of stainless steel ring. The study also showed that ML Cu 250, might be used as long years. Should surface area of copper be increased, further decreased pregnancy rate would be expected.

Francis zavier, et al (2002) conducted a descriptive study to assess the spacing method before sterilization among couples in Kerala, India. Many couples in India never use a reversible method to delay or space births, and instead adopt sterilization as their first and only method. Sample of 2,029 ever-married women protected by sterilization are taken from the part of the 1992-1993. Multivariate logistic regression techniques are used to assess the socio-economic, demographic and behavioral

characteristics that determine prior temporary method use among sterilized couples. However, the likelihood of temporary method use before sterilization is significantly reduced among respondents who preferred shorter birth intervals and among relatively older women (age 31 and older). The median interval between the first and second children born to sterilized couples who had ever used a reversible method was longer than that among children born to couples who had relied only on sterilization (32 months vs. 26 months). In Kerala, both small family size ideals and a desire to shorten the period of exposure to the risk of pregnancy might explain the tendency for couples to go directly to sterilization at a relatively young age and bypass temporary method use altogether. The study concluded that emphasizes clients' choice of methods and high-quality services that cater to their needs would enhance the use of methods to space births.

Chen J, (2001) Conducted a descriptive study to assess the evaluation of the impact of birth control methods on fertility at Shanghai. A sample of 11,073 married women representing different level of socio economic development and family planning programme implementation was selected. The reproductive process analysis indicated that retention span of an IUD increases with age, to reach maximum number of births averted at ages 25-29 years. Finally, the IUD standardized couple years of protection was found to total 933.7 for 1029 new acceptors with 0.36 birth averted per acceptor.

Kishore N, et al (2001) conducted a qualitative study to assess the intrauterine contraceptive device success and its failure. The reason for the decline in popularity of the IUD in India. A sample of 1500 loop patients were followed up and field

interviews were conducted in rural and urban areas. Major complications among the 1500 patients were excessive bleeding, discharge, and pain. Pregnancy occurrence at a rate of 2.56%. After insertion 505 of the women were mild or silent in their criticism of the intra uterine device, 30% approximately criticized it, and 20% actively criticized it. Problems causing criticism included lack of initial information about complications, pregnancy after loop insertion, lack of sympathy of physicians and social workers concerning complications, and low opinion of other physicians of loop. In the rural field interviews, 80% of the people knew nothing about family planning, but said emphatically a lapse of 3 years occurred between the births of their children. Objectives to the IUD among these people were religious, disapproval of local Doctors, unqualified practitioner, and fear of complications. The study concluded that suggestion for reaching more of the women in rural villages.

Kamalanathan. JP, (2001) conducted a comparative study to assess the acceptance and use of contraceptive methods in rural population in Kelantan. The sample included 273 Malays, 64 Indians and 13 Chinese. 44.9% practiced contraception, highest in Chinese and lowest in Indians. Methods used were pills by 55%, traditional methods(19%), tubal ligation(18%), safe period (14%), injections (5.5%), IUD (4.7%) and condom(2.3%). The Malaysian traditional methods are herbal preparations from roots, herb pills and exercises after coitus. 34% of non contraceptors had used contraception before but stopped because of side effects, religious or spousal objections or desire to conceive. 74% had married in their teens. 46% of the non contraceptors were spacing their children by prolonged breast feeding.

Eur. J, et al (2001) Conducted a retrospective study to assess the factors influencing contraceptive practice of the female population in the rural area of Thrace at Greece. Sample of 127 Orthodox Christians and 120 Muslims. There is a significant preference of Christians for condoms, and of Muslims for coitus interrupts. The use of male condom was significantly higher in younger, compared to older, Christians. The study concluded that there is an urgent need to promote information concerning the variety of modern contraceptive options in order to improve the prevalence of contraceptive use and religion of Thrace.

Sofat R (2001) conducted a randomized control trial study to assess the post-partum Copper T insertion. Sample of 115 women were motivated to accept the use of copper T within the first ten days post-partum. 14 subjects were teenagers, 66 were aged 20-25 years, and 35 were aged 26-30 years. The women were then followed up to one week, one month, three months intervals. The study concludes that despite the high rate of expulsion, post -partum insertion of copper T has a role in family planning in the rural setting where some women come to the hospital only for delivery. The need to take care in selecting appropriate acceptors is stressed.

Inst. J (2001) conducted an exploratory study to assess the promotion of IUD usage among rural women in Northern Karnataka. The study concludes that the reasons for the not so impressive performance and more generally that of non terminal methods of family planning in India. Methods are proposed for improving acceptance rates and length of use items.

Iyengar. K, et al (2000) conducted a qualitative study to assess the Copper T 380 A is a alternative to female sterilization in India. The study revealed that unmet need for contraception among women not willing to choose sterilization, while reducing dependence on doctors and expensive equipment.

Chhabra. S, et al (2000) conducted a descriptive study to assess medical termination of pregnancy and concurrent contraceptive acceptance at clinic in rural India. Sample of 2,755 women. Among married women seeking MTP in their first trimester of pregnancy, 43.4% accepted sterilization. After that only 11.5% of women in their second trimester accepted the IUD, but 70.2% accepted sterilsation.72% of the unmarried women and 43%of the married women seeking MTP were in their second trimester. The study recommended that combine contraceptive services and counseling with MTP whenever possible, examine the consequences of policies that exclude unmarried women from contraceptive services, investigate the reasons why so many women in this study sought MTP so late in pregnancy, and obtain information on the determinants of contraceptive acceptance among women who seek MTP.

Tu .P, (2000) conducted a study to assess the IUD discontinuation patterns and correlates in four countries in North China. Sample of 8,630 rural married women younger than 35.The gross IUD discontinuation rate was low among women with one child. The pattern of discontinuation was determined mainly by individual demographic profile and institutional variables. The study revealed that effect of introducing copper IUDs may be smaller than expected unless providers training is substantially improved and couples fertility preferences altered.

Guttmacher, (2000) conducted a descriptive study to assess the effectiveness of contraceptives. Couples who use contraceptives not only protect themselves against unwanted pregnancies, but also may reduce their risk of becoming infected with a sexually transmitted disease (STD). No currently available method, however, is highly effective in protecting simultaneously against pregnancy and infection. Thus, couples who place high priority on minimizing both risks may have to use two methods. The need for contraceptive methods that provide effective protection against both pregnancy and STDs has been intensified by the HIV epidemic, but progress has been slowed by the lack of integration between the STD and family planning fields. The first part of this two-part article discusses the similarities and differences between the two fields, examines the impact of STDs on contraceptive use and services, and reviews the scientific literature dealing with the effects of condoms, spermicides and barrier-and-spermicide methods on the risk of STD transmission. Part II (which will appear in the next issue) examines what is known about the effects of oral contraceptives, the IUD, tubal sterilization and abortion on reproductive tract infections. The second part also includes a discussion of the trade-offs involved in choosing a contraceptive and presents estimates of the first-year rates of unplanned pregnancy and gonorrhoea infection (given an infected partner) that would occur among women using various contraceptive methods.

Rode MA, et al (2000) conducted a descriptive study to assess the psychosociological approach to intra uterine contraception. A sample of 200 women answered a questionnaire and 48 were personally interviewed 6 months. Most women were between 31 -35, Catholics and of urban residence, they all had been using several contraceptive methods prior to IUD insertion, and behavioural methods has

been used more often than the pill, 58% had previous abortion experiences. Information about the IUD had come from a Doctor in 73.5% of cases, and from friends in 33% of cases. Most women seemed to be pleased with their present choice, only 3% felt the device as a foreign body. Sexual side effects were positive, 42% of wearers declared to now take initiative for inter course, as compared to 14% before IUD insertion, sexual satisfaction was increased for 575 wearer.

Toan. NV et al (2000) conducted a cross sectional study to assess the utilization of reproductive health services in rural Vietnam. Sample of 1132 mothers. 70% of the women used contraceptive methods with the intra uterine device being the most common. The use of intra uterine device was positively associated with the number of children alive but not with other socio demographic factors in the mothers. The study concluded that family planning services were however, frequently used and were used to same extent by different group of mothers, except for abortion, alternatives to the intrauterine device method were rarely available.

Johannson. A, et al (2000) conducted a qualitative study to assess the women's experience of family planning in two rural communities in Vietnam. Sample of 25 women. Most of the women express about that there are methods available to them were the IUD and menstrual regulation. 60% of the women reported problems with the IUD and many women asserted that the Copper T -380 A used in Vietnam. The study concluded that the users perspective must be considered in terms of socioeconomic and cultural factors. Also varying needs of women at different stages of reproductive life must be considered along with the role of man in fertility regulation, the influence of the older generation, the degree of freedom or coercion in reproductive choices and importance of the availability of alternative methods .Such

research should be carried out in conjunction with efforts to improve the family planning programme.

Porozhanova. V (2000) conducted a qualitative study to assess the contraception among adolescents. Sample of 792 adolescent girls. They founded only 15 patients practiced hormonal contraception and I case with intra uterine device. The condoms for men was the most popular and useful in teenagers and natural family planning methods were practiced from 52 patients. The study revealed that the major reason for not using contraception were did not expect intercourse (42.42%) did not have the conditions for use (18.94 %), reckoned that the method was dangerous and injurious (12.12%) ,did not believe in the method (10.61%) and thought that sex was not enjoyable with the use of contraceptives.

Bhat PN and Halli SS (2000) conducted a descriptive study to assess the factors influencing continuation of IUD use in South India. The study recommended that if the IUD were recommended to older women for limiting child bearing by emphasizing its reversibility, it would enhance method's popularity and improve the levels of contraceptive use among younger women. The study concluded that such a strategy might encourage contraceptive use among women who do not want more children but are concerned about child mortality and thus reluctant to undergo sterilization.

Bhatia. S (2000) conducted a descriptive study to assess the effectiveness of experience with lippes loop and contraceptive intra uterine device in rural, Bangladesh. Experience with IUD use among rural women within two programmatic efforts demonstrates that copper T suited the needs of younger, lower parity women

better women better the lippes loop. The differential performance by the device was especially marked within the programme that offered broad selection of contraceptive methods and occurred mainly because of lower rates of expulsion and lower rate of discontinuation for bleeding and pain among copper T users. Nevertheless, the easy availability of a wide choice of methods during the second program successfully encouraged dissatisfied IUD discontinuers to try other methods of contraception.

Section 2: Literature related to knowledge and attitude regarding intrauterine contraceptive devices

Mitali. G Patel, et al (2011) conducted a cross sectional study on knowledge, attitude and practice regarding spacing method among married women of the reproductive age group. In a sample of 329. The study revealed that almost half of the study subjects were not using any form of spacing methods, showing lack of awareness and inadequate knowledge of the importance of contraception.

Gutin SA, et al. (2011) conducted a descriptive, cross-sectional survey to assess the knowledge, attitudes and practices surrounding the intrauterine device in South Africa. The survey was conducted among 205 clients and 32 health care providers at 12 public sector clinics in two provinces. If IUD use is to be expanded in South Africa, potential users will need educated about the method, and providers will need training on counseling and provision to do so.

Malleshappa. K, et al (2011) studied about the knowledge and attitude about reproductive health among rural adolescent girls in Kuppam Mandal. A total of 656 girls in the age group of 14-19 years were randomly selected Reproductive health knowledge score improved significantly after intervention.

John Mao (2011) conducted a study about the knowledge, attitude and practice of family planning. The percentage is high regarding the attitude towards approval for abortion. 56 percent of the respondents agreed to use a method to delay or avoid pregnancy.

Eleanor Bimla, et al(2010) conducted a descriptive study to assess the interest in using intrauterine contraception among women seeking emergency contraception. Sample of 412 women who requested emergency contraception The 41 item surveyed assess the knowledge, attitude towards and interest in using intra uterine contraception, data were analysed using Fisher's exact test and multivariate logistic regression analysis methods. Response rate was 85%.12% of women surveyed expressed interest in same day insertion of an intra uterine contraception and 22% wanted more information about IUD. The study concluded that interest in same day increased with higher education level, prior unwanted pregnancy and experience with barriers to use of contraception. Same day IUD reasonable way to increase the use of highly effective contraception among women seeking emergency contraception.

Rajni Dhingra, et al (2010) conducted a descriptive study to assess knowledge, understanding and attitude of couples towards family planning. Sample for the study comprised 200 married couples drawn from Jammu district through stratified random sampling technique. The results witnessed a high prevalence of illiteracy and associated ignorance among rural masses (35%), regarding the concepts and measures of family planning.

