



Shandi university



*Faculty of Graduate Studies and Scientific
Research*

*Assessment of mother knowledge regarding
implanon contraceptive among women who
attending family planning unit in Omdurman
maternity hospital 2016*

*Partial dissertation submitted for fulfillment of MSc degree in
community and family health nursing*

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الذرية

قَالَ تَعَالَى:

أَعُوذُ بِاللَّهِ مِنَ الشَّيْطَانِ الرَّجِيمِ

﴿ وَوَصَّيْنَا الْإِنْسَانَ بِوَالِدَيْهِ إِحْسَانًا حَمَلَتْهُ أُمُّهُ كُرْهًا وَوَضَعَتْهُ كُرْهًا
وَحَمْلُهُ وَفِصَالُهُ ثَلَاثُونَ شَهْرًا حَتَّىٰ إِذَا بَلَغَ أَشُدَّهُ وَبَلَغَ أَرْبَعِينَ سَنَةً
قَالَ رَبِّ أَوْزِعْنِي أَنْ أَشْكُرَ نِعْمَتَكَ الَّتِي أَنْعَمْتَ عَلَيَّ وَعَلَىٰ وَالِدَيَّ وَأَنْ
أَعْمَلَ صَالِحًا تَرْضَاهُ وَأَصْلِحْ لِي فِي ذُرِّيَّتِي إِنِّي تُبْتُ إِلَيْكَ وَإِنِّي مِنَ
الْمُسْلِمِينَ ﴾

الأحقاف: ١٥

Dedication

My humble effort dedicated to

My Father and mother

To my beloved husband

To my dear sons

Along with all hard working and respected

teacher

Acknowledgment

This research paper is made possible through the help and support of every

one so allow me to dedicate my acknowledgement and gratitude to the following : first thank god for his guidance as I made this research.

Second I would like to thank my instructor **Dr Mohammed Jebreldar**

For his support and encouragement also I would like to thank him for his

effort to make good research .

Finally ,I sincerely thank my parent ,husband , friends, mother and nurse staff in Omdurman maternity hospital for their advice .

This research would not be possible with out all of them

مستخلص الدراسة

هذه دراسة وصفية أجريت في الفترة من شهر اكتوبر 2016 حتى يناير 2017 لتقييم مدى معرفة الامهات فيما يخص الغرسة اللاتي يحضرن عيادة تنظيم الأسرة في مستشفى الولادة أم درمان بوحدة تنظيم الأسرة.

اختيرت عينة الدراسة في مستشفى الولادة امدرمان وعددها مئة وعشرون ام باستخدام وسيلة العينة المتيسرة وتم جمع البيانات باستخدام استبيان مغلق اسئلة يحتوى على اسئلة لتقييم معرفة الامهات عن الغرسة كوسيلة لتنظيم الاسرة تم تحليل البيانات بالكمبيوترى باستخدام الحزمة الاحصائية للعلوم الاجتماعية الاصدار (11)

أظهرت النتائج معظم الامهات 84.2 % من السيدات لديهم معرفة جيدة بان تنظيم الاسرة هو المباعده بين الولادات ومكان تركيبها 78.3%ومعرفة جيدة 84.2% بان وجود حمل من موانع تركيبها ومعرفة جزء من الاثار الجانبية .

وخرجت الدراسة ببعض التوصيات التي تساعد فى زيادة معرفة ووعى الامهات بالغرسة من قبل وزارة الصحة عبر وسائل الاعلام المختلفة وتعليم الامهات فى مختلف مراكز الرعاية الرعاية عن الوسائل المختلفة لتنظيم الاسرة

Abstract

This descriptive study was conducted during period from October 2016 to January 2017 to assess the knowledge of mothers who attend to family planning in Omdurman maternity Hospital among 120 mothers.

Study was done in Omdurman maternity Hospital. Convenience sampling technique was used. Data was collected using questionnaire with close ended questions, which divided into two parts. First part content the socio-demographical data and other part content to assess knowledge. Data was analyzed by computer, using the statistical package of social science (SPSS) version (11) and data was presented in form of table and figures.

Current study mention that 84.2% of women had good knowledge family planning as spacing and 75% had fair knowledge regarding implant as a method of family planning and good knowledge in existence pregnancy as

contraindication. part of the side effects of the mothers had good knowledge about the place of insertion 78.3%. The present study recommended the ministry of health to increase public awareness regarding implanon as family planning method through mass media and education program for mother in primary health care center about family planning methods.

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List of Abbreviation

IUD	Intrauterine device
MRI	Magnetic resonance imaging
NFP	Natural family planning
OMH	Omdurman maternity hospital
POPS	Progestin only pills
SID	Sexual transmitted disease
WHO	World health organization

Chapter One

1. Introduction

Contraceptive is intentional prevention of pregnancy during sexual intercourse. Birth control and also known as fertility control is the device and practice to decrease the risk of conceiving, or bearing ⁽¹⁾.

Over time, it is possible for a woman to use several different contraceptive methods at various stages throughout her fertile years ⁽²⁾.

The most effective method of birth control is sterilization, intrauterine device (IUD) and implantable. These are followed by hormonal contraceptive including oral pills, patches and injection. Less effective methods including barrier and fertility awareness method and emergency contraceptive can prevent pregnancy in the few days after unprotected ⁽³⁾.

The contraceptive implant is hormone based and highly effective, approved in more than 60 countries and used by millions of women around the world. The typical implant is a small flexible tube measuring about 40 mm in length is inserted under the skin (typically in upper arm) by health care professional. After it is inserted it prevents pregnancy by releasing hormones that prevent

ovaries from releasing eggs and thicken cervical mucus. The two most common versions are the single-rod etonogestrel implant and two-rod Mirena implant (4).

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hormones that prevent ovaries from releasing eggs and thicken cervical muscles. The two most common versions are the single – rod etongestrel implant and two rod Lenovo rgestrel implant ⁽⁶⁾.

