

A Study to Assess Knowledge, Attitude and Perceived Barrier in Use of PPIUCD among Postnatal Women in Selected Hospitals of West Bengal

Priya Mondal

Tutor in Gita Ram School and College of Nursing, Berhampore, Murshidabad, West Bengal, India

Email ID: pm714156[at]gamil.com

Abstract: *As the population of our nation is exploding, Contraception is the need of the hour. Although there are so many contraceptive methods available, an efficacious, long term, cost effective method is desirable in a low resource country like ours. Also, the postpartum period is very important as women are very receptive for PPIUCD insertion. This study aims to assess the knowledge, attitude and perceived barrier in use of PPIUCD. Non experimental quantitative research approach and descriptive survey research design was used. The setting of the study was in Murshidabad Medical College and Hospital and Labagh Sub Divisional hospital in Murshidabad. Data was collected by using non-probability purposive sampling technique on 152 postnatal women. Among 152 postnatal women 63.2% had poor knowledge and 5.9% had excellent knowledge regarding PPIUCD. 70.4% of the postnatal women had moderate favourable attitude and 13.8% postnatal women had unfavourable attitude towards PPIUCD. 75% of the postnatal women had self related barrier, 18.4 % of the postnatal women had husband related barrier. The mean knowledge score was 8.62 and mean attitude score was 48.16. Calculated 'r' value between knowledge and attitude was 0.66 which shown weakly positive relation between knowledge and attitude of postnatal women regarding PPIUCD.*

Keywords: Knowledge- In this study knowledge refers to a familiarity, awareness or understanding by correct response against items of PPIUCD as measured by structured interview schedule. Attitude- In this study attitude refers to a way that one thinks and feels about PPIUCD as measured by 5 pointlikert scale. Perceived barriers- In This study perceived barrier refers to a person's feelings on the obstacles to adopt PPIUCD as measured by structured interview schedule. Postnatal women- In this study the postnatal women refers to mothers who have just delivered the baby within 6weeks. PPIUCD- In this study PPIUCD refers to a Post-Partum Intrauterine Contraceptive Device (copper-T 375, copper-T380A) which is inserted within 48 hours following childbirth. In this study knowledge, attitude and perceived barrier in using PPIUCD among postnatal mother was investigated to know the reason behind not accepting PPIUCD in hospitals of Murshidabad district in West Bengal.

1. Introduction

As the population of our nation is exploding, Contraception is the need of the hour. Although there are so many contraceptive methods available, an efficacious, long term, cost effective method is desirable in a low resource country like ours. Also, the postpartum period is very important as women are very receptive for PPIUCD insertion. This study aims to assess the knowledge, attitude and perceived barrier in use of PPIUCD. The National Family planning program was started in India in 1956 to address the problem of increasing population. Since then these programs are operational in India. Despite all the constant efforts, an unmet need of contraception still exists.¹ PPIUCD has been introduced in the national family welfare program ever since March 2010 in several states in India. A PPIUCD can be inserted in 48 hours postpartum, referred to here as postpartum intrauterine contraceptive device. This study aims to assess the Knowledge, attitude and perceived barrier in use of postpartum intrauterine contraceptive devices in postnatal women in hospitals under Murshidabad district.² In developing countries, about 61% of births occur at an interval that is shorter than 36 months. More than 100 million women in developing countries would prefer to avoid a pregnancy but they may not be using any form of contraception.³ This may be due to poor knowledge of contraceptives, fear of side effects and inability to return for

contraceptive advice. PPIUCD has been introduced in the national family welfare program since March 2010 in several states.⁴ A PPIUCD can be inserted in 48 hours postpartum, referred to here as postpartum intrauterine contraceptive device.⁵ Postpartum period is one of the important and crucial times when women and couples are more receptive and motivated for family planning methods. If a contraceptive is provided prior to discharge from the hospital, then the woman or couple need not return specially for contraception.⁶ The couple has been protected earlier than they presume sexual movement. PPIUCD is related with less pain, less side effects, minor occurrence of infection, relief of overloaded outpatient services, safeguard against unwanted pregnancy and consequent abortion. HIV positive women on antiretroviral therapy be able to also benefit of PPIUCD. Apart from this, it does not hamper with breastfeeding. In addition, complaints related to PPIUCD insertion are masked by postnatal lochia and after pains. The objective of the present study is to assess the Knowledge, attitude and barrier in use of postpartum intrauterine contraceptive devices in postnatal women in a hospital under Murshidabad district.⁷