Mustafa R Afreen, et al (2008) conducted a cross sectional observational study to assess the knowledge on family planning. Sample of 100 women between

the age group 15-45 living with their husbands and coming from rural areas were interviewed. Among women with mean age of 29 years, 81 % had some knowledge about family planning. The study showed that there was a low contraceptive use among women of rural origin despite good knowledge. The study suggests that motivation of couples through media and health personnel, can help to achieve a positive attitude in husbands for effective use of contraceptives.

Emily M Godfrey, et al (2008) conducted a s randomized control study to assess the Intrauterine contraception for adolescents. Intrauterine contraception can provide adolescents with effective, long-term contraception as well as with other health benefits. In adult populations, intrauterine contraception rates highly in patient satisfaction and safety. It is rarely prescribed to adolescents because of limited data. This study shows that at 6 months, though not statistically significant, adolescent continuation rates trended towards being greater with the Levonorgestrel Intrauterine System compared to the Copper T 380A. These data will be helpful in the design of a larger trial of intrauterine contraception use among adolescents.

Amy K Whitaker, et al (2008) conducted a study on adolescent and young adult women's knowledge and attitude towards the intrauterine device. We administered a 43- item survey to 144 women aged 14–24 years. Most young women were unaware of IUDs, but were likely to think positively about IUDs after being educated about them. Demographic and reproductive health history did not predict attitude; thus, all young women should be offered education about IUDs.

Khan.I D (2008) conducted a descriptive study about knowledge, attitude and practice among married women. Good knowledge of contraceptives and acceptance of two child norm vasectomy and practice remain poor.

Jennifer Barret, (2007) conducted a prospective study to assess the knowledge on contraceptive methods. The study showed that nearly all sexually active knew about contraceptives, and in 2002 most reported that they had ever used the IUD (71%) or any modern method (77%). In both surveys, wealthy women with higher education were more likely than other women to know about contraceptive methods, other than the IUD. Higher levels of wealth and education as well as urban residence and nonuzbek ethnicity were also associated with the use of contraceptives other than the intrauterine contraceptive device, although these relationships were generally weaker in 2002.

Rachel Johnson, et al (2006) conducted a descriptive study to assess the adolescent knowledge, attitudes and intention to use emergency contraception. The study concluded that educating those in need of EC, especially adolescents under the age of 18 years. Results from this study initiated a social marketing campaign and intervention aimed at increasing adolescent knowledge of and access to EC.

Masoumeh Bagheri, et al. (2007) conducted a descriptive study to assess the attitude and contraceptive use. Sample of 383 Iranian women, that is selected through stratified random sampling method in the Khozestan province of Iran. Result showed that, 10.1 % of women did not seek family planning services. 50.8 % of respondent use pills that consist the highest rate, and then 17.2% for IUD, 12.5% use calendars method, 11.5 % withdrawal method, 5.4% for condom, and 2.3% used injection. The

study revealed that, age, women's level of education, occupation of women and previous familiarity with contraceptive methods were the most significant factors influencing contraceptive use than in 1996.

Reeta, et al (2007) conducted a descriptive study to assess the men's Attitudes about Contraception. Twenty-two percent of men think that contraception is women's business and that a man should not have to worry about it. Sixteen percent of men believe that women who use contraception may become promiscuous. The study show that almost half of men believe that a woman who is breastfeeding cannot become pregnant.

Oddens, et al (2007) conducted a exploratory study to assess the factors of contraceptives use among women of reproductive age in Great Britain and Germany. The contraceptive methods used was also related to having occasional rather than steady sexual partners, lower educational level and frequent church attendance, contraception decisions appeared to follow a fixed pattern, based more on a couple's Demographic situation than on the characteristics of the contraceptive methods. The study suggest that the contraceptive method used was influenced by health care policy, the organization of the releavant services and differential provider preferences.

Josaphat. K Byamugisha, et al (2006) Cross sectional study of emergency contraception and Fertility awareness among University Students in Kampala, Uganda The study concluded that Knowledge about emergency contraception and fertility awareness is low among the female first year university students.

Farhana Irfan, et al (2006) studied the knowledge of emergency contraception among women of childbearing age at a college and hospital in Karachi. A

questionnaire based survey was conducted on 400 married women, attending the family practice clinics at a in Karachi, Pakistan from July to December 2006, Lack of women's knowledge about EC use and availability may account in part for its limited use. There is a need to improve women's education about EC. The primary health care providers can play a major role in informing their patients about emergency contraception.

Bijang, et al (2006) conducted a qualitative study on how women's beliefs and perception about intrauterine contraceptive device led to rejection of this contraceptive choice. One to one semi structured interviews were conducted with 10 women of varying ages and parity. The study concluded that the main worries were about embarrassment during fitting and association between the hidden nature of the fitted device.

Anjna Nema and Sharma (2006) conducted a descriptive study to assess the Family Planning among Youth of Jabalpur City, Madhya Pradesh, India. A sample of 250 randomly selected other backward class college girls of Jabalpur city, Madhya Pradesh, were surveyed. Sample colleges were selected by proportional probability allocation method. Study was conducted in various colleges of Jabalpur. It has been noted that 90.4% girls accepted two children norms in family. 96.0% students mentioned there should be one male and one female child in family. Age of first conception should be 22-25 years as accepted by majority of girls. Ideal difference between marriage and first conception should be 2-3 years accepted by 40.0% girls each. The source of information regarding planning of family is television. 98.4% girls correctly accepted limitation of children is possible. 44.8% girls have opinion that

3 years spacing between two children is ideal.97.6% girls have heard about contraceptives. 95.8% girls are aware of female contraceptive devise.36.0% girls suggested oral pills to be safest measure. 56.0% girls agreed that purpose of using contraceptives is to delay first conception.41.6% girls believed that contraceptives cannot be used while breast-feeding, and 16.8%accepted that use of contraceptive can cause undesirable effect on physical beauty of women. Study shows that girls have positive attitude regarding planning of family, but there is lack of knowledge regarding various issues of contraceptives. Therefore this is suggested that education courses like population education should be included in the syllabus of students, so that girls can develop life skills for their better future

Zelaya E, (2006) conducted a descriptive study to assess the contraceptive patterns among women and man. A sample of 388 man and 413 women aged 15-49 years was drawn at random. The study concluded that the situation of many poor women in a country with limited contraceptive services, is worrying considering that abortion is illegal and threat of HIV epidemic is growing. The situation for adolescents is particularly problematic with low experience in contraceptive use.

Kaur. H P (2006) conducted a descriptive study to assess the knowledge regarding family planning methods among rural women o faridkot district of Punjab.A researcher analyzed data on 60 married women of reproductive age living in the villages of Kaoni and Assa Buttar in Faridkot District, Punjab state, India, to determine their knowledge levels of various aspects of family planning methods. 80% of the women could neither read nor write. About half lived in an extended family, while the rest lived in a nuclear family. All the women knew about family planning.

The women considered the purpose of family planning to be limiting family size (80%), spacing children (53.3%), and preventing conception of children (33.3%). Indeed 40% used a family planning method to space their children, 33.3% to limit family size, and 26.7% to cease childbearing. The leading known methods included the copper T IUD (100%), tubectomy (93.3%), vasectomy (86.6%), and condom (86.6%). 60% of the women and 13.2% of their husbands used a contraceptive. The major methods ever used were tubectomy (46.6%), condom (26.6%), the loop IUD (13.6%), oral contraceptives (13.3%), and the copper T IUD (13.3%). Friends and relatives constituted the most frequently reported knowledge sources for all family planning methods except jelly, cream, and diaphragm which none of the women knew about. Husbands tended to be the leading information source about condoms. Authorities were not major contributors to these rural women's family planning knowledge. All the women trusted family planning and believed it to be good for their health. 86.6% thought it was also good for their children's health and that it allowed parents to provide a better life for their children. The main reasons for stopping family planning use were 1) wanted a child (20%), 2) physical discomfort (13.3%), and 3) method failure (6.6%). The leading reasons for not using a family planning method at all included 1) wanted a child (20%) 2) unhappy marriage (13.3%), and 3) high cost (6.6%).

Dawn. S Chinquee, et al (2005) conducted a randomized control trial to Bridging emergency contraceptive pill users to regular contraception in Jamaica The study highlighted the need for bridging strategies to consider women's reproductive

and sexual behaviors, as well as their context. However, in countries like Jamaica where HIV/AIDS is of concern and condom use is appropriately high.

Reethu, et al (2005) conducted a descriptive study to assess the knowledge, attitude and practices of women. Study has been initiated by enrolling 740 women seeking abortion at an urban hospital: Nowrosjee Wadia Maternity Hospital. Details of the subject characteristics, type of family planning(FP) methods used: current and past, reasons for nonuse and failure of the methods have been previously reported MTP was considered as a FP measure by 2.5 per cent of women. In depth interview revealed that two women had come for MTP after confirming that it was a female fetus on ultrasonography. Although over 90 per cent of women were aware of Cu-T, CoCs and condoms and 42 per cent aware of withdrawal, Cu-T, condoms and withdrawal were used only by 29 per cent, 47 per cent and 77 per cent respectively. Women discontinued 110 either Cu-T, CoC, Condom or rhythm method (11%) due to lack of strong motivation, incorrect knowledge and myths. It was observed that in spite of experiencing failure with condom /withdrawal, the couple preferred using the same since they were devoid of ill health effects. Unwanted pregnancies would have been prevented in 16 per cent of the women who were suitable candidates for emergency contraception (failure of withdrawal/condom) but were not aware of this back up method.

Jayalakshmi.M.S, et al (2005) conducted a descriptive study to assess the level of knowledge of males and their attitude towards family planning at Maternity and Gynae hospital of Central Government Health Scheme, R.K. Puram, New Delhi, The study revealed that Nearly one-third of all births is either undesired or

unplanned, the major reason being the failure of contraceptive methods or accidental conception during lactation period, Strong preference for sons compels at least one-third of parents to go in for three or more number of children, Level of knowledge of various family planning methods like emergency contraceptives and no scalpel vasectomy is low among the respondents, Desire to get vasectomy done is low among men, Even after having three or more living children, only half of the men have any intention to adopt a permanent family planning method immediately or in future and, in half of the families, the husband is the sole decision-maker regarding family planning.

Akadli Ergocmen B and Kulu I (2004) conducted a descriptive study to assess the unmet need for family planning in Turkey. The total unmet need was 25.2%, 13% if users of traditional methods are excluded. The need in rural areas was 29%, compared to 23% in urban areas. The more industrialized Western region of Turkey had the lowest need, 20.6% while the Eastern region had the highest, 26.4%. Younger women had a higher demand for contraception. While those under 20 desiring spacing had a need 5 times higher than women desiring family limitation. Unmet need is universally related to education. Need for specific methods in Turkey really means need for IUDs, since pill failure rates in this population often surpass those of traditional methods. Unmet need for contraception in Turkey is about 25%, a fairly high estimate, similar to that of Korea and Phillipines.

Trussell (2004) Conducted a long-term international comparative trial to assess the copper T 380 A. The average annual failure rate was 0.4 percent or less,

and after 12 years of use the cumulative failure rate for women using the TCu-380A IUD was 2.2 percent, which is comparable to that of female sterilization.

Khan.I.D (2004) conducted a descriptive cross sectional study to assess knowledge, attitude, practice on contraceptives. Sample of 100 married armed forces personnel in reproductive age group were randomly selected and data collected by personal interview technique data was analyzed under a descriptive single cross-sectional design. The studied population revealed good knowledge of contraceptives. target respondents with a mean age of 32 years, educated for more than 12 years, knew about most of the contraceptives but preferred condoms. The study highlights the knowledge practice gap with regard to contraceptives particularly vasectomy (84:33). Despite a good knowledge of contraceptives and acceptance of the two child norm, vasectomy practice remains poor. Focused IEC campaigns and health education of male client is required.