Maternal health refers to the health of woman during pregnancy childbirth and the post partum period, while motherhood is often appositve and fulfilling experience, for too many woman it is associated with suffering, ill heath and even death. About 99% of maternal deaths occur in less developing countries . half occur in sub-Saharan Africa and almost one third in south Asia ⁽⁴⁾.

1.2 Problem statement:-

High fertility rate and inadequate spacing between births, can lead to high maternal and infant mortality an estimated 600 000 maternal deaths occur worldwide each year. The vast majority of these take place in developing countries ⁽⁵⁾.

The Sudan house hold health survey 2010 reflected a(60%) decrease in maternal mortality per 100 000 live births, from537 in1990 to 216 in 2010(6)

1.3Justification:

Implanon contraceptive family planning methods spirited recently among the mothers according to implanon sub dermal Implant and emerging method of contraceptive in Nigeria (42.1%)and (36%) in India ⁽⁷⁾ .

There is evidence that increased use of family planning methods decrease maternal and infant mortality rate and improve quality of life for mother⁽⁸⁾.

– **1.4 Objective:-**

– **General Objective:-**

Assessments of mother knowledge about implanon contraception implant family planning method.

Specific Objective:

1-To identify the level of mother knowledge about implanon contraceptive.

2- To assess the advantage of implanon contraceptive

3-To assess the side effect of implanon contraceptive

Chapter Two

Literature Review

2.1 Introduction

Through out history ,couples have tried to limit their family size until the 20th crntury ,this was achieved largaly by abstinence ,infrequent coitus,coitus interrupuscondum ,breast feeding. Modern methods of contraception have only been around for some 100years and hormonal contraceptive for 50.despite awide range of methods with different delivery system(.9).

2.2 Objective of family planning:-

- Reduce infant mortality rate .
- Encorage late marriage .
- improve women's health.

2. 3 Definition of Family Planning:

Simply put is the practiced and the intervals between their births, particularly by means of artificial contraception or voluntary sterilization .because family is included in the concept's name , consideration of a couple's desire to bear children, in the context of a family unit .is often considered primarily⁽¹⁰⁾.

Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children, as well as the age at which she wishes to have them These matters are obviously influenced by external factors such as marital situation .career considerations financial position, any disabilities that may affect their ability to have children and raise them, besides many other considerations⁽¹⁰⁾.

2.4 Contraception:

A number of contraceptive methods are available to prevent unwanted pregnancy. There are average of contraceptive methods, each with particular advantages and disadvantages Behavioral methods to avoid pregnancy that involve vaginal intercourse include the with drawl and calendar – based methods , which have little up front cost and readily available , but are much less effective in typical use than most other methods . Long acting reversible contraceptive methods such as intrauterine device (IUD) and implant are highly effective and convenient, requiring little user action. When cost of failure is included, IUDs and vasectomy are much less costly than other methods⁽¹¹⁾.

In additions to providing birth control male and female condoms protect against sexually transmitted diseases (SID) condoms may be used alone, or in addition to other methods. As back up to prevent (SID) surgical methods (tube ligation, vasectomy) provide long – term contraception for those who have completed their families ⁽¹¹⁾ .

2-4.1 Natural family planning (NFP):

There are three main types of NFP:

The symptoms- based methods, the calendar based methods and breast feeding or lactation amenorrhea method. Symptoms based methods rely in biological signs of fertility while calendar based methods estimate the likelihood of fertility based on the length of past means trial cycles. In clinical studies found that periodic abstinence result in 25.3 percent failure under typical condition through it did not different between symptom-based and calendar based methods⁽¹²⁾.

2-4.2 Male condoms:

Is a thin sheath that covers the penis to collect sperm and prevent it from entering the woman’s body ⁽¹³⁾.

2.4.3 Famel condoms:

These are thin flexible plastic pouches. Apportion of the condom is inserted women's vagina before intercourse to prevent sperm from entering uterus⁽¹³⁾.

2.4.4 Diaphragms:

Each diaphragm is shallow, flexible cup made of latex or soft rubber that is inserted into vagina before intercourse, blocked sperm from entering the uterus⁽¹³⁾.

2-4.5-Intrauterine device (IUD):

Is a small contraceptive device, often T. shaped and containing either cooper or the hormone levoregestrel which is implanted into the uterus? They are long aching, reversible and most effective types of reversible birth control .Failure rates with the copper IUD is about 0.8% while the levoregestrel IUD has failure rate at 02%. in the first year use As 2011 IUD are the most widely used from reversible contraception word wide (14).

2.5 Hormonal Methods:

2.5.1 Combined oral contraceptives:

The pill contains different combined of the synthetic estrogens and progestin is given to interfere with ovulation. A women takes one pill daily progestin only pills (pops) A women takes one pill daily interfere with ovulation or sperm function⁽⁵⁾.

2.5.2Injectable birth Control:

I valves injection of progestin Depraver given in the arm orb buttocks' once every 3 months⁽⁵⁾.

2.5.3 Implantable rods:

Each rod is match sticks sized, flexible, and plastic. A physician surgically inserts the rod under the skin or the women's upper arm. The rods release a progestin and can remain implanted from up to 5 years. Currently implanon which releases etonoregtnel is the only implantable rod available in the United States A two rod method Jadella which releases levoregestrel ⁽¹⁵⁾.

2.6 History of implanon:

The possibility of sub dermal contraceptive implant begin when silicone was

discovered in the 1940 and Found to be bio-compatible with the human body in 1964 Falk man and long published the study demonstrating that such a rod could be used to deliver drugs ⁽¹⁶⁾ .:

After a study that used implants with progestogen for contraception.

