A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Temporary Family Planning Methods under the Age of 30 Years of Women in Selected Rural Area Kanth Shahjahanpur

Nidhi Vishnoi

Abstract: <u>Background</u>: India is the second largest country in the world where the population of world is increasing in an exponential manner. Population growth rate is rising and family planning is one way of controlling it. A study was conducted on women under the age of 30 years in rural area. Present study revealed that the awareness about contraceptive methods is almost universal but counseling of eligible couples on importance of small families and assisting them in making informed choice is needed to remove the obstacles in practicing contraception. The aim of the study is to improve the knowledge regarding temporary family panning methods. The health of women has historically been of vital importance to all societies because women are the basic resources of the future of mankind. Women are major consumers of health care. Population growth rate is rising and family planning is one way of controlling it especially when the male partner is involved. Family planning through contraception types to achieve two main objectives firstly, to have only the desired number of children and secondary to these children by proper spacing of pregnancy. India was the country in the world to formulate the national family planning programme in the year 1952 with the objective of reducing the birth rate of to the pollution at a level consistent with requirement of national economy. Objectives: 1) To assess the pre test level of knowledge regarding the temporary family planning methods. 2) To assess the post test levels of knowledge regarding temporary family planning methods. 3) To compare the level of pre test and post test level of knowledge about temporary family planning methods. 4) To find out the association between the knowledge about the temporary family planning method with selected demographic variables. Method: Prior to data collection, permission will be obtained from the institutional ethical committee and concerned authority. After obtaining consent from the sample the researcher will conduct the pre test by using structured questionnaire and the same day the researcher will administer the structure teaching programme, Later the post test will be conducted 1 week later by using the same questionnaire. Result: The mean score of post test is (18.5) was higher than pre test mean score (6.5). The computed 't 'value (25.3) was found to be more than table value (t_{28} =1.701) at p<0. 05 level of significance. Therefore, women have better knowledge after post test. chi square test was too used to test the association and demographic variable except for husband's education. There was no significant association between age, religion, type of family, husband's occupation, mother's education, number of children, and monthly income of family. However, there was significant association with monthly income of family (x^2 = 3.87). Therefore the null hypothesis was accepted for all the demographic variables except husband's education. Interpretation and conclusion: The mean score of post test was (18.5) is higher the mean score of pre test (6.5). The computed 't' value (25.3) is higher than the table value at 0.05 level of significance (t_{28} =1.701). Hence the null hypothesis is rejected and research hypothesis is accepted. The findings shows that there is a significant difference between pre test and post test women's level of knowledge and findings are significant at 0.05 levels.

Keywords: Level of knowledge, rating scale, women under age of 30 years of age

1. Introduction

Family planning services are defend as educational, Comprehensive medical or social activities which unable individuals, including minor, to determined freely the number and spacing of their children and to select the means by which this may be active. The Purpose of family planning is to make sure any couple man or women who has desire to have a child as the resources that are needed in order to complete this goal with these resources a couple man or women can explore the options of natural birth, surrogacy, artificial insemination or adoption. In the other cases if a person does not wish to have a child at the specific time they can investigate the resources that are needed to prevent pregnancy. Such as birth control, contraception or physical Protection or Prevention. The contraceptive method broadly grouped into classes spacing method and terminal method special method further classified into physical method, chemical method, hormonal method, intrauterine device and Natural birth control methods terminal method further and female sterilization.1The classified into male

Government of India introduced for controlling the population and to give knowledge and awareness about family planning. Barrier methods are used to prevent the meeting of sperms with ovum. The sperms were prevented from entering the cervix by barrier methods like condom, diaphragm, cervical cap, vaginal sponge. Family planning is the practice of controlling the number of children in a family and the intervals between their births and the spacing methods are temporary or permanent. In India there are so many programs were introduce for family planning to control the population explosion in India. The main aim of family planning is to give awareness about contraception methods to the women and provide better health to their children. If the family planning is not practiced there will be the health issues create among the women and their children like low birth weight, congenital malformation in children and anaemia, increased mortality rate in women.2 A study was conducted on contraceptive knowledge practices and utilization of services in the rural areas of India among 17, 465 eligible women from selected 28 district. The study found that out of 17, 465 eligible women 14, 276 are using contraceptives and 17, 082 were not using contraceptives.