Guttmacher,(2003) conducted a descriptive study to identifying barriers to use-including those stemming from providers IUD-related knowledge, attitudes and practices-could help expand use of the method. In 2000, 107 Navajo Area Indian Health Service providers who offer contraceptive services completed a mailed survey. Responses of women's health providers and other types of providers were compared, using the Cochran-Mantel- Haenszel method. Overall, 69-78% of providers had good factual knowledge about the IUD and felt adequately prepared to insert a device or counsel women about it; considerably larger proportions of women's health providers than of others felt able to counsel about and insert IUDs. Sixty-five percent of providers (88% of women's health providers and 50% of others) currently inserted

IUDs, and only 8% (none of them women's health providers) never recommended the method. The main reasons providers cited for not recommending the IUD were concerns about its safety and about side effects (mentioned by 69% and 44%, respectively); these concerns did not differ by provider type. The study concluded that provider education and training should focus on insertion techniques and on the safety of available IUDs. Training should be targeted not only to women's health providers, but to family practice physicians, nurse practitioners and other providers who offer family planning counseling and services

Davidson, et al (2004) Conducted comparative study to assess the knowledge on of family planning methods among urban and rural population. spacing methods offered by the government family planning programme (pill, IUD, and condom). Awareness of spacing methods is much higher in urban areas than in rural areas. Almost half (49%) are using a modern method of contraception. Female sterilization accounts for more than three quarters (77%) of all modern method use. Among modern spacing methods, the most widely used method is condoms (used by 5 percent of currently married women). One in five currently married users of a modern method of contraception (21 percent) uses one of the three modern spacing methods in the government programme (pill, IUD, condom). The overall contraceptive prevalence rate is much higher in urban areas (64%) than in rural areas (53%). Urban and rural women are equally likely to be sterilized (37 percent of currently married urban and rural women age 15-49 are sterilized). The study concluded that the use of modern spacing methods (pill, IUD, and condom), however, is considerably higher in

urban areas than in rural areas. Condom use is three times as high in urban areas as in rural areas.

Galazions G emin, et al. (2001) conducted a retrospective study to investigate the factors influencing the contraceptive practice of the female population in the rural area of Thrace. The study concluded that there is an urgent need to promote information concerning the variety of modern contraceptive options.

Kanojia. JK, et al (2001) conducted a comparative study to assess the knowledge, attitude, practice regarding contraceptives in rural and urban slums in India. Sample of two thousand parous women. The study revealed that education was main variable in the decisions regarding the family size, spacing interval, contraceptive awareness ,its use immediately after marriage and during post partum period.

Cheng Chi (2000) conducted a experimental study to assess the effectiveness of The TCu-380a (Ag), MLCu375, and Nova-T LUDs and the IUD daily releasing 20 µg levonorgestrel-four pillars of IUD .The result revealed Consistent findings have proven the Copper-T 380A (Ag) and the Multiload-375 (MLCu375) IUDs to be safe with high and long-lasting efficacy. The Nova-T IUD showed favorable results in some studies, but showed deteriorated efficacy after three years of use in others; more studies are needed. Studies show that the IUD that daily releases 20 µg levonorgestrel (LNG-20) is associated with the highest efficacy in preventing accidental pregnancy among the four devices, but it has a uniquely high medical removal rate because of amenorrhea. This steroid-releasing device could be a high-performance IUD if this

type of medical removal can be reduced through patient counseling devised according to local cultural background.

Coll (2000) conducted a study to assess the knowledge of emergency contraception among adult women of reproductive age. This study is based on 3 years of data (1999-2001) from the California Women's Health Survey (CWHS), an annual population-based survey of more than 4000 randomly selected adult women (aged 18 years and older) in California. A total of 6198 women aged 18 to 44 responded to the 2 emergency contraception question. The study concluded that 38% of California women were able to correctly identify emergency contraception. Most importantly, the women who are most likely to need emergency contraception those who are at risk of an unintended pregnancy but not using any method of contraception have among the lowest levels of knowledge.

Dubowska. A, et al (2000) conducted a study to assess sociologic problems of contraception in the opinion of women from urban and rural areas. Sample of 100 women in the age group of 20 and 55 years. Most of them have two children 30%. Most women from both the urban and rural areas use the urban and rural areas use natural method of contraception control are moral religious, and biological aspects, which give the women psychic comfort and a strong feeling of attachment to the husband. Women from the urban area say that they started to use contraceptive methods after getting married where as women from the rural area after giving birth to a child. Contraceptive devices are used by 30% of women. The most popular are among women from the devices such as oral contraceptives, intrauterine devices and chemical substances. Among women from the rural area the most common is coitus interruptus. women applying contraceptive devices are aware of their harmful effects,

their unreliability, Immorality, and violating nature. Women in the country face a lot of difficulties in buying contraceptive devices and they also use artificial abortion.

CONCEPTUAL FRAME WORK

This chapter deals with conceptual framework adopted for this study. A conceptual framework is comprised of interrelated concepts that natural Phenomena.

As the investigator aimed at assessing the knowledge and attitude regarding copper T insertion among women to improve their reproductive health the Pender's health promotion model was found suitable.

The Pender's health promotion model helps to assess the health status of individual and seeks to increase and individual well being. The model focuses on cognitive (perceptual) factor, modifying factor and likelihood of participation in health promoting behavior.

Cognitive Perceptual Factors

In this study cognitive perceptual factors refers to be women knowledge and attitude regarding copper T insertion.

Modifying Factors

In this study modifying factors refers to women's age, religion, type of family, educational status, occupation, family income, number of children, information gained through multiple sources and previous history of using temporary contraception.

Likelihood of Action

The knowledge, attitude of Copper T insertion and modifying factors are directly related to the health promotion activity. The investigator assess the knowledge and attitude by provide informal teaching to improve the reproductive

health. The likelihood of participation of women in this health promotion behavior as a positive effects leads to improvements in reproductive health and ultimately safe motherhood. Unlikely to participate in health promotion behavior leads to unsafe motherhood. So I reinforce to improve their safe motherhood.

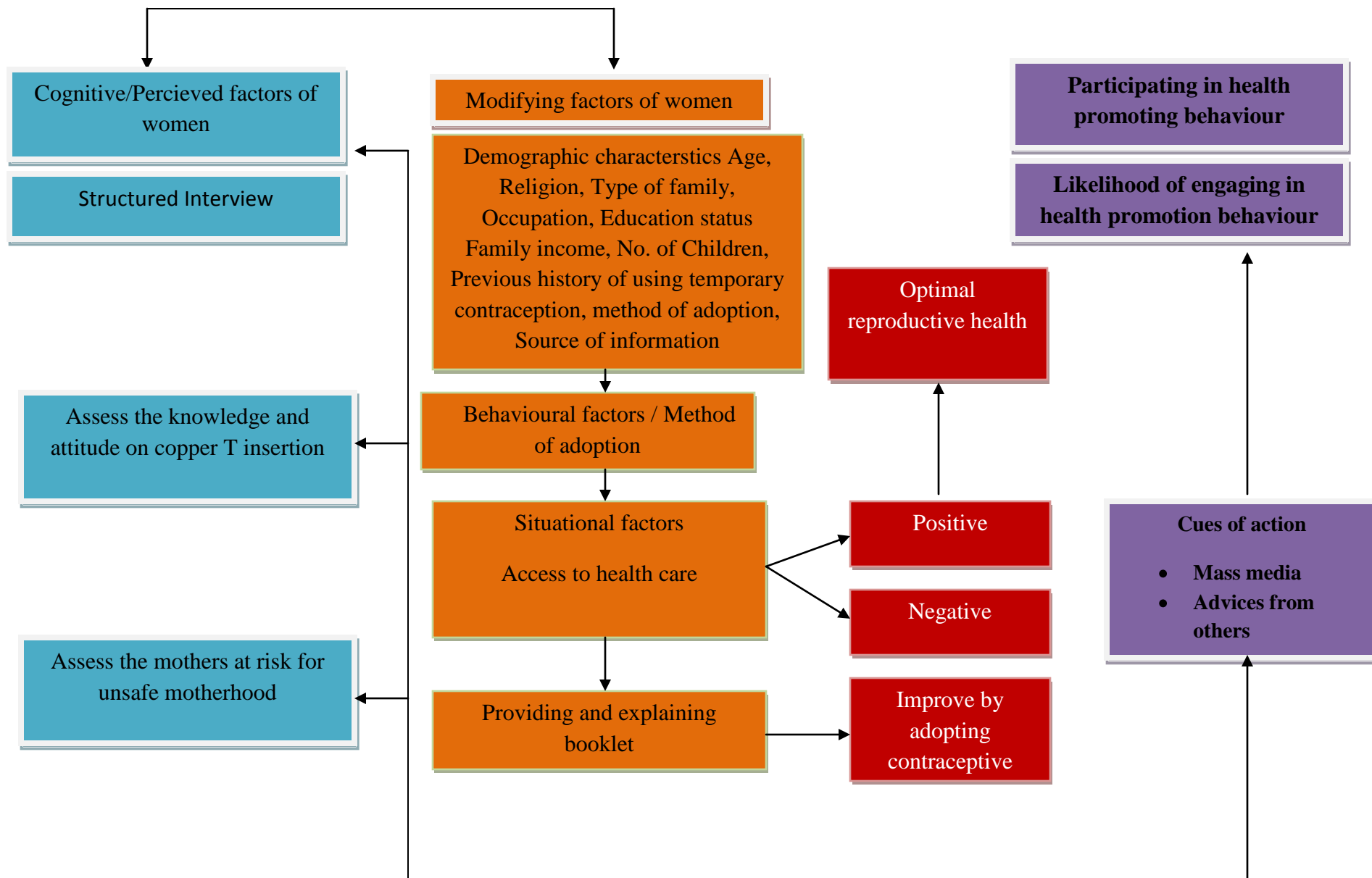


Figure.1: CONCEPTUAL FRAMEWORK BASED ON PENDER'S HEALTH PROMOTION MODEL (1990)

CHAPTER III

RESEARCH METHODOLOGY

This chapter describes the methodology to assess the knowledge and attitude regarding Copper T insertion among women at Kundrathur Village. It consists of research approach, research design, settings, population, sample, sample size, sampling techniques and sample selection criteria.

Research approach

Quantitative research approach was used in this study.

Research design

Descriptive design was adopted for the study.

Setting of the study

The study was conducted in Kundrathur Village. It comprises of 3250 houses with a total population of 1,82000. It is about 12 KM from MIOT College of Nursing.

Population

The sample consisted of all women residing at Kundrathur Village.

Sample

The study population comprised of women between the age group of 20-45 years living in Kundrathur Village.

Sample size

The sample size was 100 women (20-45years)

Sampling technique

A non- probability purposive sampling technique was adopted to select the samples in the study.

Inclusion criteria

The study included the women who were

- in the reproductive age group 20- 45 years
- having one child
- speak Tamil or English
- willing to participate

Exclusion criteria

Women who were

- not willing to participate in this study.

Description of the tool

The tool consist 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, number of children, occupation and source of information.

Section 2: Multiple choice question to assess the knowledge 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 knowledge questionnaire consisted of twenty three questions totally. Each question with correct answer carries one mark and an incorrect answer carries no marks. The total scoring for overall knowledge was twenty three.

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

Adequate : > 76 % to 100 %

Moderately adequate : > 51 % to 75 %

Inadequate : < 50 %.

Section3 : Rating scale to assess the attitude on Copper T insertion. It consists of 20 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 strongly agree, agree, disagree, strongly disagree and don't know.

Positive attitude items had five responses for which, the marks were awarded as follows;

- 4 marks for strongly agree
- 3 marks for agree
- 2 marks for disagree

- 1 mark for strongly disagree
- No mark for don't know and;
- 1 mark is awarded for strongly agree
- 2 marks for agree
- 3 marks for disagree
- 4 marks for strongly disagree answer in case of negative statement.

Positive statement items are - 1- 10

Negative statement items are - 11 -20

Totally a maximum of 80 marks was given.

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

Most favorable : > 76 % to 100 %

Favorable : > 51 % to 75 %

Unfavorable : < 50 %.

Validity

The tool was sent to experts in the field of Nursing and Medicine for the approval of the validity, and the needed modifications were made according to the suggestions.

Reliability

Inter -rater method was used for testing the reliability of the knowledge questionnaire where r value was 0.99. Split half method was used for testing the attitude questionnaire where r value was 0.89. Reliability of the tool was established through the pilot study.

Pilot study

The pilot study was conducted for one week after getting permission from the Principal of the College of Nursing and approval from the Ethical Committee. Permission was also taken from the Village Administrative Officer. The study was conducted on 10 women at Mugaliwakkam village. Preceding the study, participant consent was obtained. All information about samples was kept confidential. Non-probability purposive sampling technique was adopted.

