



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

<http://doi.org/10.5281/zenodo.3600275>

Available online at: <http://www.iajps.com>

Research Article

STUDY ON QUALITY OF IUD SERVICES PROVIDED BY TRAINED PROFESSIONALS AT TEACHING INSTITUTES

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Article Received: November 2019 **Accepted:** December 2019 **Published:** January 2020

Abstract:

Objective: To search the links which are weak and to access complete working in the services of IUD which are given by expert workers.

Materials and Techniques: the experiment was performed by selecting 100 experts of Jinnah Hospital and Mayo Hospital, Lahore. The questioners were provided to them which they filled in a proper way. The information gathered from them is then analyzed thoroughly. The topics which are under consideration include protocols of selection of case, counselling of pre-insertion, process of insertion and at the end follow-up.

Results: the total score for marking the criteria is 10. By considering any group, no one could achieve the total score of 10. In the selected people, 54% average of selection of case were determined. 32% average of counselling of pre-insertion, average of 43% protocols of insertion and then average of 47% counselling of follow-up measures were detected. In the students of postgraduates, the probability of obedience of protocols was high.

Conclusion: Although IUD training is given to all medical professionals and IUD facility is available up to subcenters but the study shows that completeness in services is still lacking. Ensuring ideal place for IUD insertion, proper case selection, use of specific instruments for insertion and observance of insertion protocols are very vital for the success of IUD.

Keywords: Knowledge, Intrauterine device, Attitudes, Contraception.

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Please cite this article in press Muhammad Muzzamal Irshad *et al.*, **Study On Quality Of Iud Services Provided By Trained Professionals At Teaching Institutes.**, Indo Am. J. P. Sci, 2020; 07(01).

INTRODUCTION:

The continuous and basic need of a nation is the proper planning of family. To control the fertility, couples should do family planning and it is vital need for them. The most applicable and efficient contraception used for birth control is IUD in all the contraceptive medicines used for birth control methods 1. In 1965, IUD is first prepared by the program for the welfare of national family in Lippe's loop form. In all the medical places of Lahore, this contraception named IUD is available 2. The biggest challenge for the experts is to introduce the optimal birth control contraception but building of capacity and perfect IEC is also in use. The use of contraception's is just 2% in people but the 59% people don't utilize contraception 3. Although the IUD contraception is much efficient and effective but mostly people don't like to use it. In recent so many years, the average of people in Lahore is still constant which are used IUD 4.

The guidance and information regarding the utilization methods of contraception is provided by the staff of centers of health care. This is the basic duty of the centers of health care. They also try to minimize the wrong believes about the use of contraceptive. But the initial step for providing the information related to the contraceptive is to have the proper knowledge of the contraceptives and their use. The objective of the paper is to increase the efficiency of the staff which provides the knowledge and services of IUD in various institutes of health care in Lahore.

Objective:

Following are the objectives of the study:

- To access complete working in the services of IUD which are given by expert workers
- To search the links which are weak

MATERIALS AND TECHNIQUES:

Target Group:

The number of the people selected for performing the experiment is 100 and these people include teachers of the medical colleges, students of the postgraduate, expert staff of nursing, tutors for nursing and the students of nursing. These people are selected because they are professionals for inserting this IUD contraception and some of them are trained in giving the information of contraception to the people.

Method:

The purpose of the experiment/study is to observe the procedures of insertion of IUD and to check the practices. This was done at the Jannah Hospital and Mayo Hospital, Lahore, and Fatima Jannah medical college, Lahore. The consent was taken by all the selected people and they also filled a Performa. The privacy of the selected was assured to them. The related information of them are collected which are required in the study. The key points for the analysis of the data are given below (Table 1):

- Procedure of selection of cases
- Counselling of pre-insertion
- Protocols for the insertion of Cu T
- Advice of follow-up

The total score for marking the criteria is 10.