The population council neither develops and patented nor plant and Janelle

Nor plant has Six rods and considered a first generation implant. Janelle (Nor plant11¹) and other single rod implants that followed were developed because of complications resulting from Norplant's 6 rod system. The Janelle system contains two silicone rods mixed with levonorgestrel

Starting that such a rod could be used to deliver drugs ⁽¹⁶⁾.

Nexplanon has replaced implanon in UK because of cases of incorrect insertion

. As of January 2012, Implanon is no longer being marketed in the US , and

Nexplanon is the only available single rod implant. sub dermal contraceptive

implant begin when silicone was discovered in the 1940 and found to be

bio-compatible with the human body in 1964 Falkman and long published the study demon ⁽¹⁶⁾

The possibility starting that such a rod could be used to deliver drugs

In 1966 Dziuk and cook published as study that looked at release rate and suggested that the rod ⁽¹⁷⁾.

2.7 Definition of Implanon:

Is a type of birth control implant receiving EDA approval in July 2006. This contraceptive implant is thin rod 40 mm in length and 2mm in diameter. About the size of cardboard match stick. It's made from flexible plastic and inserted just under the skin on the inner side of your upper arm. Implanon is progestin only method and provides about 3years of pregnancy protection ⁽¹⁸⁾.

2.8 Classification as long-acting reversible contraceptive:

It is estimated that almost half of pregnancies in Great Britain either are unplanned or the women are ambivalent about them. Many of these unintended

pregnancies occur during use of less effective methods of contraception such as

pills and condoms, wider uptake of long acting reversible contraceptive (LARc

methods is expected to reduce unintended pregnancy ^(19 ,20).

Insertion after abortion has been shown to reduce the likelihood of a woman

returning for a further abortion by a factor of 16 times compared with those

receiving combined pills inject able or no method of contraception. ⁽²⁰⁾

LARc has been defined in UK National Institute for Health Care Excellence

Guideline as contraceptive methods that require administration less than one

per cycle or month ⁽²¹⁾

Included in category of LARcs are progestin only of sub dermal implants (administered every 3-5 years) Copper intrauterine devices (mostly

administered every 5-10 years). Progestin only intrauterine system (administered every 3-5 years) progestin only injectable contraceptives (administered every 8-13 weeks) and combined vaginal rings (require administration every 4 weeks) ⁽²²⁾ .

2.9 Main types of implant:

2.9.1 Levonerges Implants:

LNG implants are two rod implants inserted using disposable tracer in narrow

V shape. There are two available products: Janelle and Sino-implant in both

implants each 2.5×43 mm capsule contains 75 mg. LNG. Thin walled silicone

tubing encases LNG embedded in asiloxane copolymer. Jadelle was initially for

licensed for three years and has been extended for 5 years in most countries.

Sino implant is licensed for 4 years. Jadelle has been extensively evaluated

together with its processor, Norplant. Jadelle is safe and highly effective method of contraception. Evaluation of Sino implant shows it is also safe and

highly effective method ^(23,24).

2.9.2 Elongestrel implants:

These are sold single rods measuring 2×40 mm with special applicator.

The progestin ENG (Formed called 3-ketodesogestrel) is used. ENG

microcrystal's 168 mg) are embedded in an ethinyl- vinyl acetate copolymer

matrix covered by a 6 mm rate. Controlling ethinyle vinyle acetate membrane

. Implanon NXTI Next Planon also contains 15 mg barium sulphate. This

radiopaque ENG implant is bioequivalent to the nonradiopaque implanon

ENG implants are safe and highly effective there is no significant difference in

pregnancy rates between ENG and LNG implants ^(25. 26) .

2. 10 Availability and Pricing:

Both Implanon and Jadelle meet the WHO prequalification requirements.

In

2013 more than 6 million implants were shipped to more than 140 low and

middle income countries around the world according to the United Nations

Population Funds Access RH⁽²⁷⁾.

A Bill and Melinda Gates Foundation Initiative lowered the price of Jadelle to US \$ 8.50

per unit. The price of Implanon has also been reduced to US \$ 8.50 in

low income countries⁽²⁸⁾

2. 11. Mode of action:

The primary mode of action of all sub dermal implants is the release of progestin. The primary mode of action includes the prevention of sperm penetration of the cervix and the prevention of ovulation. Secondary modes of action include the thickening of cervical mucus and the inhibition of implantation by thickening the endometrium⁽²⁹⁾

2.12. Drug interaction:

The contraceptive efficiency of the progestin only implants is reduced by enzyme inducing drugs such as some antiepileptic drugs. Some antibiotics (rifampicin) and antiretroviral therapy (30)

2.13 Indications:

Contraceptive implant is currently approved for contraception in women including multiparous women, adolescent and breastfeeding mothers⁽³¹⁾

Contraceptive implant now available is the Implanon implant, which works

by the same mechanism as other progestin implants⁽³²⁾

2.14- Contraindications:

Women should not use implanon or Nexplanon if they:

Are or think they are pregnant,. Are allergic to etonogestrel, Have vaginal bleeding that has not been explained. Are breast feeding in the first 6 weeks

post partum, Are using an IUD. There is some concern about women who develop ischemic heart disease Migraine with aura ^(33, 34)

Imp on has also shown to induce mild insulin resistance though, the effects lan are not clinically relevant for healthy women ⁽³⁵⁾

2. 15- Effectiveness:

Small study indicated that serum level of ENG higher than 90 pg/ml will inhibit ovulation in 97% of women. These levels are achieved within 8 hours of insertion , meaning that effectiveness can be ensured from the day of insertion. Serum ENG concentration decrease during the 3 years, from just over 1000 g/m to little over 100 pg/m by the end of year 3 ⁽³⁵⁾

2. 16- Medical illegibility:- which the risk of implant use generally, usually out

weight the advantages as defined by WHO . There are no restrictions for use of contraceptive implant, which can therefore be age choice for any reproductive age There are few medical conditions for Medical Eligibility Criteria⁽³⁶⁾