Data Collection Procedure

Written permission was obtained from the Village Administrative Officer to conduct the study. The purpose of the study was explained to every respondent, to get their full co-operation and consent. The data was collected for 6 weeks from Jun 1st to July 12th 2011 in Kundrathur Village. Knowledge and attitude questionnaire was given to the selected participants and data was collected. The investigator collected two to three samples per day to assess the knowledge and attitude, by using a

structured knowledge questionnaire and four point Likert Scale. It took 30 minutes for assessing the knowledge and attitude regarding Copper T insertion. The interview was conducted in Tamil. The data collection was done as per the following schedule.

| Date | Number of days | Number of samples |
|-----------------------------|-----------------------|--------------------------|
| From 1.6.2011 to 4.6.2011 | 4 | 12 women |
| From 6.6.2011 to 11.6.2011 | 6 | 17 women |
| From 13.6.2011 to 18.6.2011 | 6 | 16 women |
| From 20.6.2011 to 25.6.2011 | 6 | 17 women |
| From 27.6.2011 to 2.7.2011 | 6 | 16 women |
| From 4.7.2011 to 9.7.2011 | 6 | 16 women |
| From 11.7.2011 to 12.7.2011 | 2 | 6 women |

Human rights protection

The pilot and main study was conducted only after approval of the research proposal by the College of Nursing and the Institutional Ethical Committee. Permission was obtained from the Village Administrative Officer prior to the commencement of the study. Informed consent was obtained from all the subjects who participated in the study.

CHAPTER IV

ANALYSIS AND INTERPRETATION

This chapter describes the analysis of the numerical data collected by the study instruments and their meaning and relevance. Statistics is a field of study concerned with techniques or methods of collection of data, classification, summarizing, interpretation, drawing inferences, testing of hypothesis, making recommendation, etc.

The data was collected from 100 women and analyzed according to objectives of the study. This chapter deals with analysis and interpretation and includes both descriptive and inferential statistics. The findings of the study were organized and presented under the following headings:

- Section I : Demographic variables of women.
- Section II : Assessment of knowledge on Copper T insertion.
- Section III : Assessment of attitude on Copper T insertion.
- Section IV : Correlation between knowledge and attitude on
Copper T insertion.
- Section V : Association of knowledge with selected demographic
variables
- Section VI : Association of attitude with selected demographic
variables.

SECTION – I

Table 1

Distribution of demographic variables among women

n=100

| Demographic variables | Frequency | Percentage |
|------------------------------|------------------|-------------------|
| 1. Age in years | | |
| a) 20 – 25 yrs | 36 | 36.0 |
| b) 26 – 30 yrs | 46 | 46.0 |
| c) 31 – 35 yrs | 12 | 12.0 |
| d) 36 – 45 yrs | 6 | 6.0 |
| 2. Religion | | |
| a) Hindu | 76 | 76.0 |
| b) Muslim | 19 | 19.0 |
| c) Christian | 5 | 5.0 |
| 3. Type of family | | |
| a) Nuclear | 66 | 66.0 |
| b) Joint | 34 | 34.0 |
| 4. Educational status | | |
| a) Illiterate | 20 | 20.0 |
| b) High school | 61 | 61.0 |
| c) Hr. Sec. | 8 | 8.0 |
| d) Graduate | 11 | 11.0 |
| 5. Family income | | |
| a) < Rs. 5000 | 45 | 45.0 |
| b) Rs. 5001 - 8000 | 40 | 40.0 |
| c) Rs. 8001 - 10000 | 8 | 8.0 |
| d) > Rs. 10000 | 7 | 7.0 |
| 6. Occupation | | |
| a) Home maker | 31 | 31.0 |
| b) Unskilled | 53 | 53.0 |
| c) Skilled | 13 | 13.0 |
| d) Professional | 3 | 3.0 |

7. Number of children

| | | |
|------------------|-----|-------|
| a) Nil | 0 | 0.0 |
| b) One | 100 | 100.0 |
| c) Two | 0 | 0.0 |
| d) Three & above | 0 | 0.0 |

8. P.H. of using T.C.

| | | |
|--------|----|------|
| a) Yes | 30 | 30.0 |
| b) No | 70 | 70.0 |

9. If yes, method of adoption

| | | |
|---------------|----|------|
| a) Oral Pills | 7 | 23.3 |
| b) Condom | 23 | 76.7 |
| c) Copper T | 0 | 0.0 |
| d) Diaphragm | 0 | 0.0 |

10. Source of information

| | | |
|---------------------|----|------|
| a) Mass Media | 27 | 27.0 |
| b) Friends | 36 | 36.0 |
| c) Relatives | 16 | 16.0 |
| d) Work place | 6 | 6.0 |
| e) Health personnel | 15 | 15.0 |
| f) Internet | 0 | 0.0 |

The above table shows that 46 % of the women belonged to age group of 26-30 years, 36 % were between 20-25 years, 12 % were between 31-35 years and 6 % between 36-45 years. With regard to religion, 76 % were Hindus, 19 % were Muslims and 5 % were Christians. As Regards education, 61% were educated till High School level and 8 % Higher Secondary School level. As for family income, 45 % of them had income of Rs 5000 and below and 7 % of them had Rs 10000 and above. 53 % of them were unskilled workers and only 3% of them were professional workers. Every family had only one child. 70% had not used temporary contraception and only 30 had used it. As for adoption method 23% adopted condoms and 7% oral pills. For 36% the source of information was friends and for 6% it was from their work place.

SECTION - II

Table 2

Mean value of overall knowledge regarding Copper T insertion among

women

n=100

| Descriptive statistics | Knowledge score |
|-------------------------------|------------------------|
| Mean | 29.65 |
| Standard deviation | 20.08 |
| Range: | |
| Minimum score | 0.0 |
| Maximum score | 78.26 |

Table 2 reveals that the Mean and Standard deviation of knowledge regarding Copper T insertion among women was Mean = 29.65, Standard deviation = 20.08.

SECTION- III

Table 3

Mean of overall attitude regarding Copper T insertion among women

n=100

| Descriptive statistics | Knowledge score |
|-------------------------------|------------------------|
| Mean | 43.95 |
| Standard deviation | 25.62 |
| Range: | |
| Minimum score | 10.0 |
| Maximum score | 98.75 |

Table 3 reveals that the Mean and Standard Deviation of attitude regarding Copper T insertion among Women was Mean = 43.95, Standard Deviation = 25.62.

Figure 1 : Distribution of level of knowledge regarding Copper T Insertion among Women

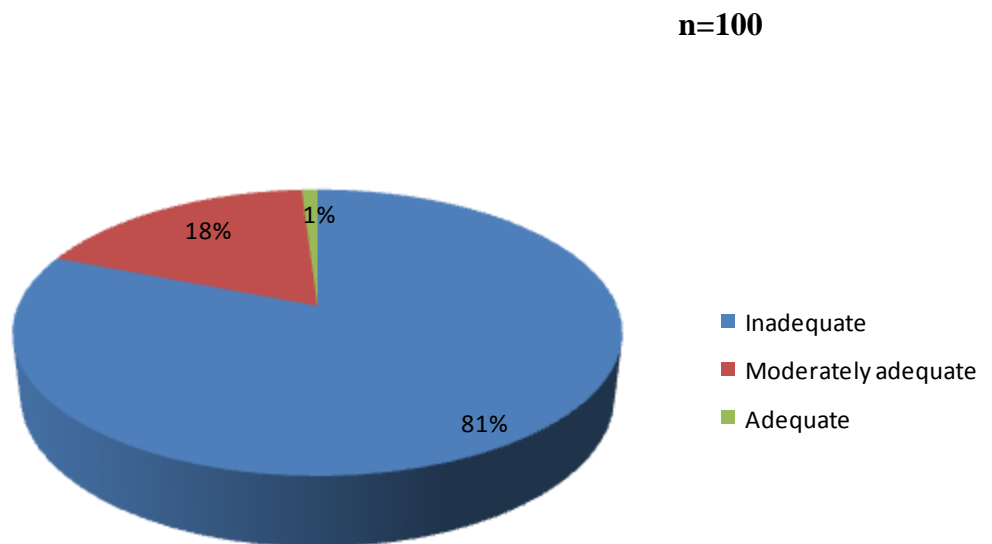
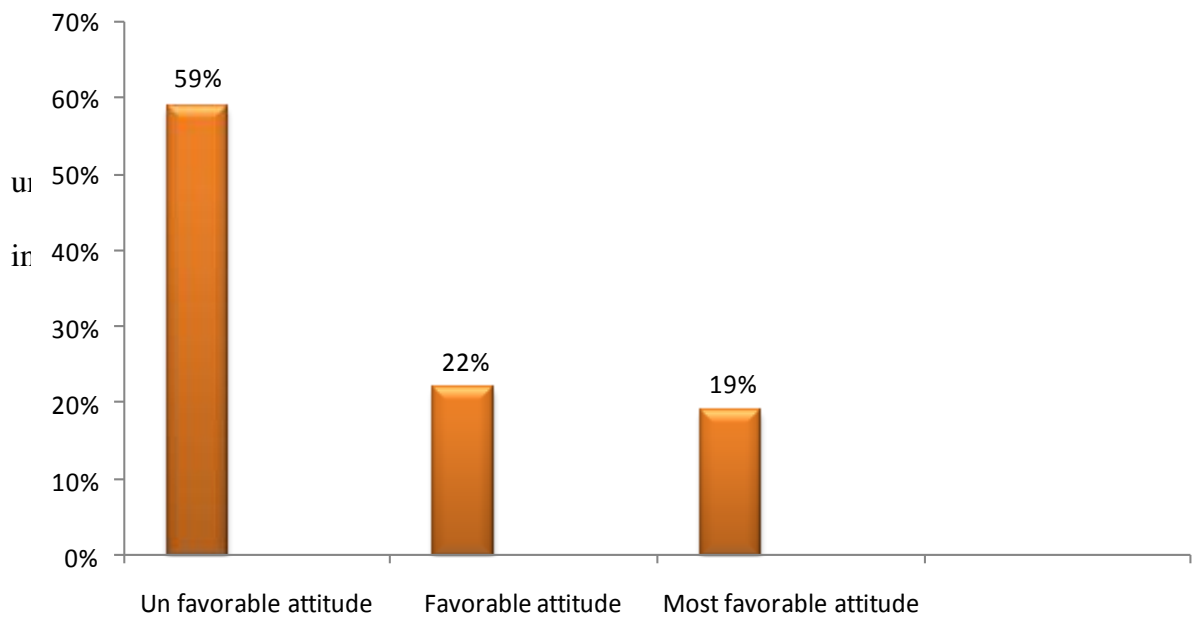


Figure 1 reveals that 18% of the women had moderately adequate knowledge, 1% had adequate knowledge and 81% had inadequate knowledge regarding Copper T insertion.

Figure 3: Distribution and level of attitude regarding Copper T insertion

among women

n=100



SECTION- IV

Table 4

Correlation coefficient between knowledge and attitude regarding Copper

T insertion

n=100

| Aspects | Mean | Standard deviation |
|----------------------------------|-----------------------------|---------------------------|
| Knowledge | 29.65 | 20.08 |
| Attitude | 43.95 | 25.62 |
| Correlation value and P value | r=0.709P<0.001(Significant) | |

The table 4 shows that a positive correlation existed between knowledge and attitude regarding Copper T insertion. Hence, as the level of knowledge increases and the level of attitude also increases.