Table 1: Criteria of assessment

S. no.	selection of case (1 point)	counselling of pre- insertion (2 points)	SOPs Observance (one point)	Follow-up (2 point)
1	History of Obstetrics	Detailing with Cu T	Washing hands	Sharing of side effects
2	History of Menstrual	Procedure explanation	Equipment's sterile	checking of follow-up and string
3	Abnormal bleeding from vagina	Discussion on changed bleeding schedule	Draping, paint	String missing
4	Gonorrhoea Chlamydial	Discussion of dysmenorrhoea	Examination of vagina	Missing of period
5	Contact of H/o	Minimizing wrong beliefs	Sounding of uterine	Fertility return and sharing effectivity of duration
6	Examination for ulcer and discharge		No loading of touch	

7	Tenderness of Adnexal	Withdrawal insertion
8	Cervical bleeding by touching	Step by step discussion
9	Abnormal anatomical	Alert before the wrong step
10	Permission	Ask her to take rest

Observation:

The percentage of the people from the participants who are inserting the IUD contraception is 80. 69% of the selected people was inserting IUD for than one year. 25% people participating in the study was trained

professionally to insert IUD. In the insertion of IUD, the experience in a practical way in the students of nursing is totally zero. On the basis of the class of theory, feedback was given to them (Table 2).

Table 2: Status of Experience and training of selected people

Selected people	Insertion Experience	Cu T daily			Additional training of IUD	status
		< 1 year	1 to 5 years	≥ 5 years		
faculty of College	0	5	15	17	3	
Students of PG	11	9	0	0	20	
faculty of Nursing	0	10	10	0	20	
students of Nursing	0	0	0	0	20	
staff of Nursing	0	9	11	8	12	
Total	11	33	36	25	75	
%age	11	33	36	25	75	

The points obtained by the participants from total 10 points showed their skills. They were divided in the five groups (Fig. 1).

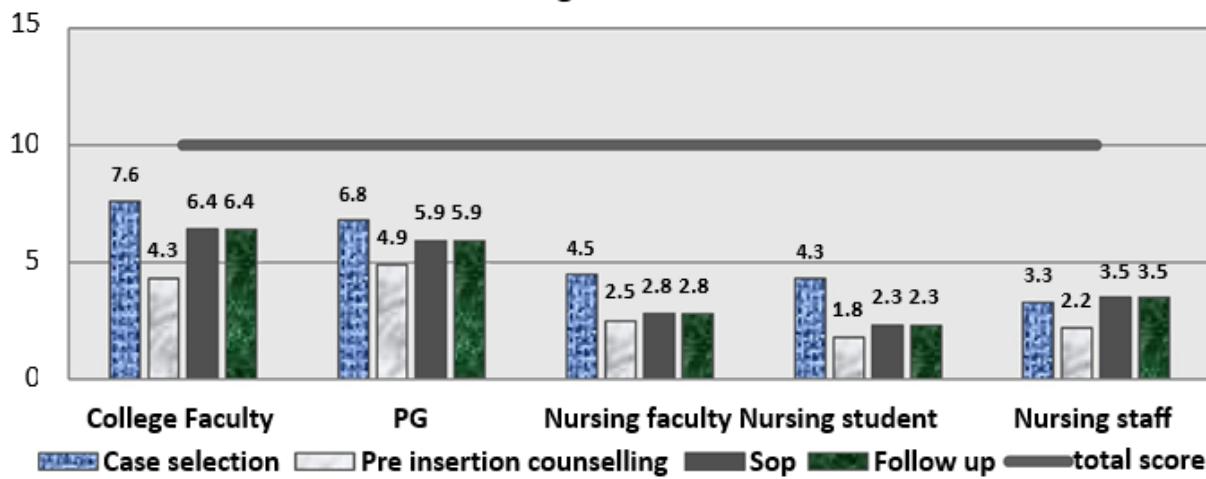
Average Scores

Fig 1. Obtained score of people from all sections

Case Selection:

The most significant step in the methods of the all contraception is the appropriate of selection of case. It is used to minimize the complications in the future. On pre-chosen criteria of 10 points, Culmination of case determination was assessed. It depends on the history taking and physical assessment.

The criteria of the case selections are not completely achieved by any person in the group of study. The score obtained by the students and teachers of Fatima Jinnah medical college, Lahore is 7 and 8. The points achieved by the students from the nursing section is less than five.