2. Literature Survey

Use of modern family planning method is 64.9% in Murshidabad district, West Bengal and among them 1% uses

PPIUCD or IUD in Murshidabad according to District Fact Sheet (2019-20), Murshidabad, West Bengal. Proportion of people in the reproductive age group attending health facilities for family planning services are 51.1% according to district level household and facility survey-4. Unmet need for family planning among currently married women 15-49 years is 13.5% according to district level household and facility survey-4.⁸ As per 2011 census (16), Murshidabad has

a population of 7102430 with 63.88% illiteracy rate. MMR is 143 as compare to state standard 145. IMR is 26.7 as compare to state standard 35. As per DLHS data, Percentage of people using any method of family planning has been seen decrease over the years from 68.3% in 2002-04 to 67.5% in 2012-13, though it has been some improvement in 2007-08 of 72.7%. other methods also decreasing. Details are shown below

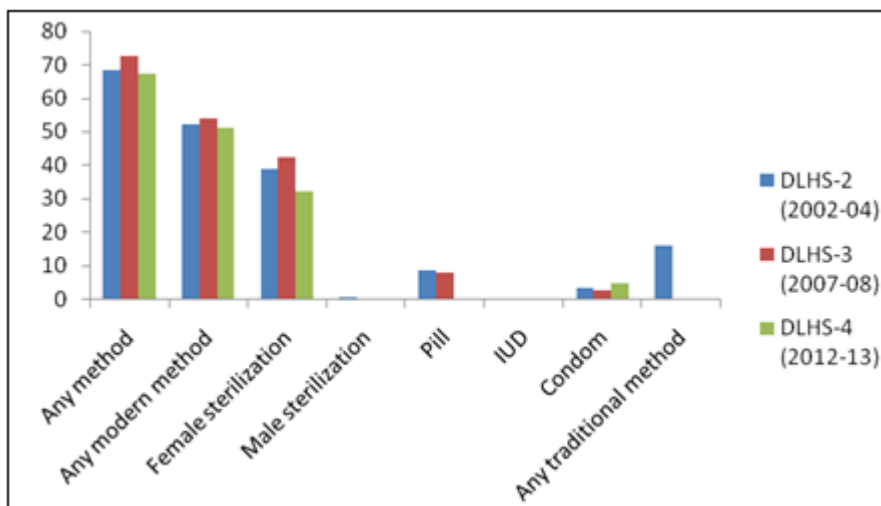


Figure 1: Percentage distribution of women according to their use of family planning methods in Murshidabad over the years

DLHS data shows the total unmet need for family planning is also increasing from 11.6 in 2002-04 to 13.5 in 2012-13, though some improvement in 2007-08 with 10.6%.⁹

In current situation population explosion is the most vital trouble in India. Current study showed that nearly 48.1 million pregnancies in India were unplanned. To manage unwanted pregnancy postpartum IUCD insertion is an exceptional method as it lend a hand in spacing and avoiding unexpected pregnancies. In India 65 percent women in earliest year after delivery have an unmet need of family planning. PPIUCD is a long term reversible protected, sufficient and cost effective way of contraception which avoid accidental pregnancies. Spacing of pregnancy reduces the abortion rate, preterm births, low birth weight, intrauterine death, and postpartum hemorrhage, which reduce in the maternal morbidity and mortality rate and also infant mortality rate.¹⁰ The contraceptive prevalence rate is 51.1% in Murshidabad district where as in West Bengal the contraceptive prevalence rate is 53.3% according to DLHS-4. Facility based intervention has been done in the previous years IUCD services provided at Primary health centers and sub centers in most of the blocks of Murshidabad but still the IUD uses ratio have not improved due to some barriers this study is mainly focuses in finding out the PPIUCD related barrier among the postnatal women in Murshidabad, West Bengal.¹¹

3. Methods/ Approach

Research approach: Non-experimental quantitative research approach.