SECTION – V

Table 5

Association between level of knowledge regarding Copper T insertion and demographic variables among women

| Demographic variables | Inadequate knowledge | | Moderate knowledge | | Chi square Test and P value |
|------------------------------|-----------------------------|----------|---------------------------|----------|---|
| | No | % | No | % | |
| n=100 | | | | | |
| 1. Age in years | | | | | |
| a) 20 – 25 yrs | 29 | 80.6 | 7 | 19.4 | $\chi^2 = 0.078$, d.f. = 3 P=0.994 (N.S) |
| b) 26 – 30 yrs | 37 | 80.4 | 9 | 19.6 | |
| c) 31 – 35 yrs | 10 | 83.3 | 2 | 16.7 | |
| d) 36 – 45 yrs | 5 | 83.3 | 1 | 16.7 | |
| 2. Religion | | | | | |
| a) Hindu | 59 | 77.6 | 17 | 22.4 | $\chi^2 = 2.893$, d.f. = 2 P=0.235 (N.S) |
| b) Muslim | 18 | 94.7 | 1 | 5.3 | |
| c) Christian | 4 | 80.0 | 1 | 20.0 | |
| 3. Type of family | | | | | |
| a) Nuclear | 53 | 80.3 | 13 | 19.7 | $\chi^2 = 0.061$, d.f. = 1 P=0.804 (N.S) |
| b) Joint | 28 | 82.4 | 6 | 17.6 | |
| 4. Education status | | | | | |
| a) Illiterate | | 85.0 | 3 | 15.0 | $\chi^2 = 6.112$, d.f. = 3 P=0.106 (N.S) |
| b) High school | | 85.2 | 9 | 14.8 | |
| c) Hr. Sec. | | 75.0 | 2 | 25.0 | |
| d) Graduate | | 54.5 | 5 | 45.5 | |
| 5. Family income | | | | | |
| a) < Rs. 5000 | 34 | 75.6 | 11 | 24.4 | $\chi^2 = 8.090$, d.f. = 3 P=0.05 * |
| b) Rs. 5001 - 8000 | 37 | 92.5 | 3 | 7.5 | |
| c) Rs. 8001 - 10000 | 6 | 75.0 | 2 | 25.0 | |
| d) > Rs. 10000 | 4 | 57.1 | 3 | 42.9 | |
| 6. Occupation | | | | | |
| a) Home maker | 28 | 90.3 | 3 | 9.7 | $\chi^2 = 5.351$, d.f. = 3 P=0.148 (N.S) |
| b) Unskilled | 43 | 81.1 | 10 | 18.9 | |

| | | | | | |
|--------------------------------------|---|-------|----|------|-------------------|
| c) Skilled | 8 | 61.5 | 5 | 38.5 | |
| d) Professional | 2 | 66.7 | 1 | 33.3 | |
| 7. Number of children | Not Applicable because all have one child | | | | |
| b) One | | | | | |
| 8.P.H.ofusing T.C. | | | | | $\chi^2 = 5.721,$ |
| a) Yes | 20 | 66.7 | 10 | 33.3 | d.f. = 1 |
| b) No | 61 | 87.1 | 9 | 12.9 | P=0.017 * |
| 9. If yes, method of Adoption | | | | | $\chi^2 = 0.373,$ |
| a) Oral Pills | 4 | 57.1 | 3 | 42.9 | d.f. = 1 |
| b) Condom | 16 | 69.6 | 7 | 30.4 | P=0.542 (N.S) |
| 10. Source of Information | | | | | $\chi^2 = 5.287,$ |
| a) Mass Media | 21 | 77.8 | 6 | 22.2 | d.f. = 4 |
| b) Friends | 29 | 80.6 | 7 | 19.4 | P=0.259 (N.S) |
| c) Relatives | 15 | 93.8 | 1 | 6.3 | |
| d) Work place | 6 | 100.0 | 0 | 0.0 | |
| e) Health personnel | 10 | 66.7 | 5 | 33.3 | |

The table 5 reveals a significant association between level of knowledge and demographic variables such as family income, previous history of using temporary contraception where $p < 0.05$. There was no significant association between the level of knowledge and demographic variables such as age, religion, type of family, educational status, method of adoption and source of information where $P > 0.05$.

SECTION - VI

**Table 6 : Association Between Level of Attitude Regarding Copper T
Insertion and Demographic Variables among Women**

n=100

| Demographic variables | Unfavourable Attitude | | favourable Attitude | | Most favourable Attitude | | Chi Square Test and P value |
|------------------------------|--------------------------|-------|------------------------|------|--------------------------------|------|--|
| | No | % | No | % | No | % | |
| 1. Age in years | | | | | | | |
| a) 20 – 25 yrs | 22 | 61.1 | 10 | 27.8 | 4 | 11.1 | $\chi^2 = 6.176,$ d.f. = 6 P=0.404 (N.S) |
| b) 26 – 30 yrs | 26 | 56.5 | 7 | 15.2 | 3 | 28.3 | |
| c) 31 – 35 yrs | 8 | 66.7 | 3 | 25.0 | 1 | 8.3 | |
| d) 36 – 45 yrs | 3 | 50.0 | 2 | 33.3 | 1 | 16.7 | |
| 2. Religion | | | | | | | |
| a) Hindu | 38 | 50.0 | 20 | 26.3 | 18 | 23.7 | $\chi^2 = 16.813,$ d.f. = 4 P=0.002 ** |
| b) Muslim | 19 | 100.0 | 0 | 0.0 | 0 | 0.0 | |
| c) Christian | 2 | 40.0 | 2 | 40.0 | 1 | 20.0 | |
| 3. Type of family | | | | | | | |
| a) Nuclear | 38 | 57.6 | 14 | 21.2 | 14 | 21.2 | $\chi^2 = 0.621,$ d.f. = 2 P=0.733 (N.S) |
| b) Joint | 21 | 61.8 | 8 | 23.5 | 5 | 14.7 | |
| 4. Educational status | | | | | | | |
| a) Illiterate | 15 | 75.0 | 4 | 20.0 | 1 | 5.0 | $\chi^2 = 11.944,$ d.f. = 6 P=0.05 * |
| b) High school | 38 | 62.3 | 12 | 19.7 | 11 | 18.0 | |
| c) Hr. Sec. | 4 | 0.0 | 2 | 25.0 | 2 | 25.0 | |
| d) Graduate | 2 | 18.2 | 4 | 36.4 | 5 | 45.5 | |
| 5. Family income | | | | | | | |
| a) < Rs. 5000 | 24 | 53.3 | 12 | 26.7 | 9 | 20.0 | $\chi^2 = 6.363,$ |

| | | | | | | | |
|----------------|----|------|---|------|---|------|---------------|
| b)Rs.5001-8000 | 29 | 72.5 | 5 | 12.5 | 6 | 15.0 | d.f. = 6 |
| c)Rs.800110000 | 3 | 37.5 | 3 | 37.5 | 2 | 25.0 | P=0.384 (N.S) |
| d) > Rs. 10000 | 3 | 42.9 | 2 | 28.6 | 2 | 28.6 | |

6. Occupation

| | | | | | | | |
|-----------------|----|------|----|------|---|------|--------------------|
| a) Home maker | 22 | 71.0 | 5 | 16.1 | 4 | 12.9 | $\chi^2 = 12.710,$ |
| b) Unskilled | 33 | 62.3 | 12 | 22.6 | 8 | 15.1 | D.F. = 6 |
| c) Skilled | 4 | 30.8 | 4 | 30.8 | 5 | 38.5 | P=0.048 * |
| d) Professional | 0 | 0.0 | 1 | 33.3 | 2 | 66.7 | |

7. Number of children

Not Applicable because all have one child

b) One

8. P.H. of using T.C.

| | | | | | | | |
|--------|----|------|----|------|----|------|-------------------|
| a) Yes | 16 | 53.3 | 6 | 20.0 | 8 | 26.7 | $\chi^2 = 1.637,$ |
| b) No | 43 | 61.4 | 16 | 22.9 | 11 | 15.7 | d.f. = 2 |
| | | | | | | | P=0.441 (N.S) |

9.Ifyes, method of adoption

| | | | | | | | |
|---------------|----|------|---|------|---|------|-------------------|
| a) Oral Pills | 4 | 57.1 | 0 | 0.0 | 3 | 42.9 | $\chi^2 = 2.748,$ |
| b) Condom | 12 | 52.2 | 6 | 26.1 | 5 | 21.7 | d.f. = 2 |
| | | | | | | | P=0.253 (N.S) |

10.Sourceof Information

| | | | | | | | |
|--------------------|----|------|---|------|---|------|-------------------|
| a) Mass Media | 15 | 55.6 | 5 | 18.5 | 7 | 25.9 | $\chi^2 = 9.797,$ |
| b) Friends | 25 | 69.4 | 6 | 16.7 | 5 | 13.9 | D.F. = 8 |
| c) Relatives | 9 | 56.3 | 5 | 31.3 | 2 | 12.5 | P=0.280 (N.S) |
| d) Work place | 5 | 83.3 | 0 | 0.0 | 1 | 16.7 | |
| e)Health personnel | 5 | 33.3 | 6 | 40.0 | 4 | 26.7 | |

The table 6 reveals a significant association between level of attitude and religion where $p < 0.01$. There was also a significant association between level of attitude and demographic variables, such as educational status and occupation where $p < 0.05$. There was no significant association between the level of attitude and demographic variables such as age, type of family, previous history of using temporary contraception, method of adoption and source of information where $P > 0.05, p > 0.01$

CHAPTER V

DISCUSSION

A study was conducted to assess the knowledge and attitude among women in Kundrathur Village. The samples were selected by convenient sampling techniques, and their level of knowledge was assessed by a structured questionnaire. The result of the study has been discussed based on the objectives stated for the study.

The findings of the demographic variables show that majority of the women 66% belonged to a nuclear family, 34 % belonged to a Joint family. With regard to previous history of temporary contraception used, 70 % had no previous history and only 30% had previous history. The study revealed that majority of the women was in the age group of 26-30 years.

The First Objective was to assess the knowledge and attitude of Copper T insertion among women.

The analysis on the knowledge in figure 2 reveals that 18% of the women had moderately adequate knowledge, 1% of the women had adequate knowledge and 81% of the women had inadequate knowledge regarding Copper T insertion.

The analysis on the attitude in figure 3 reveals that 22% of the women had a favourable attitude, 59% had an unfavourable attitude and 19% had the most favourable attitude regarding Copper T insertion.

The above findings were consistent with the study conducted by Amy K Whitaker, et al. (2008) to assess the women's knowledge and attitude towards the

Copper T insertion. The study concluded that the young women were unaware and unfavourable attitude of Copper T insertion.

Pender's Health Promotion Model was used as conceptual framework in this study which focused on the transformation of knowledge to the women on Copper T insertion.

The researcher suggested that the proper educational programme will improve the knowledge and attitude on copper T insertion.

The Second Objective was to correlate knowledge and attitude of women regarding Copper T insertion

The analysis in the table 4 revealed that calculated r value showed 0.709 that there was a positive correlation existed between knowledge and attitude where $p < 0.001$.

The above findings were consistent with the study conducted by Pengpid, (2010) to assess the knowledge and attitude regarding intra uterine insertion among young women. The study concluded that the level of knowledge and attitude is low among young women. The researcher suggested that there is a need for educational programme regarding intra uterine insertion.

The Third Objective to associate knowledge and attitude of women with demographic variables

The analysis in the table 5 revealed that there is a significant association between level of knowledge and demographic variables such as family income, previous history of using temporary contraception where $p < 0.05$. There was no significant

association between the level of knowledge and demographic variables such as age, religion, type of family, educational status, method of adoption and source of information where $P > 0.05$.

The above findings were consistent with the study conducted by Ristya Ira Murti, (2007) to assess the knowledge regarding Long-term contraceptives. The study shows that the type of place of residence (rural or urban), women's age, previous history of contraception, women's educational attainment, women's current work status, income, and the total number of children are the factors which are significantly associated with the use of long-term contraceptives.

The analysis in the table 6 revealed that there is a significant association between level of attitude and religion where $p < 0.01$. There was also a significant association between level of attitude and demographic variables, such as educational status and occupation where $p < 0.05$. There was no significant association between the level of attitude and demographic variables such as age, type of family, previous history of using temporary contraception, method of adoption and source of information where $P > 0.05$, $p > 0.01$.

The above findings were consistent with the study conducted by Masoumeh Bagheri, et al.(2007) conducted a descriptive study to assess the attitude regarding contraceptive use. The study revealed that, age, women's level of education of women and previous familiarity with contraceptive methods were the most significant factors influencing contraceptive use.

CHAPTER VI

SUMMARY, CONCLUSION, LIMITATIONS, IMPLICATIONS AND RECOMMENDATION

Summary

The focus of the study was to assess the knowledge and attitude regarding Copper T insertion among women in Kundrathur Village.

Objectives

- To Assess the knowledge and attitude of women regarding Copper T insertion
- To Correlate knowledge and attitude of women regarding Copper T insertion
- To Associate knowledge and attitude of women with selected demographic variables.

Assumption

- Women may have inadequate knowledge about Copper T insertion
- Women may have unfavourable attitude towards Copper T insertion

Limitations

The result can not be generalized among women of reproductive age group. The investigator was spend more time with some samples to gather data.

Conceptual frame work

The conceptual framework was based on the Pender's health promotion model.

Nursing Implications

The investigator has drawn the following implications from the study which is vital concern for Nursing Services, Nursing Education, Nursing Administration and Nursing Research.

