" A DESCRIPTIVE STUDY TO ASSESS THE EFFECTIVENESS OF

PLANNED TEACHING PLAN ON KNOWLEDGE AND ATTITUDE

REGARDING CONTRACEPTIVE METHODS AMONG REPRODUCTIVE

AGE WOMEN (18-35 YEARS) IN SELECTED RURAL AREA OF

DANKAUR GREATER NOIDA UP".

SUBMITTED TO THE FACULTY OF NURSING

GALGOTIAS UNIVERSITY

GREATER NOIDA, UP

IN PARTIAL FULFILLMENT OF B.SC NURSING

COURSE

GROUP- B

2018-2019

ADMISSION NO.
GROUP MEMBERS

15GSON101026   **MANISHA**

15GSON101003	**RAHUL**
15GSON101001	**RATINDER**
15GSON101011	**SADHANA**
15GSON101019	**SHIVANI**
15GSON101020	**SWATI**

GALGOTIAS UNIVERSITY GREATER NOIDA

UTTAR PRADESH

CERTIFICATE

This is to certify that this is a joint project work titled ," A descriptive study to assess the effectiveness of planned teaching plan on knowledge and attitude regarding contraceptive methods among reproductive age women (18-35years) in selected rural area of dankaur, Greater Noida UP" is an

original study undertaken by Manisha, Rahul Kumar, Ratinder Kaur sandhu , Sadhana , Shivani yadav, Swati yadav and Vijay rajput under my guidance at School of nursing Galgotias University UP.

GUIDE   PRINCIPAL/DEAN   CO - GUIDE
Mrs. Prempati   Prof. Ashia Qureshi   Mrs. Rizu
School Of Nursing   School Of Nursing   School of Nursing Galgotias
University   Galgotias University   Galgotias University

ACKNOWLEDGEMENT

ACKNOWLEDGMENT

THANK

YOU

We thank
our

ABSTRACT

PARENTS for financial & psychological support throughout the study

<u>ABSTRACT</u>

" A descriptive study to assess the effectiveness of planned teaching plan on knowledge and attitude regarding contraceptive methods among reproductive age women (18-35years) in selected rural area of dankaur, Greater Noida UP".

The objective of the study was:

- A study to assess the knowledge regarding contraceptive methods among reproductive age womens.
- To assess attitude regarding contraceptive methods among reproductive age group womens.
- To find correlation between knowledge and attitude.
- To determine association between knowledge and selected demographic variables.

The research design selected for study was descriptive Research design.

The study was conducted in dankaur village Greater Noida, U.P. Total sample comprises of 30 women's.

The instrument used to generate the necessary data was questionnaire for assessing the knowledge and attitude of women's regarding contraceptive methods.

Significant findings of study were –

- Mean of the knowledge of women's regarding contraceptive methods is 10.5, median is 10 and standard deviation is 2.22.

- Mean of the attitude of women's regarding contraceptive methods is 44.53, median is 41.5 and standard deviation is 9.62.

- Correlation between knowledge and attitude is o.oo483.

The result of the study reflects that womens need to be educated about the contraceptive methods.

LIST OF TABLE

LIST OF FREQUENCY TABLE

S.NO.	TITLE	PAGE NO.
1	Distribution of language among rural reproductive women	
2	Distribution of religion of rural reproductive women under study	
3	Distribution of occupation among rural reproductive women under study	
4	Distribution of family type among rural reproductive women under study.	
5	Distribution of number of children among rural reproductive women under study.	
6	Mean, Median ,and standard deviation of knowledge of womens regarding contraceptive methods	

LIST OF GRAPH

S.NO.	TITLE	PAGE NO.
1	Distribution of rural reproductive women age (18-35) under study	
2	Description of educational status among rural reproductive women under study	
3	Distribution of income among rural reproductive women among study	
4	Distribution of age at the time of marriage among rural reproductive women under study.	
5	Mean, median ,and standard deviation of attitude of womens regarding contraceptive methods.	

CHAPTER -1

INTRODUCTION

INTRODUCTION

"THE BEST CONTRACEPTIVE IN THE WORLD IS A GOOD EDUCATION "

BACKGROUND OF THE STUDY

Unintended pregnancy, defined as a mistimed, unplanned, or unwanted pregnancy (Centers for Disease Control and Prevention, CDC, 2013) is a growing public health concern. Forty-nine percent of pregnancies each year in the United States are Classified as unwanted or mistimed (Trussell, 2007; CDC, 2013). The cost associated with unintended pregnancy is significant with nationwide public expenditures reaching $11.1 billion in 2006 (Sonfeld, Kost, Benson, Gold & Finer, 2011). Moreover, in 2006, California was among the states spending the most on publicly-funded births, at a rate of $1.3 billion .(**Sandra Mary Loehner ,2014).**