Pre-Insertion Counselling:

By increasing the knowledge of the people regarding the use of contraception and by minimizing the wrong believes about the utilization of IUD, it can be expected that the people will tend to use contraception for the purpose of family planning. Students from the nursing department scored less marks from all the students. The score obtained from the people of the group of counselling of pre-insertion was below 5.

Standard Operative Procedures:

To observe all the protocols is the vital key to achieve high points in all methods. The complications raised in the students can be minimized by executing the steps in a proper way. Compliance of better patients can also be ensured by proper execution. The range of obtained

score from all the observed groups of people in the protocols of insertion is 2.5-6.

Follow-up of IUD Cases:

When a patient diagnoses the complications at the initial level and manage them at the spot then the contraception can give again. It also depends on the every day follow-up. The stress and hypertension can be minimized by the follow-up in a routine. It also ensures the intervention according to the requirement at the specific time. In the teaching staff of medical college and the students from postgraduate, the better result in the follow-up section is observed. Although it is very low in the students from the nursing department (Fig. 2).

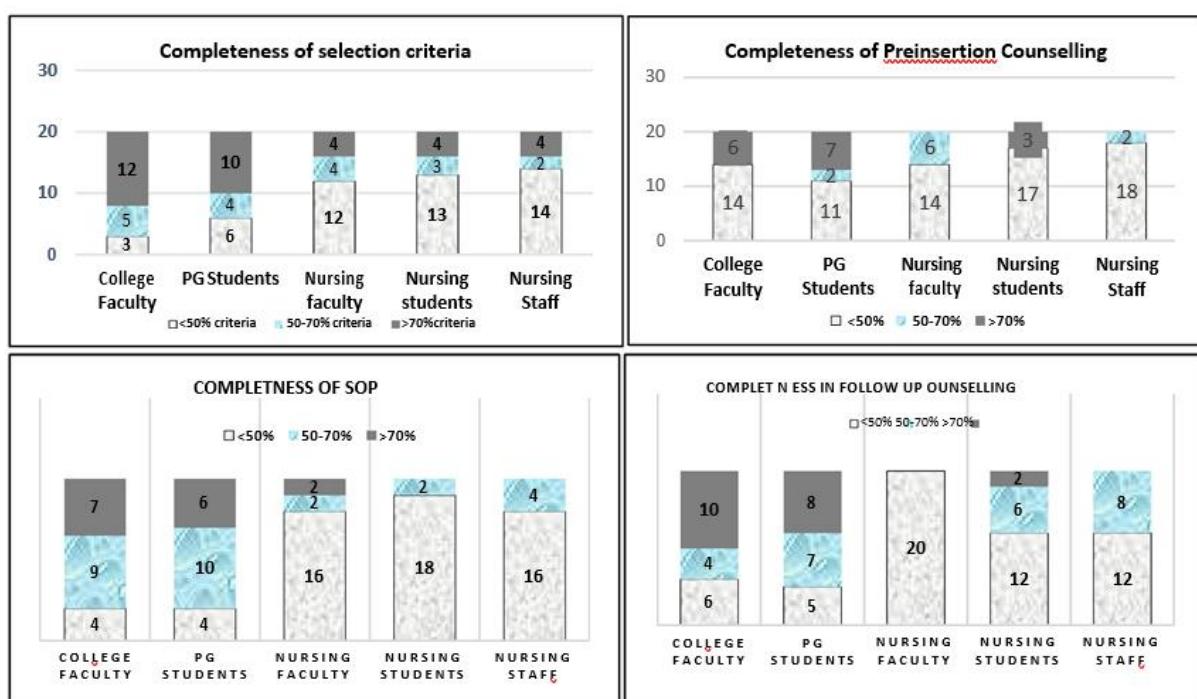


Fig 2. Completeness while observing criteria of inclusion

While assuming the perfect selection of case for the contraception called IUD, it is observed that the 60% teaching staff of medical college and the 50% students from postgraduate scored 70% points. 79% teaching staff of nursing and sixty five percent students from this department obtained less than 50% points in this section of selecting cases. The step of counselling of pre-insertion was only for 50% from the selected participants. The percentage of doctors and students from postgraduate who scored more than 7 points in the counselling of pre-insertion is 30% and 35% respectively.