Research design: Descriptive survey research design.

Variables

Research variables

- Knowledge regarding PPIUCD
- Attitude towards PPIUCD
- Perceived barrier regarding use of PPIUCD

Selected demographic variables

- Age
- Religion
- Education
- Occupation
- Age of marriage
- Family income
- No of child.

Data collection setting- The present study conducted in Murshidabad Medical College and Hospital under Berhampore block, and in Lalbagh Sub Divisional Hospital under Murshidabad block, West Bengal.

Population- The target population is Postnatal women have at least one child.

Sample- Postnatal women having at least one child of selected hospitals.

Inclusion criteria

- Postnatal women admitted in the postnatal ward.
- Postnatal women of reproductive age group, women age between 18 to 49 years.
- Postnatal women have at least one child.
- Postnatal women attending PP unit.
- Postnatal women not using PPIUCD.

Exclusion criteria

- Postnatal women who have still birth.
- Postnatal women who are mentally ill.
- Postnatal women who are diagnosed with any bad obstetrical condition.

Sample size- Final study- 152 postnatal women

Sampling technique- Non probability purposive sampling technique is used in the present study.

Selection and development of the tool

The present study aims to assess knowledge, attitude and perceived barrier in using PPIUCD among postnatal women. So for data collection four (4) tools were developed. After review of literature the first draft tool has been established. The tools have been validated by nine (9) experts. After tool validation the tools has been modified as per suggestions from respected guide. Then final drafts of tools were developed.

For development of tool the following steps has taken

- An extensive review of related literature.
- Guidance of guide and other experts.
- Development of first draft tool with the help of guides.
- Establishment of content validity.
- Pretesting of the tool.
- Reliability of the tool.
- Development of final draft of the tool.

Description of tools**Tool I: Semi-structured interview schedule on demographic characteristics**

The tool has been developed to gather information regarding demographic characteristics of the postnatal women. There is seven (7) items which includes Age, Religion, Education, Occupation, Age of marriage, Family income, No of child.

Tool II: Structured interview schedule on knowledge regarding PPIUCD

The tool has been developed to acquire knowledge regarding PPIUCD among postnatal women. This tool includes twenty (20) items covering different area of knowledge regarding PPIUCD. Items in the interview schedule have been developed as per the blue print and content areas present in the present study. The area of this tool is as follows:

Area I: Concept of family Planning method

Area II: Concept of PPIUCD

Area III: Place of insertion of PPIUCD

Area IV: Benefits of PPIUCD

Area V: Indication of PPIUCD

Area VI: Side effect of PPIUCD

All the items are multiple choice questions. Score value of one (1) has been allotted to the respondent against correct response and score value of zero (0) has been allotted to the respondent against incorrect response. Maximum total score is twenty (20) and minimum score is zero (0).

Table 1: Grading of knowledge score of postnatal women regarding PPIUCD

Level of knowledge	Percentage	Score
Excellent	>80%	above 16
Very good	71to80%	14to16
Good	61to70%	12to13
Average	51-60%	10to11
Poor	≤50%	below10

Maximum score=20, minimum score=0

From above table 1, it observed that the knowledge score of the postnatal women is divided into five grades. Postnatal women getting score above 80percent have been graded as excellent, postnatal women getting score between 70to80percent have been graded as very good, postnatal women getting score between 61to70percent have been graded as good, postnatal women getting score between 51to60percent have been graded as average and postnatal women getting score below 50percent have been graded as poor grade. The maximum knowledge score is 20 and minimum knowledge score is zero (0).