Current population of India is 1.33 billion, equivalent to 17.86% of the total world population. A rapid population growth is a burden on the resources of many developing countries. Considering the high decadal growth rate of 17.64, the country's population is slated to surpass China by 2028 according to United Nations Development Program. Though India is the 1st country to launch Family Planning program, in 1951, yet total unmet need for contraception at national level has been 20.5% (DLHS 3, 2007-08). According to NFHS 4 (2015-16), total unmet need for family planning for Bangalore Urban is 13.3%. Limiting population growth should be an important component of country's overall developmental goal to improve living standards and the quality of life of people. This strategy is enhanced by the availability of effective contraceptive methods since the 1960s. At 2012 London summit, GOI made a commitment to increase access to family planning services to 48 million additional users by the year 2020. Over the years, focus of family planning has been shifted from Population Control to Improving the health of mothers and new borns through use of reversible spacing methods leading to reduction in unwanted, closely spaced and mistimed pregnancies and thus avoiding pregnancies with higher risks and chances of unsafe abortions. Use of contraceptives also protects women from sexually transmitting diseases including HIV. Even though there is a wide availability of various types of contraceptives, the rate of population growth and unplanned pregnancies is still high. According to 2012 report of WHO, India contributes to 20% maternal deaths worldwide.Family planning can avert more than 30% of maternal deaths and 10% child mortality if couples spaced their pregnancies more than two years apart. A UNFPA study has estimated that if the current unmet need for family planning could be fulfilled within the next five years, the country can avert 35,000 maternal deaths and 12 lakhs infant deaths. (**Dr. Tejaswini D.,2018**).

Neethu George et al., International Journal Of Community Medicine And Public Health 5 (5), 2048-2052, (2018) conducted a cross sectional study on the unmet needs for family

planning and its associated factors among ever married women in selected villages of Anekal taluk, Karnataka.A structured interview schedule consisting of questions about unmet needs for family planning and its determinants was administered to 133 ever married women.They found that the prevalence of unmet needs for family planning was 11.3%. Younger age (18-24 years),< 5 years active years of married life, women having a single live child and who were a sole decision maker had higher unmet needs for family planning.The unmet need for family planning was found to be 11.3% which is more than the state value of 8.8%(rural Karnataka NFHS 4). So there is a need to create awareness regarding contraceptive methods.

Henry Nsubuga et al., (2016) conducted a cross-sectional survey on Contraceptive use, knowledge, attitude, perceptions and sexual behavior among female University students in Uganda. Users of any contraceptive method in the past 12 months were coded as '1' and none users as '0'. Knowledge of any contraceptives was almost universal but only 22.1% knew about FC.Perceived acceptability of contraceptive use at the university (9%) or being beneficial to male partners too (97.8%) were high. Nearly 70% had ever engaged in sexual intercourse and 62.1% reported sexual intercourse in the past 12 months.Overall,46.6% reported current contraceptive use, with male condoms (34.5%) being the commonest methods. Overall, 9% reported ever being pregnant, 2% were pregnant at the time of the survey. About 40% of ever pregnant respondents reported ever trying to terminate the pregnancy.

NEED FOR THE STUDY

Population of India is increasing day by day and India is the second most populous country in the world having a rapidly growing population which is currently increasing at the rate of 16 million each year. Of the world population, 75% live in developing countries characterized by high fertility rate, high maternal & infant mortality rate and low life expectancy. The world population will likely increase by 2.5 billion over the next 43 years, passing from the current 6.7 billion to 9.2 billion in 2050. Uncontrolled population explosion is a burden on resources of many developing countries. A lot of efforts and resources have gone into the national family welfare programme but the returns are not commensurate with the inputs to control the population. Therefore, it is necessary to stabilize the population and to conserve the natural resources for the future generations. India is the pioneer country in the world to launch a nationwide family planning program in the year 1952, and during the third 5-year plan it was declared the very centre of planned development. In April 1976, the country framed its first national population policy which is now running under RCH (Reproductive and child Health) program, so that each and every couple in India is aware of the need for family planning . According to WHO, family
planning is defined as` a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country. The need for family planning practices lies is to control population explosion, to avoid unwanted births, to regulate intervals between pregnancies, to control the time at which births occur in relation to age of the parent . As the leading causes of death among reproductive age women are due to complications arising during pregnancy and child birth, birth spacing becomes mandatory. Each year

approximately 55,000 women die in India due to pregnancy or childbirth-related complications .Contraceptive advice is a component of preventive health care. An ideal contraceptive should suit an individual's personal, social, and medical characteristics and requirements. Socio-economic factors and education are few of the factors that play important roles in the acceptance of family planning. (**Ambrine Ashraf et al., 2018).**

Dr. Tejaswini D. et al., (2018) conducted a cross sectional study Knowledge, attitude and practices about contraception among married reproductive women.They found that 72% of the clients had awareness of contraception. Most common method known is Female sterilization followed by IUCD. Awareness of emergency contraception was found only in 5.33%. 48% of the clients did not follow any method of contraception. The study shows that we need to use multiple resources to educate people by intensifying IEC activities. Women should be made aware about their right of protecting their own health and more emphasize should be given on postpartum family planning.

Ambrine Ashraf et al., PARIPEX - INDIAN JOURNAL OF RESEARCH Volume-7 | Issue-2 | February-2018 | ISSN - 2250-1991 | IF : 6.761 | IC Value : 86.18 conducted a cross sectional study on assessment of knowledge, attitude and practices among married women in reproductive age group.Total 200 study subjects were enrolled in the study.In the study 100% % females had awareness regarding any method of contraception. Out of 200 women, majority (94.5%) knew condoms as contraceptive method, followed by OCPs and tubal ligation (93.5 and 91.5 respectively).The women who had knowledge about contraceptive methods, they mainly obtained from health professional (68%). Effort should be made to educate the public about the safety and convenience of modern, long term, reversible methods of contraception among both in health care professional and public.

