

Assess the Knowledge and attitude regarding Contraception Methods among post natal mothers at selected hospitals in Kanpur.

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Introduction

India's population is rapidly increasing. With over one billion people, it accounts for one-fifth of the world's population.

Population growth has been identified as the primary cause of resource scarcity and the neutralisation of the impact of progress made in various developmental sectors. Hundreds of millions of people remain impoverished, illiterate, and unhealthy. Because resources are limited, the population grows rapidly every year. Controlling and stabilising the population is thus critical. As previously stated, one of the most desirable solutions for controlling population growth is contraception methods and birth control. Also, contraceptive methods are a direct and active population control strategy. Contraception methods are a direct and active population control strategy. WHO defines contraception methods as "a voluntary way of thinking and living adopted by individuals and couples on the basis of knowledge and attitude and responsible decisions in order to promote the health and family welfare groups and thus effectively contribute to the social development of the country."

Copper-T 380 Intrauterine contraceptive devices are the most commonly used method of contraception in developing countries.

Contraception is an important part of good preventive health care. It is critical to stabilise the population and conserve natural resources for future generations. An ideal contraceptive should be tailored to an individual's personal, social, and medical characteristics and needs. Socioeconomic factors and education are just a few of the factors that influence the acceptance of contraceptive methods. WHO guidance documents are available to help inform national policies, guidelines, and standards for contraceptive methods services, which should promote greater access to contraceptive methods services. Recent scientific findings and a new understanding of how temporary methods of contraception work highlight their safety and effectiveness. The method under consideration for intra uterine contraceptive devices is long-acting in this

context. The contraceptive manufacturer has not had many positive experiences with their intra-uterine devices in their attempt to destroy women's fertility. This is not surprising given that IUCD Copper T 380 A does not interact with the menstrual cycle through the thickening of cervical mucus, sperm migration, fertilisation, or ovulation.

Reproductive scientists generally agree that the IUCD Copper-T A irritates the endometrium and makes it more hospitable to the blast cyst. According to G.D. Searle, "the action of the IUCD Copper-T appears to be a simple local phenomenon." The most likely mechanism of action for these devices is that they prevent conception or implantation of an already fertilised ovum.

Methodology

The research was both quantitative and descriptive. Purposive sampling was used to select 100 primigravidae who met the inclusion criteria from the postnatal ward. The investigator will first introduce her to mothers with whom she has developed a rapport. Following sample selection, a semi-structured interview was conducted using the following instruments: demographic data, a knowledge questionnaire, and an attitude scale.

Results

The findings revealed that the majority of women, 60%, were not using temporary contraception methods, while only 40% were using other family methods. 68.1% of postnatal mothers had adequate knowledge about selected contraception methods such as intrauterine contraceptive devices, 44% had moderate knowledge, and none had adequate knowledge about selected contraception methods. Regarding attitude, 30% of the postnatal mothers had a bad attitude, 60% had a moderate attitude, and 10% had a good attitude.

They have a level of knowledge about IUCD among postnatal mothers. In general, some of them have adequate knowledge, some have moderate knowledge, and none have adequate knowledge. In terms of attitude, they have the highest attitude score in the temporary contraception methods method and the lowest attitude score in the IUCD.

According to this study, the mean and standard deviation of knowledge and attitude toward IUCD methods among postnatal mothers were 28 percent and

6.34 percent, respectively. The overall percentage of postnatal mothers with a positive attitude was 48 percent.

There is also a significant relationship between knowledge level and demographic variables such as older age mothers, more educated mothers, and city mothers. There was no significant relationship between knowledge level and demographic variables such as husband's age, religion, type of family, occupation, income, and source of information. Thus, the hypothesis was accepted.

Furthermore, there is a significant positive moderate correlation between knowledge gain and attitude gain. It means that their knowledge has increased moderately. As a result, the hypothesis was accepted.

Conclusion

The study found that most women, 60%, were not using temporary contraception methods, while only 40% were using other family methods. Also, 68.2% of postnatal mothers knew enough about certain contraception methods, like intrauterine contraceptive devices, 44% knew a little bit, and none knew enough about certain contraception methods. Regarding attitude, 30% of the postnatal mothers had a bad attitude, 60% had a moderate attitude, and 10% had a good attitude. It is the responsibility of the community health nurse to motivate, educate, and counsel women of reproductive age about temporary contraception methods such as IUCD. As a result, the researcher fulfilled this role by imparting knowledge through group teaching and the distribution of handouts. This study reveals the need for an additional periodical education programme on selected temporary contraception methods for primi mothers, which is highly significant.

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