Tool III: Structured interview schedule on attitude regarding PPIUCD

The tool has been developed to find out attitude of the postnatal women towards PPIUCD. This tool includes fifteen (15) item among them four (4) items are negatively stated. This tool based on 5point likert scale where highest score given five (5) for strongly agree and lowest score given one (1) for strongly disagree. Negatively stated items are scored reversely. The grading is done based on mean and standard deviation of attitude score. Maximum score is seventy five (75) and minimum score is fifteen (15).

Table 2: Grading of attitude score of postnatal women regarding PPIUCD

Variables	Percentage obtained score	Performance
Attitude	> mean + 1SD	Favourable attitude
	Mean ± 1SD	Moderate favourable attitude
	>mean-1SD	Unfavourable attitude

Maximum score=75, minimum score=15

From the above table 2, it is observed that attitude score of postnatal women divided in three grades. > mean + 1SD was categorized as favourable attitude, mean±1SD was categorised as moderate favourable attitude and >mean-1SD was categorised as unfavourable attitude. Maximum score is 75 and minimum score is 15.

Tool IV: Semi-structure interview schedule on perceived barrier in use of PPIUCD

This tool contain item related to perceived barrier of respondent in using PPIUCD. Respondent are free to choose multiple response against each item present in tool IV. Total seven (7) items are included in this section.

Validity of the tool

Content validity has been established by nine (9) experts. Content validity index has been calculated for each items.

Tool I: Semi-structured interview schedule on demographic characteristics

In tool I total items are seven (7) and agreement were hundred percent (100%).

Tool II: Structured interview schedule on knowledge regarding PPIUCD

In tool II total twenty (20) items are present and from them one item has been suggested to modified (item 6) and two items has been suggested to omit and replaced (item 15,16).

Tool III: Structured interview schedule on attitude regarding PPIUCD

In tool III total number of items are fifteen (15) and all experts given hundred percent (100%) agreement.

Tool IV: Semi-structure interview schedule on perceived barrier in use of PPIUCD

In tool IV total number of items are seven (7) and all experts given hundred percent (100%) agreement against the items of tool IV.

Pre-testing of tool- Pretesting has been done on five (5) postnatal women admitted in North Bengal Medical College and Hospital on 15th November, 2021. All items from Tool I, Tool II, Tool III and Tool IV are clear and understandable by the postnatal women. Approximately 45 minutes time has been required for each interview.

Reliability of tool- The reliability of an instrument is the degree of consistency with which it measures the attribute that it suppose to measure. Tool I, Tool II, Tool III and Tool IV have been administered to twenty (20) postnatal women from 16th November, 2021 to 20th November, 2021.

Tool II: Structured interview schedule on knowledge regarding PPIUCD - Reliability of structured interview schedule on knowledge regarding PPIUCD have been calculated using split half method followed by Spearman Brown Prophecy formula and r was 0.77. So, it can be interpret that the tool is reliable to use.

Tool III: Structured interview schedule on attitude regarding PPIUCD- Reliability of structured interview schedule on attitude towards PPIUCD has been calculated using Cronbach's alpha formula to check the internal consistency and the value calculated was $r=0.76$. So, attitude scale was also found reliable to use.

Tool IV: Semi-structure interview schedule on perceived barrier in use of PPIUCD Reliability of semi-structured interview schedule on perceived barrier in use of PPIUCD was calculated by using Inter rater method and the value calculated was $r= 0.98$. So, the Tool IV was also reliable to use.