As per the background of the study we found that most of the women's are unaware about contraceptive methods and only 30-40% Womens have good knowledge regarding contraceptive methods but they are not practicing due to cultural and family issues .So, there is a great need to change there attitude regarding Contraceptives.
So , as a student researcher we want to enhance the knowledge and attitude of the reproductive age womens of selected rural area of dankaur Greater Noida UP.

STATEMENT OF THE PROBLEM

" A descriptive study to assess the effectiveness of planned teaching plan on knowledge and attitude regarding contraceptive methods among reproductive age women (18-35years) in selected rural area of dankaur, Greater Noida UP".

OBJECTIVES

- A study to assess the knowledge regarding contraceptive methods among reproductive age womens.

- To assess attitude regarding contraceptive methods among reproductive age group womens.

- To find correlation between knowledge and attitude.

- To determine association between knowledge and selected demographic variables.

OPERATIONAL DEFINITIONS

- **Assess :** In this study , assess refers to find out improvement in knowledge and attitude of the reproductive age womens.

- **Knowledge :** In this study, knowledge refers to understanding or awareness gained through planned teaching plan by the reproductive age womens that is evalued by the cor rect response given by them .

- **Attitude :** Attitude refers to the response of the reproductive age women after giving teaching regarding contraceptive methods.

- **Contraceptive :** Contraceptive refers to methods used for family planning.

- **Reproductive age :** Reproductive age refers to the age between 18 to 35 years and are eligible for giving birth to baby.

- **Women:** womens refers to the sample of the study who are between 18 to 35 years.

- **Planned teaching program:** A formulated and detailed method of information that is arranged and designed on knowledge and Attitude regarding Contraceptive methods which is administered to the reproductive age womens and evaluated to asses its effectiveness.

HYPOTHESIS

H1 - There will be a significant association between knowledge and attitude.

H2 - There will be a significant association between knowledge and selected demographic variables.

ASSUMPTION OF THE STUDY

- Reproductive age womens may have some knowledge regarding Contraceptive methods.

- Reproductive age womens may have positive attitude regarding Contraceptive methods.

LIMITATIONS

- Study is limited to reproductive age womens.

- Study is limited to rural area of dankaur .

- Study is limited to 30 samples .

DELIMITATIONS

- Study deals with reproductive age womens.

SUMMARY

This chapter comprises of the background of the study, need for study , problem statement , objectives, operational definition, hypothesis, assumption, limitation ,and delimitations of the study .Next chapter overviews the literature reviewed for the study.

CHAPTER –II

REVIEW OF LITERATURE

CHAPTER-2

REVIEW OF LITERATURE

A review of literature is a description and analysis of the literature relevant to a particular field or topic. It provides an overview of what work already had been carried out, who are the key researchers who did that work , which of the questions are already answered regarding a particular area of research interest, what methods and methodologies were used to answer the particular questions and what are the prevaling theories and hypothesis. (**Suresh k Sharma** nursing research and statistics, Elsevier publication, II edition, page no. 101).

Literature review is defined as a broad, comprehensive, in depth, systematic and critical review of scholarly publication, unpublished, printed or audio visual materials and personnel communications. (**Suresh k Sharma {2005}** nursing research and statistics, Elsevier publication, II edition, page no. 102).

The literature review could just be an annoted bibliography, which purely describes the facts and may add comments to bring out themes and trends ; or literature review may be the critical analysis of facts of the field of research interest, which identifies the strengths, weaknesses, and gaps and existing literature and identifies the questions which further need to answered. The analytical review not only presents the summary of the facts but evaluates the relationships and contrast findings of the facts in literature, thus the key themes are identified. (**Suresh k Sharma** nursing research and statistics, Elsevier publication, II edition, page no. 101).

Different types of literature reviews are :-

1) The Systematic Review - is important to health care and medical trials, and other subjects where methodology and data are important. Through rigorous review and analysis of literature that meets a specific criteria, the systematic review identifies and compares answers to health care related questions. The systematic review may include meta-analysis and meta synthetsis.

2) The Quantitative or Qualitative Meta-analysis Review - can both make up the whole or part of systematic review(s). Both are thorough and comprehensive in condensing and making sense of a large body of research. The quantitative meta-analysis reviews quantitative research, is objective , and includes statistical analysis.The qualitative meta-analysis reviews qualitative research, is subjective (or evaluative, or interpretive), and identifies new themes or concepts.(https://www.google.co.in/url?q=https://www.lib.uwo.ca/tutorials/typesofliteraturereviews/index.html&sa=U&ved=2ahUKEwjakd2DsK_dAhWKXisKHfB3Dz8QFjALegQIAhAB&usg=AOvVa0OgtN9uEZx25nxD64Jiuu_)

The following review of the literature will focus on previous researches discussing about knowledge and attitude regarding contraceptive methods in womens.

Anila Tresa Alukal et al., International Journal of Reproduction, Contraception, Obstetrics and Gynecology 7 (4), 1501-1504, (2018) conducted a study on awareness and practice of contraceptive methods among women at the Government Medical College Thrissur, Kerala . Study period was 1year (2014-2015).Total samples were 513. They found that awareness regarding barrier method of contraception was maximum.(96.7%), followed by permanent methods (96.8%), IUCD (94.9%) and natural methods (92.6%). Around 71.6% of the study population has used some form of contraception. The most commonly contraceptive method was natural methods (69.6%) followed by barrier method (59.9%).IUCD was the method which was least practice (2.9%) followed by OC pills (19.1%). Even though women are well aware of most of the contraceptive methods, a change is needed in the attitude and practice.