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 under served to improve their health status and to change the attitude regarding Copper T insertion. Community Health Nurse can conduct awareness programme on Copper T insertion in order to create awareness regarding various contraceptive method and its importance. Health education can be provided through mass media and mass health education programmes to the public to increase awareness and knowledge on copper T insertion. In service education can be imparted to staff, working in a community in order to make awareness about Copper T.

Nursing Education

The community Health Nurse as a educator incorporate the major study findings in Nursing curriculum at all level in order to well equip the students to address the inadequate knowledge and negative attitude perceived health related behaviour among healthy women and unhealthy women. More emphasize should be focused on this Copper T insertion. The health personnel such as the Multi Purpose Health Worker and Auxillary Nurse Midwives need to be insisted on contraceptive

method 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 Administration

The Community Health Nurse administrator should collaborate with Governing bodies to create policies, building up and mobilizing resource, creating coalition with Non-Governmental organizations in order to create knowledge, attitude regarding Copper T insertion among women through non-formal teaching programme. Nursing administrator along with Governing bodies formulate programmes to focus on Copper T insertion among women population. The nurse administrator should take initiative in arranging awareness programmes.

They should involve in distributing health education materials like flash cards, pamphlets, leaflets, etc. The study should create awareness regarding Copper T insertion and the importance of health education through from information booklets.

Nursing Research

The findings of the study can be disseminated to Community Health Nursing, Nurse practitioners and the student nurses through internet, journals, literature etc. The findings of the study will help the professional nurse and nursing students to gain the knowledge and attitude regarding Copper T insertion among women and importance to the community. The generalization of the study result can be made by further replication of the study in various settings and larger population. The result of the study can be developed on insight in women to increase the utilization of copper T.

Recommendations

A similar study can be conducted for a larger group there by the findings can be generalized.

A comparative study can be conducted among rural and urban women.

A prospective study can be conducted to see the effect of formal teaching programme of Copper T insertion in various settings.

A qualitative study can be carried to understand the knowledge and attitude of people with Copper T insertion among women.

A longitudinal study to be conducted for the effect of education regarding Copper T insertion among women population.

The Major findings of the study

The findings revealed that majority of the women 70% were not using contraceptive methods whereas, only 30% were using contraceptive methods. 18% of the women had moderately adequate knowledge, 1% of the women had adequate knowledge and 81% of the women had inadequate knowledge regarding Copper T insertion.

Table 2 reveals that the Mean and Standard Deviation of Knowledge regarding Copper T insertion among Women was Mean = 29.65, Standard Deviation = 20.08.

There was a significant association between level of knowledge and family income and previous history of using temporary contraception where $p < 0.05$.

There was no significant association between the level of knowledge and demographic variables such as Age, religion, type of family, educational status occupation, method of adoption and source of information where $P > 0.05$.

As for attitude was 22% of the women favourable attitude, 59% had unfavourable attitude and 19% had most favourable attitude regarding Copper T insertion.

Table 3 reveals that the Mean and Standard Deviation of attitude regarding Copper T insertion among Women was Mean = 43.95, Standard Deviation = 25.62.

There was a very significant association between level of attitude and religion where $p < 0.01$. There was a significant association between level of attitude and demographic variables such as educational status and occupation where $P < 0.05$.

There was no significant association between the level of attitude and demographic variables such as age, type of family, previous history of using temporary contraception, method of adoption and source of information where $P > 0.05$, $P > 0.01$.

Conclusion

The study concluded that majority of the women i.e 70%, were not using contraceptive methods and only 30% were using contraceptive methods. 18% of the women had moderately adequate knowledge, 1% had adequate knowledge and 81% had inadequate knowledge regarding Copper T insertion, 22% of the women had favourable attitude, 59% of the women had unfavourable attitude and 19% of the women had most favourable attitude regarding Copper T insertion. It is the responsibility of community health nurse 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 and giving booklet.

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www.pubmed.com

APPENDIX –A

Letter seeking permission to conduct the study

From

N.Kokila
M.sc (n) II year,
Miot college of nursing,
Chennai.

Forwarded through

Prof.Mrs.S.Ani Grace Kalaimathi, M.Sc. (N),PGDNA,DQA.PH.D
Principal,
Miot college of nursing.
Chennai

To

District Administrative Officer,
Kundrathur
Kanchipuram (dist)

Respected sir/madam,

(Sub: Requesting permission to conduct research in kundrathur village)

As a part of my M.sc. (Nursing) requirement under the fulfillment of Tamil Nadu Dr.M.G.R.Medical University Chennai,I am going to conduct "a descriptive study to assess the knowledge and attitude regarding copper T insertion among women in kundrathur village."So kindly i request you to permit me to do my study in kundrathur village and do the needful.

Thanking you

yours sincerely

N.Kokila
N.Kokila

செ. சந்திரசேகர்
தலைவர்
குன்றத்தூர் வேருராட்சி
சென்னை - 600 069



APPENDIX –B
INFORMED CONSENT FORM

Dear participant,

I am M.Sc (N) student MIOT College of nursing, Chennai. As a part of my research study, knowledge and attitude regarding Copper T insertion among women at Kundrathur Village. This study will help to motivate the women to adopt copper T as one of the contraceptive method.

I hereby seek your consent and appear to participate in the study. Please be frank and honest in your response. The information collected will be kept confidentially and anonymity will be maintained.

Signature of the investigator

I _____ hereby consent to participate and undergo the study.

Date:

Place:

Signature of the participant:

APPENDIX – C
RESEARCH TOOLS

Code No: 1

S.No.

Section – I Structured Questionnaire to collect demographic data:

Kindly tick (✓) the appropriate answers for each question

Section A : Demographic data

1. Age of women
 - a. 20 - 25 years
 - b. 26 - 30 years
 - c. 31 - 35 years
 - d. 36 - 45 years

2. Religion
 - a. Hindu
 - b. Muslim
 - c. Christian
 - d. Others

3. Type of family
 - a. Nuclear family
 - b. Joint family

4. Educational status
 - a. Illiterate
 - b. High school education
 - c. Higher secondary education
 - d. Graduate and post graduate

5. Family income
 - a. Less than Rs.5000
 - b. Rs. 5001 - 8000
 - c. Rs.8000 - 10,000
 - d. More than 10,000
6. Occupation
 - a. Home maker
 - b. Unskilled
 - c. Skilled
 - d. Professional
7. Number of children
 - a. Nil
 - b. One
 - c. Two
 - d. Three and above
8. Previous History of using temporary contraception
 - a. yes
 - b. No
9. If yes, method of adoption is
 - a. Oral pills
 - b. Condom
 - c. Copper T
 - d. Diaphragm
10. Sources of Information about Copper T insertion is
 - a. Mass media
 - b. Friends

- c. Relatives
- d. From the work place
- e. Health personnel
- f. Internet

Section 2: Knowledge on Copper T insertion

1. Small family norm means
 - a. Only one child per family
 - b. Two children per family
 - c. Three children per family
 - d. Above three children per family
2. Copper T insertion is a
 - a. oral pills
 - b. Injectable
 - c. Intrauterine Contraceptive Device
 - d. Diaphragm
3. Copper T is inserted by
 - a. Self
 - b. Un trained nurse
 - c. Dai
 - d. Trained physician / Trained
auxillary nurse midwives / Trained nurse
4. Copper T insertion is done at
 - a. Home
 - b. Special clinics
 - c. Dispensary
 - d. All Government, private hospital and family welfare centres

5. Before Copper T insertion the women needs
 - a. Physical examination
 - b. Thorough Pelvic Examination
 - c. Master health check up
 - d. Don't know
6. Copper T insertion is best for
 - a. Nulliparous women
 - b. Multiparous women
 - c. Both
 - d. Grand multiparous women
7. Copper T is to be inserted
 - a. After menstruation
 - b. After delivery
 - c. After abortion
 - d. After menstruation, After delivery, After abortion
8. After menstrual period Copper T insertion is done
 - a. Within 10 days of menstrual cycle
 - b. Within 10 - 15 Days of menstrual cycle
 - c. Between 15th and 20th of day of menstrual cycle
 - d. Any time after menstruation
9. After delivery Copper T insertion is done
 - a. Immediately after delivery
 - b. 3days after delivery
 - c. One Week after delivery
 - d. 6 Weeks after delivery

10. After abortion Copper T insertion can be done
 - a. Immediately
 - b. After one week
 - c. After two weeks
 - d. After four weeks
11. Copper T can be kept for
 - a. 10 years
 - b. 3 years
 - c. 2 years
 - d. 1 year
12. First follow up after Copper T insertion within
 - a. 1st month
 - b. 2nd month
 - c. 3-6 weeks
 - d. 6th month
13. Subsequent follow up for one year is done every
 - a. 3 months
 - b. 6 months
 - c. 9 months
 - d. 1 year
14. Regular follow up after Copper T insertion is done at
 - a. Every year
 - b. Every 2 years
 - c. Every 3 years
 - d. Every 4 years

15. Presence of the Copper T in the uterus is confirmed by
 - a. Daily checking the thread
 - b. Weekly once checking the thread
 - c. Monthly once checking the thread
 - d. Ignore
16. Any problem due to Copper T insertion the women must approach
 - a. Physician
 - b. Nurse
 - c. Auxillary nurse midwife
 - d. Any other health person
17. Copper T insertion prevents fertilization by
 - a. Altering the biochemical composition of cervical mucus
 - b. Blocking the fallopian tube
 - c. Decreasing the viscosity of cervical mucosa
 - d. Don't know
18. Possible complications of Copper T insertion is
 - a. Bleeding
 - b. Abdominal pain
 - c. Joint pain
 - d. Vaginal itching
19. Best time for Copper T removal is
 - a. Whenever the couple needs to have a child/any complications
 - b. After menopause
 - c. Anytime
 - d. After 6 months

20. After Copper T removal fertility returns
 - a. Immediately
 - b. After 3 months
 - c. After 6 months
 - d. After 1 year
21. Copper T should be reinserted every
 - a. 3-5 years
 - b. 5-8 years
 - c. 8-10 years
 - d. 10-15 years
22. Copper T insertion is
 - a. In expensive
 - b. Expensive
 - c. Free of cost
 - d. Don't know
23. Government Incentive for copper T Insertion is
 - a. Rs.200
 - b. Rs.150
 - c. Rs.100
 - d. Rs.50

SECTION – 3

Likert scale for assessing attitude

| S.NO | STATEMENT | SA | A | SD | DA | UC |
|------|---|----|---|----|----|----|
| | | 4 | 3 | 2 | 1 | 0 |
| 1 | I feel Copper T insertion will not harm to your health | | | | | |
| 2 | I feel there is no need for hospitalization for Copper T insertion | | | | | |
| 3 | I Feel there is No Need to Take Bed Rest after Insertion of Copper T | | | | | |
| 4 | I feel there is no need of anaesthesia for Copper T insertion | | | | | |
| 5 | I feel Copper T insertion is a time consuming procedure | | | | | |
| 6 | I can perform normal activity after Copper T insertion | | | | | |
| 7 | Durability of Copper T insertion is long lasting | | | | | |
| 8 | I Feel Copper T insertion will not interfere with sexual activity | | | | | |
| 9 | I am in favour of Copper T insertion. It is an effective method of spacing the birth interval | | | | | |
| 10 | I can advice my friends to use Copper T | | | | | |
| 11 | I feel Insertion of Copper T will increase weight | | | | | |
| 12 | I feel it will create pain when inserting | | | | | |
| 13 | I feel Copper T insertion will induce back Pain | | | | | |
| 14 | I feel joint pain will occur after Insertion of Copper T | | | | | |
| 15 | I feel there is a possibility of ectopic pregnancy after insertion of Copper T | | | | | |

- 16 I feel copper T insertion can cause fibroid in the uterus
- 17 I feel Copper T insertion will cause excessive bleeding during menstruation
- 18 I Feel Copper T insertion can Cause white discharge
- 19 I feel there is a chance of infertility
- 20 I feel cancer may develop after a few years of insertion of Copper T
-

Key:

- SA - Strongly agree
- A - Agree
- SD - Strongly disagree
- DA - Disagree
- UC - Uncertain

அடிப்படை விவரம்

குறியீடு எண் : 1

கீழ்க்கண்ட வினாக்களின் சரியான அடிப்படை விவரத்தை (டிக்) செய்யவும்

பகுதி-அ-தாயின் விவரம்

1. தாயின் வயது

அ. 20-25 வயது

ஆ. 26-30 வயது

இ. 31-35 வயது

ஈ. 36-45 வயது

2. மதம்

அ. இந்து

ஆ. முஸ்லிம்

இ. கிறிஸ்துவர்

ஈ. மற்றவை

3. எந்த வகை குடும்பத்தை சார்ந்தவர்

அ. தனிக்குடும்பம்

ஆ. கூட்டுக்குடும்பம்

4. கல்வி நிலை

அ. படிக்காதவர்

ஆ. மேல்நிலைகல்வி

இ. உயர்நிலைக்கல்வி

ஈ. பட்டதாரி மற்றும் மேற்படிப்பு படித்தவர்

5. குடும்பவருமானம்

அ. ரூ .5000க்கு கீழ்

ஆ. ரூ. 5001-8000

இ ரூ.. 8001-10,000

ஈ.. ரூ 10,000க்கு மேல்

6.தொழில்

- அ. குடும்ப தலைவி
- ஆ. பயிற்சி பெற்று வேலை செய்பவர்
- இ. பயிற்சி பெறாமல் வேலை செய்பவர்
- ஈ. தொழிலாளி

7. குழந்தைகளின் எண்ணிக்கை

- அ. ஒன்றும் இல்லை
- ஆ. ஒன்று
- இ. இரண்டு
- ஈ. மூன்று மற்றும் மூன்றுக்கு மேல்

8. இதற்கு முன் தற்காலிக கருத்தடை சாதனம் உபயோகபடுத்தினீர்களா?