Pilot study- In the present study pilot study has been conducted in North Bengal Medical College and Hospital from 10th January, 2022 to 15th January, 2022. Non probability purposive sampling technique is used where 30 postnatal women's interview has been taken. The collected data has been analyzed by using descriptive and inferential statistic. Findings revealed that among 30 postnatal women 46.7% postnatal women belongs to the age group of 18-24 years, 46.7 % postnatal women passed secondary education, 53.4% postnatal women are Hindu, 93.4% postnatal women are housewife, 73.3% postnatal women's age of marriage is 18-22 years, maximum postnatal women's family monthly

income is 5001- 10,000/- monthly and maximum postnatal women have one child. Knowledge score ranged between 3-17, mean score was 9.93, median was 9.5 and standard deviation was 4.4. 53.3% of the postnatal women have poor knowledge and 6.7% of the postnatal women have excellent knowledge. Attitude score 83.4% of the postnatal women have moderate favourable attitude and 3.3% postnatal women have favourable attitude towards PPIUCD. In barrier maximum postnatal women have self related barrier i.e. 86.7% and very less postnatal women having barrier related to family. Among 30 postnatal women 26 women have self related barrier and from them 52.6% postnatal women have fear of side effect of PPIUCD, 15.8% postnatal women have fear of infection, 10.5% postnatal women have myths and misconception related to PPIUCD, 5.3% postnatal women have religious issues and 15.8% of the postnatal women have lack of conception about PPIUCD. Among 30 postnatal women 10 women have barrier related to husband and from them 70% postnatal women's husband dislikes PPIUCD and 30% postnatal women's husband scare of foreign object. Among 30 postnatal women 8 women have family related barrier and from them 62.5% postnatal women's family members have myths and misconception about PPIUCD, 25% postnatal women's family members scare of foreign object and 12.5% postnatal women's family members scares of religious issues. Correlation between knowledge and attitude has been calculated and it is observed that there is negative correlation (-0.34) between knowledge and attitude score of postnatal women, so we can say that the attitude score not depends upon knowledge score. "t" value is -0.06 so the correlation is not significant.

Ethical consideration

- Ethical clearance obtained from Institutional ethics committee of NBMC, Darjeeling.
- Informed written consent from each respondent has been taken.

Formal permission

Formal permission take from

- Principal of College of Nursing, North Bengal Medical College.
- Director of health services of West Bengal.
- Joint director of Health Services (Nursing) of West Bengal.
- Medical Superintendent cum Vice-principal of North Bengal Medical College and Hospital, Darjeeling, West Bengal.
- Medical Superintendent cum Vice-principal of Murshidabad Medical College and Hospital, Berhampore, Murshidabad, West Bengal.
- Superintendent of Lalbagh Sub Divisional Hospital, Murshidabad, West Bengal.
- Nursing Superintendent of Lalbagh Sub Divisional Hospital, Mursidabad, West Bengal.

Data collection procedure

- Administrative permission has taken from Medical Superintendent cum Vice-principal of North Bengal Medical College and Hospital, Darjeeling, West Bengal.

- Administrative permission has taken from Medical Superintendent cum Vice-principal of Murshidabad Medical College and Hospital, Berhampore, Murshidabad.
- Administrative permission has taken from Superintendent of Lalbagh Sub Divisional Hospital, Murshidabad.
- Administrative permission has taken from Nursing Superintendent of Lalbagh Sub Divisional Hospital, Mursidabad.
- Formal permission obtained from the respondents.
- Informed written content was taken from each respondent.
- Self-introduction given and the purpose of the study have been explained.
- Data has been collected with structured interview schedule on knowledge, attitude and perceived barrier regarding PPIUCD by interview.
- Total time taken for collecting data from each respondent was 40mins.
- The investigator delivered thanks to each respondent.

Plan for data analysis

Descriptive statistics in terms of frequencies, percentage and diagram has been used to analyze the demographic data, knowledge regarding PPIUCD, attitude regarding PPIUCD and perceived barrier of sample. Inferential statistics in terms of correlation has been used to analyze the correlation between knowledge and attitude.

4. Result/ Discussion

The present study is discussed based on the objectives of the study.

The first objective was to assess knowledge regarding PPIUCD among postnatal women.

In the present study Among 152 postnatal women 63.2% of the postnatal women have poor knowledge and 5.9% of the postnatal women have excellent knowledge.