Dilip Chandrasekhar et al., Journal of Young Pharmacists 10 (1), (2018) conducted a quasi experimental study on effectiveness of Pharmacist Intervention (SAHELI) on Family Planning, Maternal Care and Child Care Among Rural Women of Kerala. A study was conducted among 140 women in the age group 15-45. Before intervention, 53.8% of the subject did not have knowledge about any methods of contraception, but after intervention there was a significant improvement in family planning, maternal care and child care knowledge with a $p < 0.05$. Paired t-test shows the mean total score for knowledge for FP, maternal and child care for pre-intervention 117.48 ± 10.53 and post-intervention: 170.71 ± 5.45. study clearly conveyed that majority of rural women were unaware and the scheme has got a great acceptance by the rural women and they acquire knowledge.

D Tejaswini et al., International Journal of Reproduction, Contraception, Obstetrics and Gynecology 7 (4), 1431-1434, (2018) conducted a cross sectional study on knowledge, attitude and practices about contraception among married reproductive womens in Bowring and Lady Curzon Hospital, Bangalore. A study was conducted from 1 st March 2017 to 15 th April 2017. Unmarried women, Hysterectomised women were excluded.They found that 72% of the clients had awareness of contraception. Most common method known is Female sterilization followed by IUCD. Awareness of emergency contraception was found only in 5.33%. 48% of the clients did not follow any method of contraception. Most commonly used method is female sterilization.The study shows that we need to use multiple resources to educate people by intensifying IEC activities.

Jim Aizire et al., (2018) conducted a study to assess use of effective family planning methods and frequency of sex among HIV-infected and HIV-uninfected African women .Data on demographics, family planning and sexual history were obtained at baseline and at 3, 6, 9 and 12 months.They found that EFP use was significantly associated with frequent sex among HIV-infected women (RR 1.32; 95% Confidence Interval [CI] 1.14-1.52);this association was not statistically significant among HIV-uninfected women (RR 1.10; 95% CI 0.96-1.24). Fertility intentions among HIV-infected, and education among HIV-uninfected womenwere independent predictors of sex frequency.These data suggest that the association between EFP use and frequency of sex among women varies by HIV infection status. Service-delivery of diverse EFP methods should be integrated within HIV counseling, testing and treatment facilities.

J Nagamala et al., Health Science Journal 12 (3), (2018) conducted a quasi experimental study to assess the knowledge, practice and attitude on Temporary and Permanent contraceptive methods among primi and multi mother in Alandurai and Rathinapuri areas in Coimbatore. 150 primi and 150 multi mother were selected by non-probability convenient sampling technique was used to assess the knowledge, practice and Attitude by structure questionnaire and reassess the knowledge, practice and attitude .There was a significant association between pretest level of KPA and demographic variables such as age, occupation, duration of marriage, nature of contraception, education. Results showed poor contraceptive knowledge among mothers. Various contraceptives methods of knowledge should be provided to all the mothers.

Neethu George et al., International Journal Of Community Medicine And Public Health 5 (5), 2048-2052, (2018) conducted a cross sectional study on the unmet needs for family planning and its associated factors among ever married women in selected villages of Anekal taluk, Karnataka.A structured interview schedule consisting of questions about unmet needs for family planning and its determinants was administered to 133 ever married women.They found that the prevalence of unmet needs for family planning was 11.3%. Younger age (18-24 years),< 5 years active years of married life, women having a single live child and who were a sole decision maker had higher unmet needs for family planning.The unmet need for family planning was found to be 11.3% which is more than the state value of 8.8%(rural Karnataka NFHS 4). So there is a need to create awareness regarding contraceptive methods.

Ram Bilakshan Sah et al., International Journal of Innovative Research in Medical Science 3 (04), 1958 to 1965-1958 to 1965, (2018) conducted a cross sectional study on

knowledge, Attitude and Practice of Family Planning among Married Women in the Rangeli Municipality of Morang District, Nepal. It was conducted during one year (January\2014–December\2014). A total of 400 women of child bearing age were interviewed . The mean±SD of age was 30.7+ 7.2 years. The majority of women (87.0%) heard and had knowledge about family planning, while (13.0%) said did not know anything about family planning. One hundred and sixty women (40.0%) practiced family planning, while 240 women (60.0%) did not.The present study concludes that a significant proportion of respondents have good knowledge about family planning. But low practice of contraception and compliance is low.

Unnop jaisamrarn et al., (2018) conducted a study on a comparison of combined oral contraceptives containing chlormadinone acetate versus drospirenone for the treatment of acne and dysmenorrhea on a randomized group of Women aged between 18 and 45 years.A total of 180 women were randomized into the study and each group had 90 women .EE/CMA at the dosage of 30 mcg/2 mg once daily (OD) or EE/DRSP at the dosage of 30 mcg/3 mg OD. The subjects were evaluated after 1, 3, and 6 months of treatment. At Month 6, there was a significantly greater reduction of total acne lesion in the EE/CMA group than EE/DRSP (72.2% vs 64.5%; p = 0.009). The absence of dysmenorrhea pain was more frequently found in the EE/CMA group than EE/DRSP (47.2% vs 27.3%, respectively).EE/CMA is more effective for the treatment of acne and dysmenorrhea.