- அ. ஆம்
- ஆ. இல்லை

9. ஆம் என்றால் எந்த சாதனம் உபயோகபடுத்தினீர்கள்

- அ. மாத்திரைகள்
- ஆ. ஆணுறை
- இ. காப்பர்-டி
- ஈ. டையஃப்ரம்

10. காப்பர்-டி உட்செலுத்துதல் பற்றிய தகவலை எதன் மூலம் அறிந்தீர்கள்?

- அ. ஊடகம்
- ஆ. நண்பர்கள்
- இ. உறவினர்கள்
- ஈ. வேலை செய்யும் இடத்தில்
- உ. மருத்துவ துறையை சார்ந்தவர்கள்
- ஊ. இன்டர்நெட்

பகுதி-ஆ காப்பர்-டி உட்செலுத்துதல் பற்றிய வினாக்கள்

1. சிறுகுடும்பம் என்பது

- அ. குடும்பத்திற்கு ஒரு குழந்தை
- ஆ. குடும்பத்திற்கு இரண்டு குழந்தை
- இ. குடும்பத்திற்கு மூன்று குழந்தை
- ஈ. மூன்று குழந்தைக்கு மேல்

2. காப்பர்-டி உட்செலுத்துதல் என்பது

- அ. மாத்திரை உண்பது
- ஆ. ஊசி போட்டுக்கொள்வது
- இ. கர்ப்பைக்குள் உட்செலுத்தும் ஒரு கருத்தடை சாதனம்
- ஈ. டையஃப்ரம் போட்டுக்கொள்வது

3. காப்பர்-டி ஐ யார் உட்செலுத்துதலாம்

- அ. தானாக
- ஆ. பயிற்சி பெறாத செவிலியர்
- இ. தாதி
- ஈ. பயிற்சி பெற்ற மருத்துவர்/ பயிற்சி பெற்ற துணை செவிலியர்/ பயிற்சி பெற்ற செவிலியர்

4. காப்பர்-டி ஐ எங்கு உட்செலுத்துவார்கள்

- அ. வீட்டில்
- ஆ. தனிப்பிரிவு மருத்துவமனையில்
- இ. மருத்துவ கிடங்கில்
- ஈ. அனைத்து அரசு மற்றும் தனியார் மற்றும் குடும்ப நலமையத்தில்

5. காப்பர்-டி உட்செலுத்துவதற்கு முன் ஒரு பெண்ணுக்கு செய்ய வேண்டிய பரிசோதனை

- அ. தலை முதல் கால் வரை பரிசோதனை செய்தல்
- ஆ. இனப்பெருக்க உறுப்பை பரிசோதனை செய்தல்
- இ. முழு உடல் பரிசோதனை செய்தல்
- ஈ. தெரியவில்லை

6.காப்பர் -டி உட்செலுத்துதல் யாருக்கு மிகவும் சிறந்தது

- அ. குழந்தை இல்லாதவர்
- ஆ. ஒரு குழந்தைக்கு மேல் உள்ளவர்
- இ. மேற்கூறிய இருவருக்கும்
- ஈ. இரண்டு குழந்தைக்கு மேல் உள்ளவர்

7.காப்பர் -டி எப்பொழுது உட்செலுத்த வேண்டும்

- அ. மாதவிடாய்க்கு பிறகு
- ஆ. பிரசவத்திற்கு பிறகு
- இ. கருக்கலைப்புக்கு பிறகு
- ஈ. மாதவிடாய், பிரசவம், கருக்கலைப்புக்கு பிறகு

8. மாதவிடாய்க்கு பிறகு காப்பர்-டி எத்தனை நாளில் போட்டுக்கொள்ளலாம்

- அ.மாதவிடாய் முடிந்து10 நாட்களுக்குள்
- ஆ.மாதவிடாய் முடிந்து10-15 நாட்களுக்குள்
- இ.மாதவிடாய் முடிந்து15-20 நாட்களுக்குள்
- ஈ.மாதவிடாய் முடிந்து எப்பொழுது வேண்டுமானாலும்

9. பிரசவத்திற்கு பின் காப்பர்-டி எப்பொழுது உட்செலுத்த வேண்டும்

- அ. பிரசவித்தவுடன்
- ஆ. பிரசவித்து மூன்றாவது நாளில்
- இ. பிரசவம் முடிந்து ஒரு வாரத்தில்
- ஈ. பிரசவித்த ஆறாவது வாரத்தில்

10. கருக்கலைப்புக்கு பிறகு காப்பர் -டி எத்தனை நாட்களுக்குள் போடவேண்டும்

- அ. உடனே
- ஆ. ஒரு வாரம் கழித்து
- இ.இரண்டு வாரம் கழித்து
- ஈ. நான்கு வாரம் கழித்து

11.காப்பர் -டி எத்தனை வருடங்கள் கற்பனைக்குள் இருக்கலாம்

அ.10 வருடங்கள்

ஆ. மூன்று வருடங்கள்

இ. இரண்டு வருடங்கள்

ஈ. ஒரு வருடம்

12. காப்பர் -டி உட்செலுத்துதலுக்குபின் முதன் முறையாக எத்தனை நாட்களுக்குள் மருத்துவரை பார்க்க வேண்டும்

அ. முதல் மாதத்தில்

ஆ. இரண்டாவது மாதத்தில்

இ. மூன்று-ஆறாவது வாரத்தில்

ஈ.ஆறாவது மாதத்தில்

13. அதைத்தொடர்ந்து எத்தனை நாட்களுக்குள் பார்க்க வேண்டும்

அ. மூன்று மாதத்தில்

ஆ. ஆறு மாதத்தில்

இ. ஒன்பது மாதத்தில்

ஈ. ஒரு வருடத்தில்

14.காப்பர் -டி உட்செலுத்திய பிறகு தொடர்ந்து எத்தனை முறை பார்க்க வேண்டும்

அ. வருடாவருடம்

ஆ. இரண்டு வருடத்திற்கு ஒரு முறை

இ. மூன்று வருடத்திற்கு ஒரு முறை

ஈ. நான்குவருடத்திற்கு ஒரு முறை

15.காப்பர் -டி கற்பனைக்குள் இருப்பதை எய்துதூறா அறிந்து கொள்ளலாம்

அ.தினமும் நூலை கவனிக்க வேண்டும்

ஆ.வாரத்திற்கு ஒரு முறை நூலை கவனிக்க வேண்டும்

இ.மாதத்திற்கு ஒரு முறை நூலை கவனிக்க வேண்டும்

ஈ. தெரியாது

16.காப்பர்- டி செலுத்திய பிறகு ஏதாவது தொந்தரவு இருந்தால் யாரை அணுக வேண்டும்

- அ. மருத்துவர்
- ஆ. செவிலியர்
- இ. துணை செவிலியர்
- ஈ. மற்ற மருத்துவ ஊழியர்

17. காப்பர் டி கர்ப்பமாவதை எப்படி தடுக்கிறது

- அ. கர்ப்பபை வாயில் ஏற்படக்கூடிய இரசாயன மாற்றம்
- ஆ. குழாயில் அடைப்பு
- இ. கர்ப்பபை வாய் திரவத்தில் திடம் குறைதல்
- ஈ. தெரியாது

18.காப்பர்- டி உட்செலுத்துதலுக்கு பின் வரக்கூடிய தொந்தரவுகள்

- அ. இரத்தபோக்கு
- ஆ. வயிற்று வலி
- இ. மூட்டுவலி
- ஈ. பிறப்புறுப்பில் அரிப்பு

19.காப்பர் டி வெளியே எடுப்பதற்கு எந்த நேரம் மிகச்சிறந்தது

- அ. குழந்தை வேண்டும் என்ற சமயத்தில்/ ஏதாவது தொந்தரவு இருந்தால்
- ஆ. மாதவிடாய் நின்றபிறகு
- இ. எப்பொழுது வேண்டுமானாலும்
- ஈ. உட்செலுத்திய ஆறுமாதத்தில்

20.காப்பர் டி வெளியில் எடுத்த பிறகு எவ்வளவு நாளில் கர்ப்பம் தரிக்கலாம்

- அ. உடனே
- ஆ. மூன்று மாதத்திற்கு பிறகு
- இ. ஆறு மாதத்திற்கு பிறகு
- ஈ. ஒரு வருடம் கழித்து

21.காப்பர் டி எவ்வளவு வருடத்திற்கு ஒருமுறை மாற்ற வேண்டும்

- அ. 3-5 வருடங்கள்
- ஆ. 5-8 வருடங்கள்
- இ. 8-10 வருடங்கள்
- ஈ. 10-15 வருடங்கள்

22.காப்பர் டி செலுத்துவதற்கு ஆகும் செலவு

- அ. மிகவும் குறைந்தது
- ஆ. மிகவும் அதிகம்
- இ. செலவு இல்லை
- ஈ. தெரியவில்லை

23.காப்பர் டி செலுத்துதலுக்கு அரசு மானியம் எவ்வளவு தருகிறது

- அ.ரூ.200
- ஆ.ரூ.150
- இ. ரூ.100
- ஈ. ரூ.50

பகுதி-இ காப்பர்-டி உட்செலுத்துதலை குறித்த எண்ணங்கள்

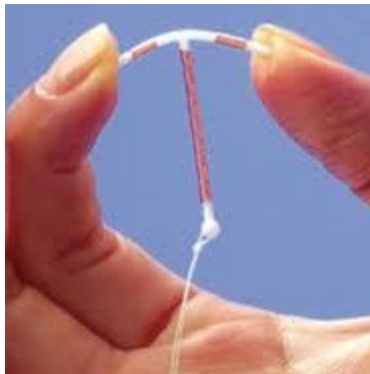
| எண் | கருத்துக்கள் | முழுவதுமாக ஒப்புக் கொள் கிறேன் | ஒப்புக் கொள் கிறேன் | ஒப்புக் கொள்ள வில்லை | முழுவதுமாக ஒப்புக் கொள்ள வில்லை | நிச்சயம் இல்லை |
|-----|---|---|---------------------------|----------------------------|--|-------------------|
| 1 | காப்பர் -டி செலுத்துவதினால் எந்த தொந்தரவும் இருக்காது என்று நினைக்கிறேன் | | | | | |
| 2 | காப்பர் -டி செலுத்துவதற்கு மருத்துவமனையில் இருக்க வேண்டாம் என்று நினைக்கிறேன் | | | | | |
| 3 | காப்பர் -டி செலுத்திய பிறகு ஓய்வு எடுக்க வேண்டாம் என்று நினைக்கிறேன் | | | | | |
| 4 | காப்பர் -டி செலுத்துவதற்கு மயக்க மருந்து கொடுக்கவேண்டாம் என்று நினைக்கிறேன் | | | | | |
| 5 | காப்பர் -டி செலுத்துவதற்கு அதிக நேரம் தேவையில்லை கருத்துக்கள் | | | | | |
| 6 | காப்பர் -டி செலுத்திய பிறகு எல்லா வேலையும் செய்யலாம் என்று நினைக்கிறேன் | | | | | |
| 7 | காப்பர் -டி அதிக நாளைக்கு நீடிக்கும் என்று நினைக்கிறேன் | | | | | |
| 8 | காப்பர் -டி செலுத்துவதினால் உடலுறவில் எந்த தொந்தரவும் இருக்காது என்று நினைக்கிறேன் | | | | | |
| 9 | காப்பர் -டி செலுத்துதல் குழந்தை இடைவெளிக்கு மிக சரியான முறை என்று நினைக்கிறேன் | | | | | |
| 10 | காப்பர் -டி செலுத்தலாம் என்று என் நண்பருக்கு அறிவுரை கூரு கிறேன் | | | | | |
| 11 | காப்பர் -டி செலுத்துவதால் எடை அதிகமாகும் என்று நினைக்கிறேன் | | | | | |
| 12 | காப்பர் -டி பொருத்தும்பொழுது வலி எடுக்கும் என்று நினைக்கிறேன் | | | | | |
| 13 | காப்பர் -டி பொருத்துவதால் முதுகு வலி எடுக்கும் என்று நினைக்கிறேன் | | | | | |