These include:

Sever hepatic disease, such as cirrhosis, hepatocellular aadenoma or malignant

hematoma or systematic lupus erythematosus with positive (or unknown) anti phospholipids antibodies. Women taking liver enzyme, Where the woman

develops ischemic heart disease or stroke, Current post history of breast cancer

and it cases of undiagnosed vaginal bleeding. The UK Medical Eligibility

Criteria cites eight references supporting no adverse effect of implant on location or infant development for breastfeeding women who are less than 6

weeks post partum ⁽³⁷⁾

2.17- Insertion:

2. 17. 1 Timing of insertion:

An implant can be inserted at any time in woman's cycle providing attempts

have been made to exclude pregnancy up to days after the start of normal menstruation, it can be assumed that the pregnancy risk is negligible if an implant has been inserted in woman whom there is any doubt about whether the

last menstrual period was normal a pregnancy test is advisable 3 weeks later ⁽²⁶⁾

When a woman has chosen an implant rather than awaiting the onset next menses (during which time she may become pregnant with or without use of

less reliable method) an implant preferable this involves inserting the implant

at the time of first presentation after attempting to exclude pregnancy by taking

a sexual and contraceptive history and performing a pregnancy test if appropriate. This test especially important hormonal contraception is used Implanon is progestin only method and provides about 3years of pregnancy

protection ⁽¹¹⁾ .

Post partum if an implant can be inserted within 21 days there is no need for extra precautions if the woman is fully breast feeding up to 6 months post partum and is amenorrhoea (lactational amenorrhea method) it can be assumed she is not currently pregnant. similarly , after first or second trimester abortion the immediately inserted with 5 days⁽²⁶⁾

2. 17. 2. Insertion technique:

Care should be taken to avoid deep insertion into muscle or injury to nerves or blood vessels .The applicator should initially be angles at30° to skin and then lowered to horizontal position as soon as needle pieces the dermis. Once the . needle has price the skin it is common for needle lip to be somewhat too deep immediately. To overcome this problem, careful withdrawal of needle until the level just become visible before advancing the needle insures the implant is being inserted into the superficial sub dermal plane. tenting of the skin is needed with implanon, Nexplanon, eventhough there is mechanism in the applicator to set the depth between the skin surface to about 2 mm. immediately after insertion, the health professional should verify the presence of the implant by palpation and should ask the woman to do the same Documentation should include which arm the implant has been inserted into,

that the rod could be felt in the arm and any difficulties encountered ⁽²⁶⁾

2. 17. 3 Complication of insertion:

Are almost entirely minor it is relatively common to see minimal bruising after

insertion, some women experience tenderness, pain, redness in 03% and pain

in 1.9%, at cases . A study of Nexplanon showed an incidence of swelling or

redness of 4.7% post insertion would infection (cellulites) is not repeated⁽³⁸⁾

2. 17.4 Local anesthesia:

Most clinicians after women a small injection of local anesthetic at insertion and removal sites. The site should be anesthetized , using lidocine 190 or 290 with adrenaline can be used in lead to reduce bleeding disorders⁽³⁹⁾

2. 18 Side effect:

Regular bleeding and spotting may occur , many women will experience some

type of irregular, unpredictable prolonged frequent or infrequent bleeding

when using Neroplanon or implanon⁽⁴⁰⁾

Some women also experience amenorrhea. For some women prolonged bleeding will decline after the first three months of use⁽³⁹⁾

However, other women may experience this bleeding pattern through all three

years of use. While these patterns are not dangerous they are the most common

reasons that women give for discontinuing the use of implants . After removal

bleeding patterns return to previous patterns in most women ⁽⁴¹⁾

2.18. 1 Migration:

Although very rare, the rod can sometimes migrate slightly within the arm. This can make removal more difficult than insertion of Implanon difficult it is

in some cases as a previous implant increase the likelihood of migration Implanon rod can be located only through high frequency ultrasound or magnetic resonance imaging [MRI]. Correct sub dermal insertion reduce the risk of these events ⁽⁴²⁾

2. 18. 2 Possible weight gain:

Some women may experience slight weight gain when using the implant

However, current studies are not conclusive because they do not compare the weight at women using Implanon with control group of women not using implant. The average increase in body weight was less than 5 pounds (2.25 kg) over 2 years ^(39,43)

2. 18. 3 Ovarian cysts:-

A small portion of women using Implanon and other contraceptive implants develop ovarian cysts. Usually these cysts will disappear without treatment ⁽³⁹⁾

2. 18. 4 Pregnancy:

It is recommended that Implanon be removed if pregnancy does not occur.

However, there is no evidence to suggest that Implanon has negative effect on pregnancy or developing fetus⁽⁴²⁾

2.1 8. 5: Acne

Has been self reported to be side effect of Implanon and is listed as side

effected by FDA. However, a study of implanon user found that a majority of

users with acne had decreased and only 16% of those who did not have acne

before insertion developed acne⁽⁴⁴⁾

2.18. 6 Other possible symptoms:

Other symptoms that have been reported in clinical trials of implanon include

headache, emotional lability, abdominal pain and vaginal dryness⁽⁴⁴⁾

2.18. 7 Impalpable implants:

There is consensus that impalpable implants were placed deeply at the time of

insertion, rather than being displaced subsequently because of migration⁽⁴⁵⁾

2.18. 8 Neurovascular injury:

Injury to vascular structures has been reported only at insertion, in one case

disappearance of an implant with positive blood ENG was thought to be explained by embolism into the lung⁽⁴⁶⁾

2. 19 Removal:

Reasons for request for early implant removal should be discussed with each

individual woman supportive management should be referred to those experiencing problems with the implant. There is no need for additional precautions better removal of an implant. Providing the removal occurs within

its life span. After removal of progestin only implant effective contraception is

required immediately if pregnancy is not desired if no palpation a rod is also to be closed the bronchial artery, removal should not be attempted and retrieval should be made to an upper limb surgeon or an interventional radiologist. . Similarly, removal attempts should be stopped if there is any indication sensory removal attempts should be stopped if there is any indication sensory disturbance. Removal under general anesthesia are less safe sensory disturbance can be reported by woman ⁽³⁶⁾

2. 20 Replacement:

If the woman wishes to continue with an implant as her contraceptive method, a replacement implant may be inserted, using the same incision through which the previous implant was removed. The implant can be inserted into the opposite arm ⁽³⁶⁾

Chapter Three

Methodology

3.1 Study Type and Design:

This is descriptive community based study in in Omdurman maternity hospital . in priod from september to December 2016 carried out to assessment woman knowledge regarding implanon contraceptive.