Mark Kwame Ananga et al., (2017) conducted a descriptive cross-sectional survey to assess Knowledge, acceptance and utilisation of the female condom among women of reproductive age(between15 and 49 year) in Ghana.Number of samples were 380.A self-administered structured questionnaire was used.There is low level of FC use among the women as less than half (48.4%) of the sample were aware of the FC, 21.1, 21.8 and 11.1% of the sample reported friends, media and a public lecture as their sources of knowledge and there is a low level of FC acceptance, utilisation and limited access to the FC from nearby shops/pharmacies (1.8%) and health centres (7.4%).There is the need for increased public education on the FC and its benefits to women in preventing unwanted pregnancies and sexually transmitted diseases.[2]

Ahmed Zohirul Islam et al., (2016) conducted a study on prevalence and Determinants of Contraceptive use among Employed and Unemployed Women in Bangladesh.Number of samples were 16,616 married women. The results revealed that the contraceptive use was found higher among employed women (67%) than that of unemployed women. Women's age, education, region, number of living children, and child preference were found to be significantly associated with current use of contraception among employed

women. On the other hand, women's age, education, husband's education, region, residence, religion, number of living children, ever heard about family planning, and child preference were identified as the significant predictors of contraceptive use among unemployed women.

Cathy Carlson et al., (2016) conducted a study on the Impact of Personal Characteristics on Contraceptive Choices and Use Over 5 years (2009 and 2014). They selected 268 random records. There was a significant relationship between the choice of a LARC and having used one in the past. Personal characteristics influencing LARC birth control choice included White, Hispanic females, those with a history of a teen pregnancy, those who experienced any previous pregnancy or live birth, and those below the poverty level. The findings indicate the importance of educating clients on LARC options. To foster initial use of a LARC, an application, based on the findings of this study, has been developed that provides individualized choices and education on contraceptive methods including LARCs.

Henry Nsubuga et al., (2016) conducted a cross-sectional survey on Contraceptive use, knowledge, attitude, perceptions and sexual behavior among female University students in Uganda. Users of any contraceptive method in the past 12 months were coded as '1' and none users as '0'. Knowledge of any contraceptives was almost universal but only 22.1% knew about FC.Perceived acceptability of contraceptive use at the university (9%) or being beneficial to male partners too (97.8%) were high. Nearly 70% had ever engaged in sexual intercourse and 62.1% reported sexual intercourse in the past 12 months.Overall,46.6% reported current contraceptive use, with male condoms (34.5%) being the commonest methods. Overall, 9% reported ever being pregnant, 2% were pregnant at the time of the survey. About 40% of ever pregnant respondents reported ever trying to terminate the pregnancy.

Adeyemi A et al., (2015) Conducted a descriptive cross-sectional study to assess Contraceptive prevalence and determinants among women of reproductive age group in Ogbomoso, Oyo State, Nigeria.Number of samples were 560.49.7% (271) had ever used any method, while 25.4% (69) of the number who had ever used contraception were currently using a method.The methods being used were the traditional type (4 [5.9%]), natural type (2 [3.0%]), and modern type (63 [91.1%]).The married women were approximately 4 times more likely to use contraception than the single women. The

women with tertiary level of education were 3 times more likely to use contraception than those without formal education).There needs to be a conscious effort, especially among health care workers, to educate women about contraception use.

Diwakar Yadav et al., (2015) conducted a study to asses the Impact of Family Planning advice on Unmet Need and Contraceptive Use among Currently Married Women (15–44) in Uttar Pradesh, India. Number of samples were 76,147. Findings show that the utilization of MH services [Antenatal care (ANC), institutional delivery, Postnatal care (PNC)] and FP advice during ANC and PNC has led to increase in current use of contraception by 3.7% (p<.01), 7.3% (p<.01) and 6.8% (p<.01), respectively. However, a greater utilization of these services has not translated into a reduction of unmet need for contraception at a similar manner.MH service utilization including FP advice is more effective in increasing current use of spacing methods as compared to limiting methods.

Mia Lindeberg et al., (2015) conducted a Nationwide Survey on use of Contraception and Attitudes towards Contraceptive Use in Swedish Women between 16 and 49 years.The survey contained 22 questions with free text and multi choice answers. A total of 1001 women participated in the survey. Of all women 72.1% currently used contraception whereas 26.8% women did not. Long acting reversible contraception, (LARC; implant and intra uterine contraception) was used by 24.3% of women. The unmet need of contraception in Sweden was estimated at 8.9%. A total of 78% women had never experienced an unintended pregnancy whereas 22% women had had at least one unintended pregnancy. Users and non-users alike stated that one of the most important characteristics of a contraceptive method is its effectiveness.

Sandra Mary Loehner (2014) conducted a non-experimental descriptive study to identify the early removal rate of Long-Acting Reversible Contraceptive (LARC) methods and factors associated with early removal .Total samples were 96, ages 15-47years. samples were according to same-day insertion versus non-same-day insertion.70% subjects with early removal had their LARC method inserted under a same-day protocol. The overall early removal rate for all LARC methods was 5%. Implant was the method most commonly removed followed by the levonorgesterel intrauterine system (IUS). Pain and bleeding were the most common reasons for removal. OCPs were the most commonly selected birth control method after removal of the LARC. However this study support for a same-day initiation protocol.