The present study is supported by the following study:

Vyas H. et.al. (2020) conducted a study Knowledge regarding towards post-partum insertion of intra uterine contraceptive devices and attitude towards post-partum insertion of intra uterine contraceptive devices among pregnant women presence antenatal treatment center at a tertiary care centre. All India institution of Medical Sciences in Jodhpur city. 1st August 2018 to 1st January 2019. A cross-section descriptive research had conducted at antenatal outdoor over a period of 6 months among antenatal mothers, gestational age should not be more than 20 weeks, attending AIIMS antenatal OPD had been selected by purposive sampling technique. The sample size in the study was calculated as 183, by using similar previous study 13% of the antenatal mothers with good knowledge on PPIUCD, with 95% set interval and 5% confidence interval. Pregnant women who are registered at AIIMS, Jodhpur, and gestation age was more than 20 weeks and able to read and understand Hindi language were included. Majority (57.4%) of the subjects had fair knowledge regarding PPIUCD,

24.6% had poor knowledge regarding PPIUCD, only 18% with good knowledge regarding PPIUCD and none of them had excellent in knowledge regarding PPIUCD.¹²

Gadade M. et.al. (2019) conducted a study to assess the knowledge regarding post-partum intrauterine contraceptive device (PPIUCD) among post-natal mothers in selected hospitals of Pune city. In this study quantitative research approach and Non-Experimental Descriptive Survey research design was used. Using Non Probability Sampling Technique 100 postnatal mothers from two hospitals in Pune City were included in the study. Among 100 postnatal mothers 58% were having Average knowledge, 38% of the postnatal mothers having Good knowledge and only 4% of the postnatal mothers having Poor knowledge regarding Postpartum Intrauterine Contraceptive Device. In association, there is no any association between knowledge score and demographic variable except source of information at 0.05 level of significance.¹⁴

The second objective was to assess attitude towards PPIUCD among postnatal women.

In the present study Among 152 postnatal women 70.4% of the postnatal women have moderate favourable attitude and 13.8% postnatal women have unfavourable attitude towards PPIUCD.

The present study is supported by the following study:

Pareek S. et.al. (2020) conducted a correlation study to assess the knowledge and attitude regarding Post-Partum Intrauterine Contraceptive Device (PPIUCD) among women admitted in Antenatal and Post- Natal wards: An Institutional Study. In Doon Medical College Female Hospital Dehradun, Uttarakhand. A descriptive approach with the non-experimental research design had been used for the study. The subjects had been 180 women selected by non-probability convenience sampling technique. The study was conducted among the women admitted in antenatal wards and post-natal wards at Doon Medical College Female Hospital Dehradun, Uttarakhand. The study revealed that favourable and unfavourable attitude towards PPIUCD of women were 43.33% and 56.67% respectively.¹³

The third objective was to find out perceived barrier in using PPIUCD among postnatal women.

In the present study among 152 postnatal women 114 women have self related barrier and from them 53.5 percent postnatal women have fear of side effect of PPIUCD, 14.9 percent postnatal women don't have any concept regarding PPIUCD, 13.2 percent postnatal women have religious issue in using PPIUCD, 7.9 percent postnatal women thinks IUCD can perforates uterus and enters abdomen, 4.4 percent women thinks PPIUCD can cause infection 3.5 percent women thinks IUCD threads can be felt by husband during intercourse and 3.3 percent of the postnatal women thinks PPIUCD can cause cancer. Among 152 postnatal women 28 women have barrier related to husband and from them 60.7 percent postnatal women's husbands dislikes PPIUCD, 25 percent postnatal women's husbands feels scare of foreign object and 14.3 percent postnatal women's husbands thinks PPIUCD can interrupt during sexual intercourse. Among

152 postnatal women 38 women have family related barrier and from them 44.7 percent postnatal women's family members scare of foreign device, 23.7 percent postnatal women's family members thinks PPIUCD can causes infertility, 21.1 percent postnatal women's family members scares of religious issues and 10.5 percent postnatal women's family members thinks PPIUCD can causes cancer.