3.2 Study Area:

Omdurman is largest city in Sudan and Khartoum state ,lying on the western bank of the river Nile ,opposite the capital ,Khartoum .

Omdurman has a population of 2,395,159 (2008)and is the national center of commerce with Khartoum and Khartoum North or Bahri ,it forms the cultural and industrial heart of the nation.

3.3 Study setting:-

The study well be carried out in Omdurman maternity hospital is leading maternity hospital in sudan being the largest and most specialized in this vast sub-Saharan African country .OMH was establish in 1957 ,continued to provide obstetric and gynecology services and training medical ,nursing and other allied health specialties in this and related field OMH registered around 36,453

The service provided by OMH is trainaing and qualification of midwives,professional services starting from midwives ,doctors ,nursing staff and blood bank and speccilaized department.

Social services initiate social worker role and studing the cases and recommended providing services and assistance in each case.

3.4 Study population:-

Women who come family planning center for implanon flow up and removal

3.4.1 Including criteria:-

Who were inserted and come for follow up

Or came with complication for removal

3.5 sampling technique

Convenience sample was used .

3.6 sample size:-

Study included 120 women were participated

3.7 data collection tool:-

Data was collected using structured questioner developed by researcher .

Questionnaire compose of (20)closed ended questions it was divided into tow part

3.7.1Part one:-

Concern with socio-demographic data .it includes 3 structural questions related to mother's age, educational level.

3.7.2.part tow :-

It include mothers knowledge regarding implanon.

3.8 Scoring system :-

Scoring system was established by researcher which the data was distributed in three categories to assess the level of mother knowledge

regarding implanon contraceptive , if mother responded from (100%-80%) choice it considered good knowledge ,(79%-60%) choice considered fair knowledge and less than (59%) choice considered poor knowledge.

3.9 Data collection technique :-

The data was collected by direct interview (face to face) between researcher and respondent ,with in period extend from November to December on Sunday, Monday ,Tuesday at the time 9am -1pm student the fulfill of questionnaire by researcher

3.10 data analysis:-

Data was analyzed by statistical package for social science (SPSS version 11)

and presented in forms of table and figures.

3.11 Ethical consideration:-

The researcher conducted after approval taken from Shensi university faculty of post graduate .permission to conduct the study also sought from the administration of maternity hospital .verbal consent will obtained from participating mothers, to maintain confidentiality

Results

Table No (1) Distribution of study population according to their socio-demographic data (n=120)

Age	Frequency	Percent
(20-25) years	46	38.4%
(26-30) years	43	35.8%
(31-35) years	31	25.8%
Total	120	100%
Level of education		
Illiterate	0	0%
primary	11	9.2%
secondary	32	26.7%
university	45	37.4%
Postgraduate	32	26.7%
Total	120	100%
Number of children		
(1-2)	49	40.8%
(3-4)	53	44.2%
(5) Over	18	15%
Total	120	100%

Above table illustrated(38.4%) of women their age rang between (20-25) while (35.8%) their age range between (26-30) and(25.8%) rang between (31-35)years And about level of education (37.4)of study group their level of education was university level ,(9.2%)were primary level (26.7%)were secondary level and (26.7%) were postgraduate level.

Table No (2) Distribution of study population according to the spacing

spacing	Frequency	Percent
(1-2) years	64	53.3%
(3 years) Over	56	46.7%

Above table clarified the spacing between children (53.3%) rag of spacing (1-2)years and (46.7%)over(3years)

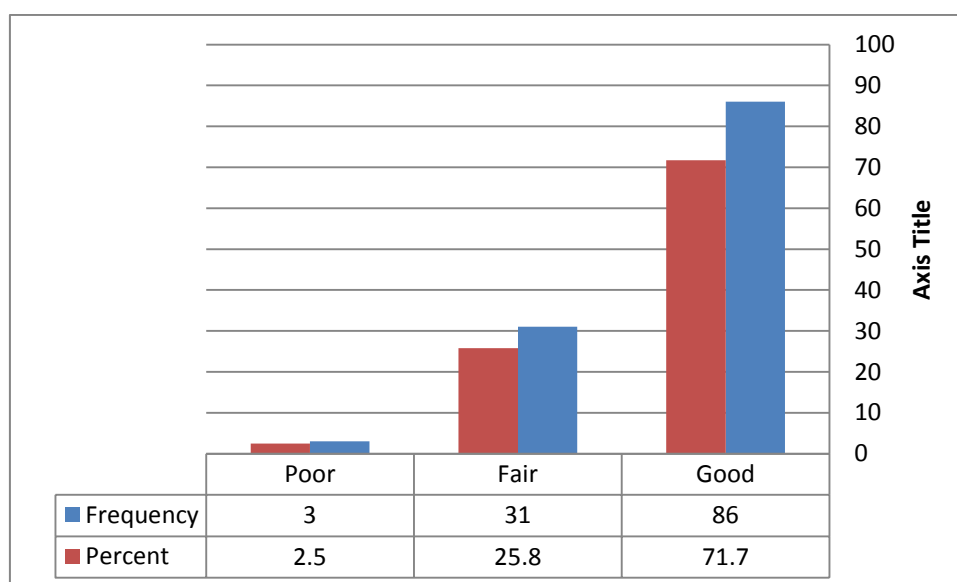


Figure (1): knowledge of study population about The type of hormonal methods of family planning

Above figure revealed that most (71.7%)of study population had good knowledge ,(25.8%) of study population had fair knowledge about methods used and (2.5%) had poor knowledge.

