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# A COMPARATIVE STUDY TO ASSESS THE FACTORS RELATED TO THE ACCEPTANCE AND NON-ACCEPTANCE OF COPPER T(IUCD) AMONG ELIGIBLE WOMEN OF URBAN AND RURAL AREAS OF MEHSANA DISTRICT.

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## ABSTRACT

*Background: -India, the second most populous country of the world, it houses almost 17.3% of the world's protected couples and 20% of world's eligible couples with unmet need. Therefore, large population size of India not only impacts its own but also the global health indicators. The family planning services in India are skewed towards sterilization, particularly sterilization of women. Use of a modern method among married women in India is 49 % and female sterilization accounts for 77% of this group Approximately 13 percent of currently married women between the ages of 15 and 49 in India have an unmet need for contraception. While family planning needs of the majority of women (86%) who wish to stop childbearing are being satisfied, the needs of women who wish to delay or space childbearing remain largely unsatisfied, (only 30% of these women have their needs met) Aim: The aim of the study was to assess the level of acceptance and non acceptance of copper T among eligible women in selected urban and rural area of Mehsana district. Methodology: A quantitative research approach using pre experimental two group pre test research design was used to collect the data among 100 eligible women were selected using purposive sampling technique in selected urban and rural area of Mehsana district. Self structured questionnaire used for gathering necessary data is questionnaire on acceptance and non acceptance of copper T. The collected data was analyzed and interpreted using SPSS version Results: The results of the study showed that The mean o f t h e acceptance of copper T in urban area was 14.24 and rural area was 7.76 as compare of Non acceptance of copper t in urban area was 6.34 and rural area was 8.52 with mean difference of 7.14 and the SD difference 6.41 was greater than table value "t" (1.699) among demographic variable qualification. Thus, finding indicates that the level of acceptance and non acceptance of copper T. Conclusion: The finding of the study revealed that urban area women have more used copper T compare to the Rural area women.*

**Keywords: Assess, Factors, Acceptance of copper T, Non acceptance of copper t, eligible women, Urban and rural area.**



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## INTRODUCTION

India, the second most populous country of the world, it houses almost 17.3% of the world's protected couples and 20% of world's eligible couples with unmet need. Therefore, large population size of India not only impacts its own but also the global health indicators. India is one of the first countries to launch a national programmed to reduce birth rates, India instituted the National Family Welfare Programmed (NFWP) in 1952 as part of its first Five Year Plan (1951-56). An inverted Red Triangle is the symbol for family planning health and contraception services in India.

The family planning services in India are skewed towards sterilization, particularly sterilization of women. Use of a modern method among married women in India is 49 % and female sterilization accounts for 77 % of this group Approximately 13 percent of currently married women between the ages of 15 and 49 in India have an unmet need for contraception. While family planning needs of the majority of women (86%) who wish to stop childbearing are being satisfied, the needs of women who wish to delay or space childbearing remain largely unsatisfied, (only 30% of these women have their needs met). Female literacy is only 54%, and women lack the empowerment to take decisions, including decision to use reproductive health services, thus the need to take action for maternal benefit for contraception choice is on service care provider.

The World Health Organization (WHO) estimates that, of 536,000 maternal deaths occurring globally each year, 136,000 take place in India. Estimates of the global burden of disease for 1990 also showed that India contributed 25% to disability-adjusted life-years lost due to maternal conditions alone.

## OBJECTIVES:

1. To assess the factors regarding acceptance and non-acceptance of Copper T among the eligible women of Urban and Rural areas of Mehsana district.
2. To compare the factors regarding acceptance and non- acceptance of Copper T among eligible women between Urban and Rural areas.
3. To find out association between acceptance and non-acceptance of copper T with selected demographic variables.

## HYPOTHESIS:

**Ho:** There will be no significant difference between the acceptance and non- acceptance of Copper T(IUCD) among eligible women of Urban and Rural areas of Mehsana District.

**H1:** There will be significant difference between the acceptance and non- acceptance of Copper T(IUCD) among eligible women of Urban and Rural areas of Mehsana District.


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## RESEARCH METHODOLOGY

### RESEARCH DESIGN

Comparative non experimental pretest design

### SETTING OF THE STUDY

The study was conducted in selected urban and rural areas of Mehsana District .

### SAMPLE AND SAMPLING TECHNIQUE

In this study, the **sample** included staff nurses who are working in selected urban and rural areas of Mehsana District . The sample size was determined based on feasibility and statistical power (e.g., n = 100). The **sampling technique** was **non-probability convenient sampling technique.**, participants were selected based on inclusion criteria and were available during the study period.

### DEVELOPMENT AND DESCRIPTION OF THE TOOL

A **structured knowledge questionnaire** was developed on acceptance and non acceptance of copper T

The tool included the following sections: **SECTION-A (Demographic variable)**

**Section 1:**

Deal with the demographic data of Eligible married women.

**Section 2:**

Self Structured Questionnaires on acceptance and non acceptance of copper T.

### DATA ANALYSIS

The investigator developed the tool for knowledge by reviewing literature on Acceptance and Non acceptance of IUCD.

The investigator own knowledge, own experience, theoretical knowledge and guidance from the expert along with their view of literature helped in developmental tool for the necessary for the study

## RESULT

**Section I:** frequency distribution and percentage of selective demographic variable of acceptance and non acceptance of copper T.