The percentage of doctors and students from postgraduate who scored more than 7 points in the section of protocols of insertion of IUD is 30% and 35% individually. While observing the follow-up section, just 50% doctors and 20% people from the nursing group is visible. 79% teaching staff of medical scored 6 points in the above-mentioned section. Students from postgraduate, teaching staff of nursing and their students show less interest in this section. The result observed in the faculty of nursing is very low.

DISCUSSION:

The important purpose of IUD is spacing in the context of contraception. If the provided services will be qualitative, the utilization of the method of contraception can be increased. To score the better results the following terms are useful;

- Perception of any individual
- Factors of influencing
- Chances of the occurrence of actions 5.
- The services of IUD can be made qualitative by relating the following sections:
- Procedure of selection of cases
- Counselling of pre-insertion
- Protocols for the insertion
- Advice of follow-up

The assumption made in this study is that by making the services of IUD qualitative, there would be no need of contraception in future.

The conclusion obtained from the recent studies is that by extra care, it can be expected that the chances of use of contraception can be increased 6. Positive connection between the arrangement of progressively concentrated customer advising and additionally data about technique and reactions is related with lower paces of prophylactic cessation 7; follow-up of the IUD acceptors is likewise imperative to improve acknowledgment and to discover the intricacies if any 8.

In current investigation, endeavor was made to get to the nature of IUD administrations regarding supplier mentality, information and practices. Criteria which have critical effect on acknowledgment, solace, comfort and soundness of customer were incorporated. Steps essential for disease avoidance, readiness of patient, real procedure of IUD inclusion and follow-up of the customer were dealt with.

Key to the achievement of IUD is appropriate case determination. It incorporates history taking and complete physical assessment. On looking into the configurations, complete history was taken by all respondents however just half referenced physical assessment for the case choice. Class astute investigation indicated that against most noteworthy expected pre-addition advising score of ten normal score saw in every one of the gatherings was under 5. Most minimal score was seen among nursing understudies. Numerous pre-additions guiding subtleties were discovered missing, showing along these lines that the greater part of the questions, anxieties and stresses of customer were left unattended. Actualities concerning symptoms, entanglement and future fruitfulness were likewise not

referenced. Not sharing the reactions adds negative impression to system as patients imagines them as entanglement. Comparative discoveries were seen in before thinks about additionally 9.

On investigating the consistence of individual parts of inclusion convention, hand washing rate was 43% as it were. Different measures to forestall the contamination were found in 50–60% respondents. Essential strides of inclusion as uterine sounding, no touch stacking, and so forth., were additionally observed in around half respondents as it were. Low consistence of conventions is a genuine concern. Steps to support and solace the patients were absent in the vast majority of the configurations. These elements increment the probability of confusions bringing about awful name to strategy.

Explicit follow-up directions ease the nervousness of customer and aides in limiting the gossipy tidbits and legends about IUD. Post-addition advising in spite of the fact that referenced by the majority of the respondents was deficient. Indispensable issues like return of ripeness were referenced in just 20% arrangements. Activity focuses on missed periods, PID, missed string, and so on., were inadequately tended to.

CONCLUSION AND SUGGESTIONS:

- It can be concluded from the students the delivery of services is still incomplete, instead of that all the professionals of medical is imparted the training of IUD and the facility of IUD is also available at sub-centers.
- The significant steps for the success in the use of IUD are to select the proper place of insertion, perfect selection of case, utilization of clean instruments while inserting and SOP'S observance.
- The score of nursing department is lower in all four categories. So, they should be eliminated from the participants selected for the study.
- The basic need is the comprehensive counselling of IUD and centered client.

Compliance of Ethical Standards:

Conflict regarding interest: it is declared by all the authors that they faced no conflict regarding interest and finance.

Informed permission: all the selected people were filled the form for consent.

Ethical Approval: the methods applied in the experiment on human beings were according to the committee of ethics introduced in 1964. The amendments were made in the methods later.

All procedures performed in study involving human participant were in accordance with the ethical standards of institutional research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

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