Table (3) knowledge of Study population about concept of Implanon

Concept of implanon	Frequency	Percent
The method of family planning	100	83.3%
In size like a matchstick (sulfur)	3	2.5%
Placed in the hand of contraception	11	9.2%
To not protect the transfer of sexually transmitted diseases	6	5%
Total	120	100%

Above table clarified the method of family planning (83.30%) size like matchstick 2.5% place in the hand of contraception (9.2%) and not protect from sexually transmitted diseases 5 %

Table No (4)The distribution of study population according to the reason for choice implant as family planning

The reason for your choice of implant	Frequency	Percent
comfortable	69	71.1%
Easy insertion	5	4.2%
Safer	42	35%
removed at any time	11	9.2%
Protection of pregnancy	4	3.3%
long-term method	27	22.5%
I do not know	1	0.8%
Total	120	100%

Above table clarify that (71.1%)of mother comfortable ,(4.2%)was easy insertion ,(35%) was safer ,(9.2%)was removed at any time (3.3%)protection of pregnancy (22.5%)was long –term method and (0.8%)do not know.

Table No (5) knowledge of study population about place of insertion the implanon

Knowlege	Frequency	Percent
Good	94	78.3
Fair	26	21.7
Total	120	100%

Above table showed (78,3%)of mother had good knowledge regarding place of insertion implant ,(21,7%)of mother had fair knowledge.

Table No (6) knowledge of study population about side Effects

Side effects	Frequency	Percent
Formation ovary cyst	2	1.7%
A headache	47	23.3%
Irregular bleeding from the uterus	28	39.2%
Pain around the place of insertion	7	5.8%
Possible move from its place	6	5%
There are no side effects	27	22.5%
I do not know	3	2.5%
Total	120	100%

Above table showed that(I,7%) formation ovary cyst ,(23.3%) headache ,(39.2%) irregular bleeding from uterus, (5,8%) pain around the place of insertion ,(5%) possible move from its place ,(22.5%) there are no side effects,(2.5%) *I do not know*.

Table No (7): Distribution of study population according to the contraindications

Contraindications installed	Frequency	Percent
The existence of pregnancy	98	81.7%
breast cancer	1	0.8%
Bleeding from the uterus	4	3.3%
I do not know	17	14.2%
Total	120	100%

Above table clarified (84.2%) of mother had good knowledge about contraindication (15.8%) had fair knowledge.

Table (8) Distribution of study population according to right behavior in occurrence of pregnancy during implant presence in the body

Right behavior	Frequency	Percent
The doctor immediately interview	40	40.2%
Remove it immediately	57	59.8%
Total	120	100%

Above table showed (40.2%) the doctor immediately interview (59.8%) remove immediately

Table (9):knowledge of study population about source of information

I knew from the implant	Frequency	Percent
Relatives	30	25%
Neighbors	9	7.5%
Family Planning Center	80	66.7%
The media	1	0.8%
Total	120	100%

Above table clarified that (25%) of mother known implant from relatives ,(7.5%) from neighbors ,(66.7%) from family planning center and (o.8)from media.

Table (10):distribution of study population according Period of insertion of the implant

Period of insertion	Frequency	Percent
A few minutes	107	89.2%
Few hours	3	2.5%
A few seconds	7	5.8%
I do not know	3	2.5
Total	120	100%

Above table showed (89.2%) taken few minutes ,(2.5%) few hours ,(5.8%) few second and (2.5%) I do not know

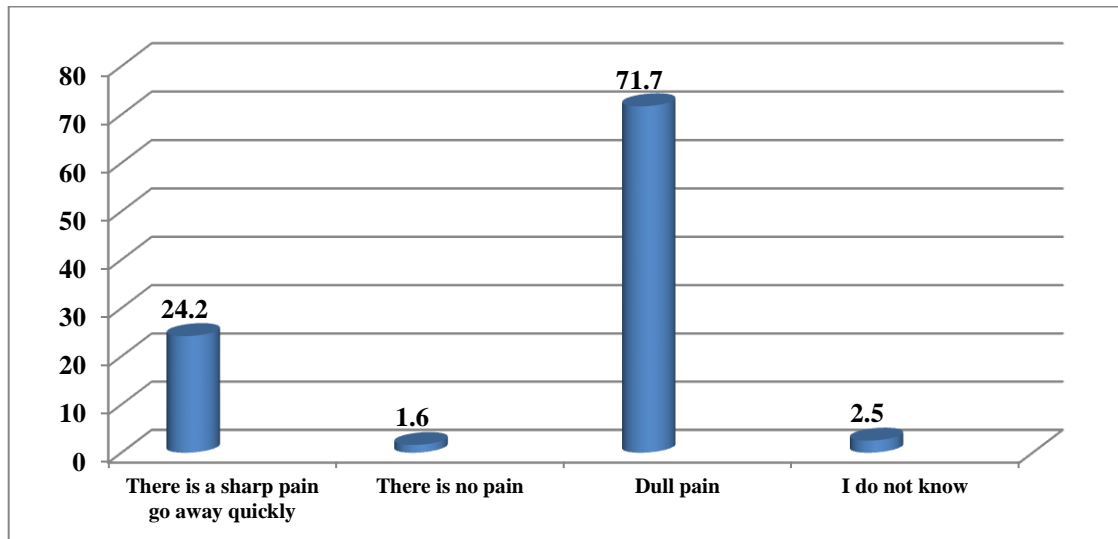


Figure (2) Distribution of study population according characteristic of pain during insertion implanon

Figure above showed that (71.7%) dull pain ,(24.2%) sharp pain disappear quickly ,(2.5%) don't know and(1.6%) No pain

Table(11): Distribution of study population according to be the result of negative pregnancy before insertion the implanon

Negative pregnancy	Frequency	Percent
Yes	118	98.4%
No	1	0.8%
I do not know	1	0.8
Total	120	100%

Above table showed that (98.4%) of mother reported yes ,(0.8%) no and (0.8%) I do not know .