**Section II:** Comparison of pretest score of acceptance and non acceptance of copper T.

**Section II:** Association between post-test score on acceptance and non acceptance of copper T with selected demographic variables



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- the results show level of acceptance and non acceptance of copper T in rural area according to good, score 16% women agree with acceptance of copper T and 12% women agree with non acceptance of copper T. In Average, score 7% women agree with non acceptance of copper T and 1% women agree with acceptance of copper T. In poor, score 6% women agree with non acceptance of copper T and 1% women agree with acceptance of copper T.
- level of acceptance and non acceptance of copper T in urban area according to good score 28% women agree with acceptance of copper T and 8% women agree with non acceptance of copper T In Average, score 8% women agree with non acceptance of copper T and 1% women agree with acceptance of copper T. In poor, score 9% women agree with non acceptance of copper T and 1% women agree with acceptance of copper T.

## DISCUSSION

**The main aim of this study is to** to assess the factors related to the acceptance and non-acceptance of copper t(iucd) among eligible women of urban and rural areas of mehsana district.

**Objectives of the study were**

1. To assess the factors regarding acceptance and non-acceptance of Copper T among the eligible women of Urban and Rural areas of Mehsana district.
2. To compare the factors regarding acceptance and non- acceptance of Copper T among eligible women between Urban and Rural areas.
3. To find out association between acceptance and non-acceptance of copper T with selected demographic variables.

## DISCUSSION OF OBJECTIVES

**Section I : Findings related to Demographic characteristics** According to age, higher percentage of non acceptance of IUCD insertion in Rural area were 19%And higher percentage of acceptance of IUCD insertion urban area were 25 %in 21-30 age of people According to residence, higher percentage of acceptance of IUCD insertion in rural area were 25%And higher percentage of non acceptance of IUCD insertion urban area were 33 %.

According to Marital Status, higher percentage of married women non acceptance of IUCD insertion in rural area were 29%And higher percentage of married women in acceptance of IUCD insertion urban area were 20 %.

According to number of alive children, higher percentage of single child women non acceptance of


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IUCD insertion in rural area were 23%And higher percentage of non acceptance of IUCD insertion urban area were 18 %.

According to religion, higher percentage of non acceptance of IUCD insertion in rural area were 25%And higher percentage of acceptance of IUCD insertion urban area were 23 %.

According to education level, higher percentage women with No Formal education of non acceptance of IUCD insertion in rural area were 22%And higher percentage women with No Formal education of non acceptance of IUCD insertion urban area were 18 %.

According to monthly income , higher percentage of women with <500 rs monthly income of non acceptance of IUCD insertion in rural area were 20%And highest percentage in women with monthly income of 10000- 15000 rs of acceptance of IUCD insertion urban area were 15 %.

**II. Findings related to Frequency and percentage distribution of acceptance and non acceptance of copper T.**

**Association of findings:**

Level of acceptance of copper T in this the highest percentage is 28% in urban area who agree with acceptance of copper T and the non acceptance of copper T in

this the highest percentage is 12% in rural area who disagree with copper T use. There is significant association between the acceptance and non acceptance of copper T and their demographic variables.

Association between selected demographic variables and the acceptance of copper T in urban area. There is significant association between the acceptance of copper T in urban area and their demographic variables such as such as number of alive child, monthly income in INR and abortion history at $p \leq 0.05$ level. There is no significant association between the acceptance of copper T in urban area and their demographic variables such as age, residence, Marital status, religion, occupation of women, abortion and previous pregnancy and education status of women..

Association between selected demographic variables and the acceptance of copper T in rural area. There is significant association between the acceptance of copper T in rural area and their demographic variables such as fin occupation of women and previous pregnancy at $p \leq 0.05$ level. There is no significant association between the acceptance copper T in rural area and their demographic variables such as age, residence, Marital status, religion, income, abortion, number of alive child and education status of women.

Association between selected demographic variables and the non acceptance of copper T in urban area. There is significant association between the non acceptance of copper T in urban area and their demographic variables such as marital status at $p \leq 0.05$ level. There is no significant association between the Non acceptance copper T in urban area and their demographic variables such as age in


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year, religion and History of abortion residence, marital status, number of alive child, educational status of women, monthly income in INR, occupation of women and previous pregnancy.

Association between selected demographic variables and the non acceptance of copper T in rural area. There is significant association between the non acceptance of copper T in urban area and their demographic variables such as marital status, monthly income in INR, occupation of women, History of abortion and previous pregnancy at $p \leq 0.05$ level. There is no significant association between the Non acceptance copper T in rural area and their demographic variables such as, age in year, religion, History of abortion, Residence, number of alive child , educational status of women.

**Discussion**

The results of the research have been discussed with the previous researches to the objectives and hypothesis stated. The research was undertaken to assess the acceptance and non acceptance of copper T among the eligible women.

In the present study, quantitative non experimental descriptive survey research design was used. by non probability convenient sampling technique. This study was also done on 100 sample, data was collected by semi structured questionnaire to assess the acceptance and non acceptance of copper T among eligible women. The findings of the study It reveals that level of acceptance of copper T in acceptance and non acceptance of copper T was divided according to grading score poor (1-10), average (11-20) and good (21-30), in this the highest percentage is 28% in urban area who agree with acceptance of copper T and the non acceptance of copper T in this the highest percentage is 12% in rural area who disagree with copper t use.

**CONCLUSION**

The present study aims to evaluate the assess acceptance and non acceptance of copper T among eligible women in selected urban and rural area in Mehsana district. A study was conducted by using non-probability convenient sampling 86 technique, this chapter has dealt with theanalysis and interpretation of the data collected from 100 eligible women in urban and rural area of Mehsana district. Inferential statistics were used to analyze the data. The analysis has been organized and presented under various sections like description of demographic variables, and association between t he experience score and selected demographic variables.


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