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Among contraceptives user only 26% of women were using spacing methods. Almost all women 98.8% are using a contraceptives method with the knowledge of their husbands and had their support for continuing the same. The most common reason for not using any family planning methods is unawareness, illiteracy and low socio economic status.3

2. Material and Methods

Study Design: one group pre - test and post test experimental design.

Study Location: Villege Kanth, Shahjahanpur, Uttar Pradesh.

Study Duration: one year

Sample size: 30 women

Inclusion criteria

- Under the age group of 30 years
- Willing to the participate in the study
- Available of the data collection
- Primarygravida and multigravida mothers

Exclusion criteria:

- Above the age group of 30 year
- Not Willing to participate in the study
- Available of the data collection

Procedure methodology

Data collection is a gathering of information relevant to a researcher problem. A questionnaire refers to a device for a scoring answer to questions from which the respondents fills by her. The instrument use for data collection in the present study was a structured self - administered questionnaire. Structured self - administrated questionnaires were preparing by the investigator to assess the knowledge regarding Temporary Family Planning Methods women under the age of 30 years in rural area. Although review of literature, suggestion from guide and subject's expert help in the selection of content for developing the tools. PART 1 -Demographic data: - It consist of 6 items regarding the demographic information of the subject such as age, religion, type of family, mother educational status, husbands educational status, husband occupation, number of children, monthly income of family, etc. PART 2 - Knowledge items regarding concept of Temporary Family Planning methods; - It consists of 25 knowledge items from all aspects of effects of Temporary Family Planning method in kanth. These items were closed ended multiple choice questions each correct response has been scored with one mark. Total score was 25. Data analysis is the systemic organization and synthesis of research data and testing of research hypothesis by using the collecting data. The data were analyzed by using both descriptive statistics and inferential statistics.

• Descriptive statistics like percentage (%) and frequency were used to describe the sample characteristics and items wise analysis.

- Mean standard deviation and paired "t" test were used to assess the effectiveness of structured teaching programme.
- Chi square test use to find out the relation between knowledge regarding temporary family planning methods with selected socio demographic variable.

3. Result

	n=30	0 1	2
S. No	Demographic characters	Frequency	Percentage
1	Age		
	A) 18 - 21 years B) 21 - 24	6	20%
	B) 21 - 24	10	33%
	C) 24 - 27	12	40%
	D) 27 - 30	2	7%
2	Religion		
	A) Hindu	15	50%
	B) Muslim	8	26%
	C) Christian	5	17%
	D) Sikh	2	7%
3	Type of Family		
	A) Nuclear	11	36%
	B) Joint	19	64%
4	Mothers Education		
	A) No formal education	7	23%
	B) Primary	12	40%
	C) Higher primary	11	37%
	D) Graduate	0	0%
5	Husband's Education		
	A) Primary	6	20%
	B) Higher primary	18	60%
	C) Graduate	6	20%
6	Husband's Occupation		
	A) Farmer	15	50%
	B) Daily wage worker	11	37%
	C) Business	4	13%
	D) Professional	0	0%
7	Number of Children		
	A) 1	3	10%
	B) 2	11	37%
	C) Above - 2	16	53%
8	Monthly Income of Family		
	A) Below 2000	4	14%
	B) 2000 - 4000	13	43%
	C) Above 4000	13	43%

Table 1: Frequency and percentage distribution of selected demographic variable of women under group of 30 years.

Section B: The level of knowledge

The level of knowledge of women regarding temporary family planning method in pre test.