Table (12) : Distribution of study population according relationship with husband after insertion implant And the possibility of pregnancy with implanon

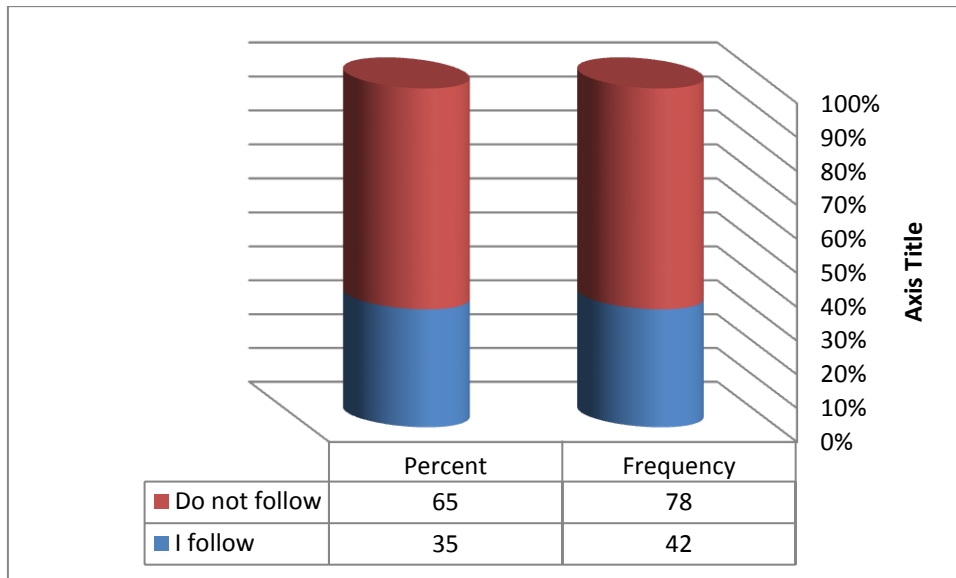
relationship with her husband after insertion	Frequency	Percent
Changed	17	14.2%
No change	103	85.8%
Total	120	100%
The possibility of pregnancy with the implant		
yes	24	20%
No	92	76.7%
I do not know	4	3.3%
Total	120	100%

table above clarified that (14.2%) change and (85%)No change and regarding possibility of pregnancy with implant that(20%) possible and(76.7%) not possible and (3.3%) I do not know.

Table (13)Distribution of study population according to the abnormal symptoms of Implanon

When symptoms of abnormal procedure doing	Frequency	Percent
Doctor consultation	24	20%
Consult the person who inserted	92	76.7%
I do not know	4	3.3%
Total	120	100%

above table clarified that (20%) doctor consultation ,(76.7%) consult the person who inserted and(3.3%) I do not know.



Figure(3) knowledge of study population about periodic follow-up after the insertion of the implanon

The figer above showed the distribution of the sample according to the periodic follow-up after the installation of the implant do not follow up (35%) and follow up (65%).

Table No (14) the association between study population Age *and knowledge about Implant

Age	Their knowledge about Implant			Total	p-- value
	good	fair	poor		
(20-25) years	27 22.5%	19 15.8%	0 0.0%	46 38.3%	.000
(26-30) years	0 0.0%	43 35.8%	0 0.0%	43 35.8%	
(31-35) years	0 0.0%	28 23.3%	3 2.5%	31 25.8%	
Total	27 22.5%	90 75.0%	3 2.5%	120 100.0%	

* Significance at p-value $\leq 0,05$

** Highly significance at p-value $\leq 0,01$

Table(2) showed that there was highly significance relationship (p=.000) between age and Mother knowledge regarding implant

Table No (15) association between study population Level of education *and knowledge about Implant

level of education	Their knowledge about Implant			Total	p-value
	good	fair	poor		
primary	11 9.2%	0 0.0%	0 0.0%	11 9.2%	.000
secondary	16 13.3%	16 13.3%	0 0.0%	32 26.7%	
university	0 0.0%	45 37.5%	0 0.0%	45 37.5%	
Postgraduate	0 0.0%	29 24.2%	3 2.5%	32 26.7%	
Total	27 22.5%	90 75.0%	3 2.5%	120 100.0%	

Significance at p-value $\leq 0,05$

** Highly significance at p-value $\leq 0,01$

Table (8) showed that there was highly significance relationship (p=.000) between level of education and Mother knowledge regarding implant

**Table No (16) association between study population Age *
and choice of implant**

Age	your choice of implant			Total	p-value
	good	fair	poor		
(20-25) years	46 38.3%	0 0.0%	0 0.0%	46 38.3%	.000
(26-30) years	26 21.7%	17 14.2%	0 0.0%	43 35.8%	
(31-35) years	0 0.0%	26 21.7%	5 4.2%	31 25.8%	
Total	72 60.0%	43 35.8%	5 4.2%	120 100.0%	

* Significance p-value $\leq 0,05$ at

** Highly significance at p-value $\leq 0,01$

Table(3)showed that there was highly significance relationship (p=.000)
between age and Mother knowledge regarding choice implant

Chapter Five

Discussion

Implanon is progestin only method and provides about 3years of pregnancy protection ⁽¹⁹⁾

The study mention that more than one third (38.4%) of the study group was between(20-25%).and related to education more than one third (37.4%)of mother are university this finding compatible with Nafisa Jalal and other they found that younger women and they are educated they are more likely to insert implanon

The study showed highly significant relation between age and knowledge about implant .