Vikas Choudhary et al., (2014) conducted a pre experimental study on effectiveness of Structural Teaching Programme on Knowledge Regarding the Contraceptive method among the Eligible Couples. The sample consisted of 60 eligible couples. The study Findings revealed that knowledge gained through STP was good, as it was evidnt with pre-test and post-test mean knowledge score of eligible couples in control and experimental group, the pre-test and post-test mean knowledge score of control group (25.42, 24.02) was not statistically significant, whereas the pre-test and post-test mean knowledge score of experimental group (23.18, 36.54) was highly significant at $p< 0.001$ concluded that there is significant difference in the understanding of eligible couples regarding contraceptive method by using a structured teaching programme

Sarah Johnson et al., licensee BioMed Central Ltd. (2013) conducted a Quantitative survey to assess Current methods and attitudes of women aged 25–44 years towards contraception in Europe and America. Number of samples were 2544.They found that awareness for the contraceptive pill (awareness >98%, usage varied from 35% [Spain] to 63% [Germany]); and male condom (awareness >95%, usage varied from 20% [Germany] to 47% [Spain]). Women aged 25–44 are aware of a wide variety of contraceptive methods, but knowledge and usage of the contraceptive pill and condoms predominates. Changing contraception method is frequent, occurring for a variety of reasons, including change in life circumstances and, for pill users, concerns about side effects.[1]

Katrina Heisler et al., (2012) conducted a descriptive study on undergraduate regarding contraceptive attitudes among students at the University of New Hampshire. Contraceptive Attitude Scale (CAS) was used in the study . The researchers utilized an online survey system to distribute surveys electronically. Most students had a positive attitude regarding contraception. Nurses at college health facilities can focus on educating the college population since their age group is likely to engage in risky behavior.

Soheila Ehsanpour et al., (2010) conducted a descriptive comparative study on attitude of contraceptive methods users towards common contraceptive methods.Number of samples were 378.The samples were selected through systemic random sampling.Mean score of attitude regarding different contraceptive methods in the group who were users of the same method was above the users of all the methods; however, total attitude score toward the contraceptive methods was approximately similar to each other in all the groups and there was no significant difference among the different groups.The findings of this study showed that attitude is an important factor in choosing the contraceptive

methods; therefore, this issue should to be taken into account by the family planning planners and consultants.

SUMMARY

In this chapter we dealt with review of literature on a study to assess the effectiveness of planned teaching plan on attitude and knowledge regarding contraceptive methods among reproductive age women done in previous years (2008-2018).

RESEARCH METHODOLOGY

CHAPTER - 3

METHODOLOGY

Introduction:-

Research approach and research design are two terms that are frequent used interchangable , however, research design is a broader plan at conduct a study ,and research approach is an important element of the research design ,which governs it.

A research design is the framework or guide used for the planning, implementation and analysis of a study. It is a systematic plan of what is to be done ,how it will be done,and how the data will be analysed . Research design basically provides an outline on how to research will be carried out and the methods that will be used . It includes the description of the research approachs ,dependent and independent variables ,sampling design ,and a planned format for data collection ,analysis ,and the presentations.

Definition :

- Research design is the master plan specifying the methods and procedures for collecting and analysis the needed information in a research study .

- Research design can be defined as a blueprint to conduct a research study ,which involves the description of the research approach,study setting,sampling size,sampling technique ,tools and methods of data collection and analysis to answer specific research questions or for testing research hypotheses.

- Research design is a plan of how, when , where data are to be collected and analysed .

This chapter deals with methodology adopted for the study. The study aims at assessment of knowledge and attitide of reproductive age womens regarding Contraceptive methods. The study was limited to the reproductive age womens age between 18-35 years. This chapter includes research design , research approach, variables under study, setting of study, sample and sampling technique, data collection technique, selection and development of tools, content validity of questionnaire, pilot study and data collection technique.

SIGNIFICANCE OF THE STUDY

The study helps to estimate the level of knowledge and attitude regarding contraceptive methods among reproductive age womens and become aware after the administration of planned teaching program.

SOURCE OF DATA

The data will be collected from the reproductive age women's of selected rural area of dankaur, Greater Noida UP.

RESEARCH APPROACH

The approach selected for the study is descriptive survey approach.

RESEARCH DESIGN

Descriptive research design is adopted for the present study.

SETTING OF THE STUDY

This study was conducted among reproductive age womens regarding Contraceptive methods of selected rural area of dankaur, Greater Noida up. The criteria for selecting the setting were availability of the subjects, easy access to population, and familiarity of the investigator with the setting cooperation from the authority and feasibility of conducting the study on setting.

VARIABLES

Independent Variables:- planned teaching program on knowledge and attitude regarding Contraceptive methods.

Dependent Variables:- knowledge and Attitude of the reproductive age womens.

SAMPLE

The present study comprise of reproductive age womens of selected rural area of dankaur, Greater Noida up, Who fulfill its inclusion and exclusion criteria.

SAMPLE SIZE

30 Reproductive age womens of selected rural area of dankaur up.

POPULATION

In the present study the population is Reproductive age womens who are having age between 18-35 years.

SAMPLING TECHNIQUE

Convenient sampling technique used for the present study.

SAMPLING CRITERIA

The study sample was selected keeping the following pre-determined criteria.