The present study is supported by the following study:

Dr Nigam A. (2015) conducted a study to assess the PPIUCD refusal in Delhi: reasons were analyzed. The study was department of obstetrics and gynecology, HIMSR, Delhi. This study was a cross-sectional study carried out in the department of obstetrics and gynecology, HIMSR, Delhi over the period of 1 year from Jan 2013 to Dec 2013. 78.6percent of postnatal women in the study belongs to the age group of 20–30 years, with 79.2percent postnatal women having education of Class X and above. The overall knowledge of postnatal women regarding contraceptive was 94.4percent. Even though 48.4percent women were aware of Cu T as a method of contraception, only 21.9percent of 48.4percent, however, were aware of PPIUCD. None of the women had yet used it earlier than. The common prevalent myths regarding Cu T were fear of cancer (38 %) and fear of menorrhagia (36.4 %). The husband and mother-in-law played significant roles in choice of PPIUCD insertion and refuse the same in 59 percent of cases.¹⁵

The fourth objective was to find out correlation between knowledge and attitude among postnatal women.

In the present study mean knowledge score was 8.62 and mean attitude score was 48.16. Calculated 'r' value between knowledge and attitude was 0.66 which shown weakly positive relation between knowledge and attitude of postnatal women regarding PPIUCD. Also can be inferred that there is significant correlation between knowledge and attitude of postnatal women regarding PPIUCD at 0.01 level of significance as evident from 't' value of 10.83 which is greater than table of 't'(df 150) at 0.01 level of significance.

The present study is supported by the following study:

Vyas H. et.al. (2020) conducted a study Knowledge regarding towards post-partum insertion of intra uterine contraceptive devices and attitude towards post-partum insertion of intra uterine contraceptive devices among pregnant women presence antenatal treatment center at a tertiary care centre. All India institution of Medical Sciences in Jodhpur city. 1st August 2018 to 1st January 2019. A cross-section descriptive research had conducted at antenatal outdoor over a period of 6 months among antenatal mothers, gestational age should not be more than 20 weeks, attending AIIMS antenatal OPD had been selected by purposive sampling technique. The sample size in the study was calculated as 183, by using similar previous study 13% of the antenatal mothers with good knowledge on PPIUCD, with 95% set interval and 5% confidence interval. Pregnant women who are registered at AIIMS, Jodhpur, and gestation age was more than 20 weeks and able to read and understand Hindi language were included. A positive correlation had been found between the knowledge and

attitude that is $r=0.509$ regarding PPIUCD. Pregnant women's education found to be significantly associated with knowledge and attitude towards PPIUCD.¹²

5. Conclusion

From the findings of the present study it can be concluded that the attitude score is partially depended on knowledge score. It is also observed that maximum postnatal women have self related barrier in using PPIUCD.

6. Future Scope

Nursing education- The present study focuses the area that postnatal women having barrier in using PPIUCD. So the nurse leader can give more emphasis in counseling process regarding PPIUCD and can organize training program related to counseling process and can revise the traditional method of counseling.

Nursing administration- The nurse administrator should take initiative in organizing in-service and continuing education program for nurses to make nursing personal more efficient in counseling process. The nurses need to involve in counseling and give more time in counseling mothers and their relatives.

Nursing practice- The present study mainly emphasis the postnatal mother having barrier in using PPIUCD. This study providing the focus area of self related barrier, husband related barrier and family related barrier. It is important to provide information related to PPIUCD to the mothers as well as husband and family members also. Nurses has a huge role in counseling the mothers regarding family planning and the nursing personal should take initiative to participate in counseling the mothers as well as husband and family members also.