This study illustrated that more than half (53.3%) reported that spacing (1-2 years) and regarding family planning methods more than third (36.7%)of mother had good knowledge this means they are prevention their self and their children form risk of frequent pregnancy .

The present study clarified that most (75.1%) of mother reported the reason for choice implant is comfortable this means prevention the mother form forget pill and had long term time for prevention from pregnancy .

Age and choice of implant in this present study there was statistically significant relation.

The present study finding that majority of mother had good knowledge regarding the place of insertion implant this means women known this before insertion from counselor or after insertion and there is one place for insertion implant.

the current study finding that more one third (39.2%) of mothers reported that irregular bleeding from uterus is common side effect of

implant this similar to study done in India by Bhati Pusha said that commonest side effect was irregular bleeding PV.

On other hand the present study clarified that majority (81.7%) of mother reported that the existence of pregnancy is contraindication.

and the right behavior if the pregnancy occurred during implant presence in the body more than half (59.8%) of mother reported remove immediatly.

The implant is inserted at any time in women's cycle, providing attempts have be made exclude pregnancy up to days after the start of normal menstruation ⁽³⁴⁾.

There is no evidence to suggest that implant has negative effect on pregnancy or developing fetus.⁽⁴⁾

Regarding the present study more than two third (66.6%) of mother reported that know the family planning from center that means the importance of family planning center and consultation before the methods of family planning.

The present study showed that the most (76.7%) of mother reported consult the person who inserted if abnormal symptoms of implant insertion (like impalpable implants) this similar the study doing by Roufands said women with impalpable implants should be referred to an expert.

Regarding the periodic follow up after insertion of implant two third (65%)they follow this means they are knowledge about importance of follow-up.

Conclusion

The current study revealed that majority of study group had good knowledge about family as spacing, existence pregnancy as contraindication, place of insertion.

Most of mother had fair knowledge about implant as method of family planning

Recommendation:

Based on the finding of present study the following was recommended:

1. The ministry of health should increase the mother awareness about implant.
2. Health care centers should provide educational program about implanon and how to avoider the side effect of implanon to give effectiveness.
- 3- Further study should apply on different geographical location in the Sudan .
- 4- We recommended the nurse in family planning to increase specific information and knowledge of women regarding implanon other method of contraception

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بسم الله الرحمن الرحيم

جامعة شندى

كلية الدراسات العليا و البحث العلمى

قسم التمريض

استبيان عن الغرسة (الشريحة) كاحد وسائل منع الحمل تنظيم الاسرة

صمم هذا الاستبيان بغرض الدراسة ولك حرية القبول او الرفض

- 1-العمر (20-25) (26-30) (31 - 35)
- 2-المستوى التعليمى (امى) (ابتدائى) (ثانوى) (جامعى) (فوق الجامعى)
- 3-عدد الاطفال (1-2) (3-4) (5 فما فوق)
- 4-المباعدة بين الولادات (1-2 سنة) (3سنة فما فوق)
- 5- وسائل تنظيم الاسرة هى :-
وسيلة لمنع حمل غير مرغوب فيه () المباعدة بين الولادات ()
وسيلة للمحافظة على صحة الام () لاعرف ()
- 6-الوسائل المستخدمة هى :-
هرمونية مثل الحبوب والغرسة () غير هرمونية مثل اللولب -ربط الانابيب العازل الذكري
- 7-الغرسة :-
هى وسيلة لتنظيم الاسرة () حجمها مثل حجم عود الثقاب ()
توضع فى اليد لحماية الحمل () لاتحمى من نقل الامراض الجنسية ()
- 8-سبب اختيارك للغرسة :-
مريحة بالنسبة للوسائل الاخرى () سهولة التركيب ()

اكثر امانا () يمكن ازالته في اى وقت () نسبة الحماية 99% ()

من الوسائل طويلة المدى () لا اعرف ()

9- مكان تركيب الغرسة :-

تحت الجلد في الجانب الداخلى للذراع العلوى () لا اعرف ()

10- الاثار السالبة :-

تكوين اكياس في المبيضين () صداع () نزيف غير منتظم من

الرحم () الم حول مكان التركيب () ممكن تتحرك من مكانها ()

() لا توجد اثار جانبية () لا اعرف ()

11- موانع تركيبها :-

وجود حمل () سرطان الثدي () النزيف من الرحم () مرضية

في السنة شهور الاولى () لا اعرف ()

12- التصرف الصحيح اذا حدث حمل اثناء وجودها في الجسم :-

مقابلة الطبيب فوراً () اخراجها فوراً () تركها حتى يكتمل

الحمل () لا اعرف ()

13- عرفت الغرسة من :-

الاقارب () الجيران () مركز تنظيم الاسرة () وسائل

الاعلام ()

14- يستغرق تركيب الغرسة :-

بضع دقائق () بضع ثوانى () بضع ساعات () لا اعرف ()

15- وجود الم عند تركيب الغرسة :-

يوجد الم يزول سريعاً () لا يوجد الم () الم خفيف () لا اعرف ()

16- لا بد ان تكون نتيجة الحمل سالبة قبل تركيب الغرسة :-

نعم () لا () لا اعرف ()

17- العلاقة الحميمة مع زوجك :-

تغيرت () لم يحدث تغيير ()

18- امكانية حدوث حمل مع الغرسة :-

يمكن () لا يمكن () لا اعرف

19- عند حدوث اعراض غير طبيعية لاجراء الذى تقومين به:-

استشارة الطبيب () استشارة الشخص الذى قام بالتركيب () لا اعرف ()

20- المتابعة الدورية بعد تركيب الغرسة :-

اتابع () لا اتابع () لا اعرف ()