1 INCLUSION CRITERIA

- Reproductive age womens who are present at the time of study.

- Reproductive aged women who are willing to participate.

- Reproductive aged women who can literate or can understand hindi and English.

2 EXCLUSION CRITERIA:-

- Reproductive age womens who are not willing to participate in the study,

- Reproductive age womens who are absent at the time of study.

- Women who are widow, divorced, attained menopause .

TOOLS OF DATA COLLECTION

Questionnaire method was considered most practicable and suitable technique for gathering relevant data. Therefore a structured questionnaire was developed for the present study.

Tools of data collection consist of 3 parts
Part A: consist of Demographic data.

Part B: Contains of questionare related to knowledge regarding Contraceptive methods.

Part C: contains attitude scale regarding Contraceptive methods.

DATA COLLECTION TECHNIQUE

Level-1;- Pre-test knowledge of reproductive age womens will be assessed using structured questionare.

Level-2;-Planned teaching program is administered to improve the knowledge and attitude regarding Contraceptive methods.

Level-3;-After a week of planned teaching program post test will be conducted to evaluate the the effectiveness of planned teaching program.

SELECTION AND DEVELOPMENT OF THE TOOL

A structured questionnaire was planned. An intensive review of research literature was performed for developing appropriate tool for the present study . A literature search provides direction for the study. The literature may reveal information that may be wholly or partially incorrect. Based on the objectives of the study the questionnaire included background data of the subject and knowledge assessment of reproductive age womens regarding Contraceptive methods. Objective type test items of multiple choice, yes / no questionnaire were prepared. The tools thus developed helped in collecting data in a short period of time. It helped in drawing frank and free answer from the sample and collecting data more objectively. It was not very expensive and offered grater anonymity to subjects.

DESCRIPTION OF TOOLS

The questionnaire used in the present study consists of two parts:

Part 1: Demographic data of the subjects.

Part 2: Knowledge assessments questionnaire about Contraceptive methods.

Part 3: Attitude scale on Contraceptive methods .

PART 1: DEMOGRAPHIC DATA : The part consists of items for obtaining information regarding the background variables, age , residence , mode of health information, language spoken at home , religion ,highest degree of education, occupation , income of family , age at marriage , type of family , no. Of childrens. The questionare consist of eleven multiple type questions.

PART 2: KNOWLEDGE ASSESSMENT QUESTIONAIRE : The part consists of 20 multiple choice and yes/no type of questions. Some questions had more than 1 component.

PART 3: CONTRACEPTIVE ATTITUDE SCALE : The part consist of 20 statements on level of agreement or disagreement with the statements. Minimum score was 1 and Maximum score was 5.

CONTENT VALIDITY

According to smith (1991),"validation is defined as the degree to which the researcher has measured what he has set out of measure." OR validation is a ability of the instrument to measure what it is designed to measure. Content validating refers to adequacy of sampling of domain being studied. In order to measure the content validity questionnaire were given to four experts . The experts were chosen on the basis of experience and interest in the problem area, a letter requesting validation of tool was included. The experts were requested to judge the items for their clarity, relevance content and measuring. The questionnaire was slightly modified on the basis of suggestion from the experts by deleting

inappropriate items from questionnaire and adding more practical on sampling question related to Contraceptive methods.

PILOT STUDY

The pilot study was done on 13 dec ,2018 with 5 respondents from reproductive age womens of selected rural area of dankaur, Greater noida UP to assess the effectiveness of criterion measure pretest the tool to find out feasibility of the tool, to conduct the study, to obtain information regarding needed improvement of the tool and to decide about the statistical analysis. The time taken to complete the questionnaire was 60 min. The tool was formed feasible to conduct the study. It gave effective information needed for the study. The questionnaire was found to be reliable, valid, and practicable. The questions were re analyzed whether each question was difficult or discriminatory; the language used in the test items was found to be appropriate and clear. The question was finalized for the main project and arrangements were made for data collection.

PLAN AND PROCEDURE FOR DATA COLLECTION

The data planned to be collected from reproductive age womens of selected area of dankaur, Greater noida UP. The data collection was done on 17 dec ,2018. Each investigator collected data from reproductive age womens of selected area of dankaur, Greater noida UP as planned. The purpose of study was explained and confidentiality was ensured, no significant problems were faced during the data collection.

PLAN FOR DATA ANALYSIS

Data analysis refers to the evaluation of the activities development of instrument. Sample characteristic were described by frequency and percentage. The data planned to be analyzed by descriptive inferential, statistical methods.

DESCRIPTIVE STATISTICAL METHOD :-

It includes mean, median , mode , standard deviation and percentage

1. Percentage table of background data

2. Frequency distribution and knowledge scored

3. Mean, median , mode, and standard deviation of knowledge and attitide score regarding Contraceptive methods.

INFERENTIAL STATISTICAL METHODS :-

Correlation of knowledge and attitide which selected variables of subjects chi square value is computed to determine the relationship of knowledge score related to age, sex, educational status , economic status , residing area

ETHICAL CONSIDERATION

The study subjects were explained about the purpose of the study. Their consent was taken for data collection assuring that the information thus gathered would be kept confidential.

PROJECTED OUTCOME

The findings of the study will help to Reproductive age womens to know about Contraceptive methods.