References

- [1] Mao J. Knowledge, Attitude and Practice of Family Planning. A Study of Tezu Village, Manipur (India). *Int J Biological Anthropol.* 2006;1(1):5-10.
- [2] Mona Asnani, Anjoo Agarwal, Renu Singh. Study of knowledge, attitude, practices regarding PPIUCD among antenatal women at a tertiary care centre in Northern India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology.* 05 February 2019; Volume 8 · (Issue 3). P. 1111 <http://dx.doi.org/10.18203/2320-1770.ijrcog20190889>
- [3] Lopez. Farfan JA, Maclel. Martinez M, Velez. Machrro IJ. Vazquez. Estrada L. Application of Mirena during caesarean section. *Europe J Contracep, Reproduct Health Care* 2010;15(1):165.
- [4] National Rural Health Mission Ministry of Health and Family Welfare Government of India.JSY. Available at http://www.mohfw.nic.in/layout_09_06;.pdf.
- [5] WHO Medical eligibility criteria for contraceptive use. Geneva. WHO, 2010.
- [6] Byrd JE, Hyde JS, DeLamater JD, Plant EA. Sexuality during pregnancy and the year postpartum. *J Fam Pract.*1998; 47(4):305-8.

- [7] Byrd JE, Hyde JS, DeLamater JD, Plant EA. Sexuality during pregnancy and the year postpartum. *J Fam Pract.* 1998; 47(4):305-8.
- [8] IIPS. District level Household Survey (DLHS-4) 2012– 13. Mumbai: Indian Institute of Population Sciences, 2014.
- [9] HMIS- Murshidabad: <http://nrhm-mis.nic.in> (accessed on 5 th august 2014).
- [10] Pradeep MR, Nayana DH. Study of knowledge, attitude and acceptance of PPIUCD in antenatal mothers. *The New Indian Journal of OBGYN.* 2019; 6(1): 42-4. https://www.researchgate.net/publication/334652940_Study_of_knowledge_attitude_and_acceptance_of_PP_IUCD_in_antenatal_mothers
- [11] Approval of State Programme Implementation Plan 2013- 14: West Bengal. Ministry of Health and Family Welfare, 2014
- [12] Pareek S. K D, A Correlation Study to assess the Knowledge and Attitude regarding Post-Partum Intrauterine Contraceptive Device (PPIUCD) among Women admitted in Antenatal and Post- Natal wards: An Institutional Study. *JMIR Pediatrics and Parenting.* 20/01/2021:24317. <https://preprints.jmir.org/preprint/24317>
- [13] Pradeep MR, Nayana DH. Study of knowledge, attitude and acceptance of PPIUCD in antenatal mothers. *The New Indian Journal of OBGYN.* 2019; 6(1): 42 -4. https://www.researchgate.net/publication/334652940_Study_of_knowledge_attitude_and_acceptance_of_PP_IUCD_in_antenatal_mothers
- [14] Valliappan A, Dorairajan G, Chinnakali P. Postpartum intrauterine contraceptive device: Knowledge and factors affecting acceptance among pregnant/parturient women attending a large tertiary health center in Puducherry, India. *Int J Adv Med Health Res* 2017;4:69-74. <https://www.ijamhrjournal.org/downloadpdf.asp?isn=2349-4220;year=2017;volume=4;issue=2;spage=69;epage=74;aulast=Valliappan;type=2>
- [15] Kirigia, C., Gitonga, L.K. and Muraya, M.M. (2019) Barriers to Immediate Post-Partum Intra-Uterine Contraceptive Device Uptake among Mothers Delivering at Meru Hospital. *Open Journal of Obstetrics and Gynecology*, 9, 312-325. https://www.researchgate.net/publication/331436863_Barriers_to_Immediate_Post-Partum_Intra-Uterine_Contraceptive_Device_Uptake_among_Mothers_Delivering_at_Meru_Hospital



study.

Mousumi Samanta has 3 years clinical and 18 years teaching experience. She is working as senior lecturer in Govt. College of Nursing, Burdwan Medical College and Hospital. She is research guide of this

Author Profile



Priya Mondal, graduated from B.M. Birla College of Nursing, The West Bengal University of Health Sciences in 2019. She completed post graduate (Community Health Nursing) from Govt. College of Nursing, North Bengal Medical College and Hospital, The West Bengal University of Health Sciences in 2022. She is working as tutor in GitaRam School and College of Nursing, Berhampore, West Bengal.