-
- 14 காப்பர் -டி பொருத்திய பிறகு
மூட்டு வலி வரும் என்று
நினைக்கிறேன்
- 15 காப்பர் -டி பொருத்துவதால்
குழாய் பகுதியில்
கருத்தரிக்கவாய்ப்பு இருக்கிற
து
- 16 காப்பர் -டி பொருத்துவதால்
கர்ப்பைக்குள் திராட்சை
கொத்து போன்ற கட்டி
வரலாம் என்று
நினைக்கிறேன்
- 17 காப்பர் -டி பொருத்திய பிறகு
மத விடாய் காலத்தில்
அதிக இரத்தபோக்கு
இருக்கும் என்று
நினைக்கிறேன்
- 18 காப்பர் -டி பொருத்திய பிறகு
வெள்ளை போக்கு இருக்கும்
என்று நினைக்கிறேன்
- 19 காப்பர் -டி பொருத்திய பிறகு
கர்ப்பம் தரிக்கவே தரிக்காது
என்று நினைக்கிறேன்
- 20 காப்பர் -டி பொருத்தி சில
வருடங்களுக்கு பிறகு புற்று
நோய் வர வாய்ப்பு இருக்கும்
என்று
நினைக்கிறேன்
-

APPENDIX -E
INFORMATION BOOKLET

WHAT IS COPPER T 380 A?

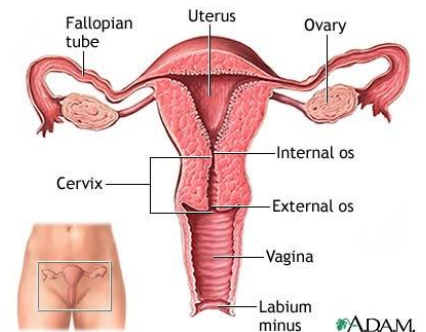
- An IUD is a small device which is placed inside the uterus.
- The vertical and horizontal arms of the Copper T 380A IUD



contain copper which is slowly released into the uterine cavity.

HOW TO ACT COPPER T 380 A?

- Copper stops sperm from making their way up through the uterus into the tubes, and it reduces the ability of sperm to fertilize the egg.
- It also prevents a fertilized egg from successfully implanting in the lining of the uterus if fertilization has occurred.



WHO ALL CAN USE COPPER T?

- Those who are in reproductive age group (15-45)
- Those who delivered a child in normal and caesarean
- In case of spacing from one child to another child
- Those who are not willing to do puerperal sterilisation
- Emergency contraceptive method



WHEN TO USE COPPER T 380 A?

- During menstruation or after menstruation, and no chance for fertilisation.
- Immediately after delivery or after 48 hours.
- 6 weeks after delivery.
- Immediately after abortion.



WHAT IS THE DURATION OF COPPER T 380A?

- Stop the conception for 10 years.

ADVANTAGES OF COPPER T 380 A?

- Duration of copper T 380 is for 10 years.
- It act after insertion.
- It is useful for breast feeding mother.



IS THERE IS ANY SIDE EFFECTS AFTER INSERTION OF COPPER T 380 A?

- There may be cramping, pain or spotting after insertion.
- The number of bleeding days is slightly higher than normal and you may have somewhat increased menstrual cramping.



WHAT ARE ALL THE MISCONCEPTION ABOUT COPPER T380 A?

- Increase weight
- Chance of infertility
- Possibility of ectopic pregnancy
- Chance of infection
- Interfere with sexual activity



fhg;gH – b

380 A

Gjpa tif fhg;gH – b 380 A vd;why;

vd;d?



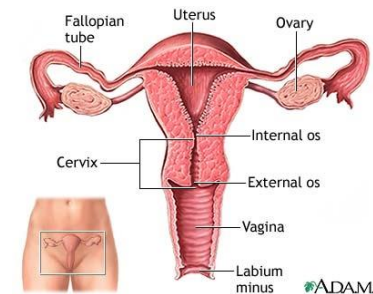
- fhg;gH b 380 A kpfTk; rpwe;j rf;jp tha;e;j kw;Wk; ePz;lehl;fSf;F gad;gLj;jf;\$ba fUj;jil rhjdk;.
- kpfTk; ghJfhg;ghd mwptpay; hPjpahf cUthf;fg;gl;l gpsh];bf; kw;Wk; fhg;gh; RUs; nghUj;jg;gl;l fUj;jil rhjdk;.
- ,it ngz;fspd; fh;g;gg;igapy; nghUj;jg;gLfpwJ.

- fHg;gH – b 380 A it nghUj;jpf; nfhz;lhy; RkhH 10 Mz;l

fhyk; fUTWjiy jLf;fyhk;.

Gjpa tif fHg;gH – b 380 A vt;thW nray;gLfpwJ

- Gpurtpj;j cld; my;yJ gpurtpj;j 48 kzp Neu;j;pw;Fs; gapw;rp ngw;w kUj;Jtuhy; fHg;gH – b 380 A nghUj;jyhk;.
- Gpurtpj;J 6 thuq;fSf;Fgpd;; fHg;gH – b 380 A nghUj;jyhk;.
- kUj;Jt hPjpahd fUf;fiyg;G kw;Wk; fUr;rpjT eilngw;w cINd nghUj;jyhk;.



fHg;gH – b 380 A nghUj;jpf; nfhz;lhy; vj;jid

fhyj;;jpw;F fUTWjiy jLf;fyhk;?

- fUg;igapy; nghUj;jg;gLk; fHg;gH b tpe;jpy; cs;s capuZf;fis nray; ,of;fr; nra;fpwJ. NkYk;, fUg;igapDs; Eioe;J fUf;Fohia miltij jLf;fpd;wJ. vdNt fUTWjy;

jtpHf;fg;gl fpwJ. xU Ntis fUj;jhpf;f NeHe;jhYk;

fUg;igapDs; Vw;gLk; ,urhad khw;wj;jpdhy; fU Cd;wp

tsUtij jLf;fpwJ.

- fUf;Foha;fspy; eilngWk; fUTWjiy jLf;fpwJ

**fhg;gH – b 380 A it ahnuy;yhk;
cgNahfg;gLj;jyhk;?**



- Foe;ijg; NgW mila jFjpAs;s midj;J ngz;fSf;Fk; ,ij
nghUj;jyhk; (15 -45 taJ).

- Rf gpurtk; kw;Wk; rpNrhpad; mWit rpfpr;ir Kyk; Foe;ij
ngw;wtHfs;.
- xU Foe;ijf;Fk; mLj;j Foe;ijf;Fk; ,ilntsp Njit vd;W
fUJgtHfSk; ,jid nghUj;jpf; nfhs;syhk;. FLk;gehy mWit
rpfpr;irNtz;lhk;
vd fUJk; jha;khk;fSf;F fhg;gHb 380 A it nghUj;jyhk;.

- ghJfhg;gw;w clYwT nfhz;l ngz;fs; 5 ehl;fSf;Fs; fhg;gHb
380 A it nghUj;Jtjd; Kyk; fUTWjiy jtpHf;fyhk;. ,J xU
mtru fhy fUj;jil rhjdkhfTk; gad;gLfpw

vg;NghJ fhg;gH – b 380 A it nghUj;jyhk;?



khjtpyf;F epfOk; fhyq;fspy; cjpug;Nghf;F epd;wTld;

kw;Wk; fUj;jhpf;f tha;g;gpy;iy vd;gij cWjp nra;jgpd; ve;j

ehspy; Ntz;LkhdhYk; ,ij nghUj;jyhk;.

- fUg;igapy; gad;gLj;Jk; fUj;jil rhjdq;fs; gw;wp rpy jtwhd fUj;Jfs; ngz;fspilNa epyTfpd;dJ. Mitnay;yhk; Mjhukw;wJk; jtwhdJk; MFk;.
- fUj;jil rhjdk; nghUj;jpf; nfhz;lhy; cly; vil \$Lk; vd;GJ jtwhd fUj;jhFk;.
- fUj;jil rhjdk; nghUj;Jtjhy; kyl;Lj;jd;ik Vw;gLk; vd;GJ jtwhd fUj;jhFk;.
- fh;g;gigapy; nghUj;jg;gLk; fUj;jil rhjdk; clypd; NtW ghfq;fSf;F CLUtp nry;fpd;wJ vd;GJk; jtwhd fUj;jhFk;.

- Gpurtj;jpd; NghJ mWit rpfpr;ir nra;J Foe;ij gpwf;Fk; jha;khh;fSf;F fhg;gh; b nghUj;jf; \$lhJ vd;GJk; jtwhd fUj;jhFk;.
- fUj;jil rhjdk; nghUj;jpf; nfhz;lhy; njhw;W Neha; tu tha;g;Gfs; mjpfk; vd;w fUj;Jk; kpfTk; jtwhdJ MFk;.

**fhg;gH – b 380 A tpd; Kf;fpa gad;fs;
vd;d?**



- RkhH 10 Mz;Lfs; xU ngz; fUTUjij jLf;fyhk;
- nghUj;jpa gpd; ve;j tpj jaf;fKk; ,d;wp cIYwT nfhs;syhk;
- nghUj;jpa cINd nray;gl njhlq;fptpLfpwJ
- ghY}l;Lk; jha;khh;fSk; fhg;gH – b 380 A it nghUj;jpf; nfhs;syhk;.
- mLj;j Foe;ij Ntz;Lk; vd fUjpdhy; fhg;gH – b 380 A it vLj;Jtplyhk;.

**fhg;gH b 380 A it nghUj;jpf; nfhz;lhy; gf;;f
tpisTfs; VjhtJ cz;lh?**



- fhg;gH – b 380 A it nghUj;Jk; NghJ rpwpjsT ,uj;jf; frpT Vw;glyhk; my;yJ Nyrhd typ ,Uf;fyhk;. ,J jw;fhypfkhdJ, khj tpyf;F vd;W fUj Ntz;lhk;. ePq;fs; jpdrrhp Nkw;nfhs;Sk; NtiyfSf;F ve;j ghjppg;Gk; ,y;iy.
- fhg;gH – b 380 A it nghUj;Jk; NghJ rpwpjsT ,uj;jf; frpT Vw;glyhk; my;yJ Nyrhd typ ,Uf;fyhk;. ,J jw;fhypfkhdJ, khj tpyf;F

vd;W fUj Ntz;lhk;. ePq;fs; jpdrrhp Nkw;nfhs;Sk;
NtiyfSf;F ve;j ghjppg;Gk; ,y;iy.

- fhg;gH – b 380 A it nghUj;jpf; nfhz;l rpy khjq;fSf;F
khjtpyf;F ehl;fs; rw;W \$LjyhFk;. NkYk; cjpj;jpd; msTk;
rw;W \$Ljyhfyhk;. 2 my;yJ 3 khjq;fspy; rhpahfp tpLk;.
- fhg;gH – b 380 A it nghUj;jpa rpy ehl;fSf;F
mnrshpakhf \$I Njhd;wyhk;
- Nkw;Fwpg;gpl;l midj;Jk; jw;fhypfkhdNj kw;wgb nfhba
gf;f tpisTfs; ,y;iy

**fhg;gH – b 380 A gw;wp jtwhd kw;Wk; tje;jpfs;
vit?**