Table 2: Mean, median, range and standard deviation of woman regarding temporary family planning method in

	pre	test			
Level of	Frequency	percentage	Score	Mean	SD.
knowledge	riequency	percentage	range	Mean	50
High knowledge	0	0	17 - 25		
Medium knowledge	5	17%	9 - 16	6.5	2.65
Low knowledge	25	83%	1 - 8		

Total score= 25

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DOI: 10.21275/SR211021232436

International Journal of Science and Research (IJSR) ISSN: 2319-7064 SJIF (2020): 7.803

 Table 3: Mean, median, range and standard deviation of

 women regarding temporary family planning method in post

 test

Level of knowledge	Frequency	Percentage	Score range	Mean	SD
High knowledge	17	57%	17 - 25		
Medium knowledge	13	43%	9 - 16	18.5	4.1
Low knowledge	0	0	1 - 8		
Total score= 25					

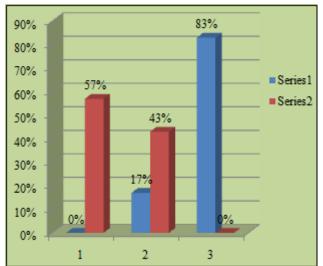


Figure 9: Bar diagram comparing the level of knowledge of women under 30 years of age in rural area of Kanth

Table 4: Unpaired 't' test the significance in the score ofwomen under 30 years of age.

Group	Mean	Standard deviation	Mean difference	df	Paired 't' value
Pre test	6.5	2.65	12	28	25.31
Post test	18.5	1.54	12	28	23.51
animan an	20	+ _1 701			

Maximum score= $30, t_{98}=1.701.$

The data presented in table 4 shows that the mean score of post test is 18.5 is higher than the mean score of pre test is 6.5. The computed "t" value (25.31) is higher than the table value at 0.05 level of significance (t_{98} =1.701). Hence the null hypothesis is rejected and research hypothesis is accepted. The finding shows that there is significance of women.

Table 5: Association the level of knowledge of women and
their selected demographic variables

-	then selected demogra	1		
S. No	Demographic characters	Knowledge score		X^2
		<mean< td=""><td>>Mean</td><td>value</td></mean<>	>Mean	value
	AGE			
1	A) 18 - 21 years	4	2	
	B) 21 - 24	5	5	0.13
	C) 24 - 27	5	7	
	D) 27 - 30	1	1	
2	RELIGION			
	A) Hindu	9	6	0.94
	B) Muslim	4	4	
	C) Christian	2	3	
	D) Sikh	0	2	
3	TYPE OF FAMILY			
	A) Nuclear	6	5	0
	B) Joint	9	10	
4	MOTHERS EDUCATION			
	A) No formal education	3	4	0

3.87			
3.87			
3.87			
3.87			
3.87			
HUSBANDS OCCUPATION			
0			
0			
0			
-			

4. Conclusion

The pre - test mean score of women is 6.5 and post test score is 18.5. The computed t' value (25.31) is higher than the table value at 0.05 level of significance (t_{98} =1.701). Hence the null hypothesis is rejected and research hypothesis is accepted. The findings show that these are a significant difference between pre test and post test level of knowledge and findings are at 0.05 levels. It can inferred that level of knowledge has increased after post - test. Association between pre - test and post test score towards women's knowledge and demographic variables shows that there was no association between women knowledge and demographic variables, except for husband education $(x^2=3.87)$. All the other variables like age, religion, type of family, mother's education, husband occupation, number of children, and monthly income of family did not show any significant association with the women knowledge. Therefore, the null hypothesis was accepted for all the demographic variables except for husband's education. On the whole carrying out this present study was really an enriching experience. It helped the investigator to compare the level of knowledge of pre - test and post test. It also helps to find out the level of knowledge is increased with help of a structured knowledge questionnaire. To some extent it also helped the investigator to examine her level of knowledge. The constant encouragement and guidance from the guide, cooperation and interest of the respondents in the study contributed to the fruitful completion of the study.

References

- [1] Ministry of health and family welfare programmed in India year book 1988 to 1989 Delhi govt. of India 1990.
- [2] Choudhuri Moitreyee. Married women and different methods of contraception. Nightingale nursing times.2010. March; 5. (12): 24 - 26.
- [3] Hajian Tilaki K O, Asnafi N, Aliakbaruia Omrani F. The patterns and determinants of birth interval in multiparous women. Southeast asian journal medical public health.2009. July; 40. (4): 852 - 859

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- [4] Almaie Al. The patterns and factors associated with child spacing. Journal of the royal society for the promotion of health.2003. March; 123. (3): 217 221.
- [5] G M Abebe, A Y ohannis. Birth interval and pregnancy outcome. East africian medical journal.2000. August; 73. (8): 552 - 555.

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