SUMMARY

This chapter dealt with the methodology adopted for research approach, the sample and sampling technique, data collection , selection and development of tool, description of tool content validity , pilot study and procedure for data collection and plan for data analysis.

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

Design
↓
Descriptive research design
↓
Target population
↓
Reproductive age womens (18- 35 yrs)
↓
Accessible population

↓

Reproductive age women of Dankaur village Greater Noida

↓

Setting

↓

Dankaur Greater Noida

↓

Non probability conveninent sampling

↓

Study sample

↓

30 reproductive age women of rural area of Dankaur Greater Noida

↓

Methods of data collection

↓

Structured knowledge questionare and 5 points of attitude scale

↓

Dependent and independent variables

↓

Research variable

↓

Data analysis

↓

Descriptive analysis frequency ,percentage , mean percentage, S.D

↓

Findings   →   Report writing

CHAPTER-4

ANALYSIS AND INTERPRETATION OF THE DATA

This chapter deals with the analysis and interpretation of the data , collected from 30 womens from dankur village to assess the knowledge and attitude regarding contraceptive methods.

Presentation of data

The analysis of the data is organized and presented under the following section :

Section A – assessment of demographic data

Section B – assessment of attitude regarding contraceptive methods.

Section C– assessment of knowledge regarding contraceptive methods.

Table : 1
Distribution of rural reproductive women age (18-35) under study

(N =30)

AGE	FREQUENCY	MEAN PERCENTAGE
18 -23	2	6.6
24-29	8	26.6
30 -35	20	66.6

Table -2
Distribution
of language
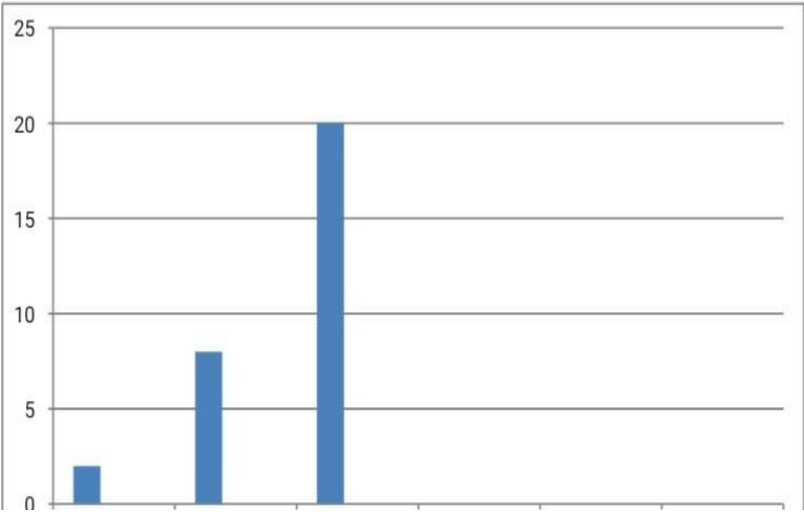
among rural reproductive women.

LANGUAGE	FREQUENCY	MEAN PERCENTAGE
HINDI	30	100
ENGLISH	0	0

Table – 3

Distribution of religion of rural reproductive women under study
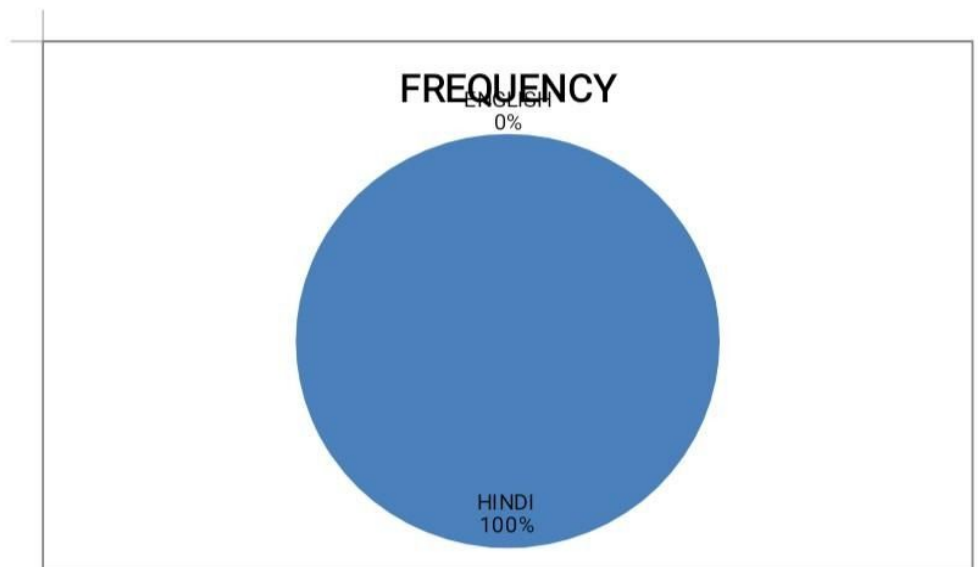
RELIGION	FREQUENCY	MEAN PERCENTAGE
HINDU	30	100
MUSLIM	0	0

Table -4

Description of educational status among rural reproductive women under study

EDUCATIONAL STATUS	FREQUENCY	MEAN PERCENTAGE
A-No formal education	3	10
B-Primary	5	16.6
C-Intermediate	8	26.6
D-High school		
E- Degree		

FREQUENCY

MUSLIM
0%

HINDU
100%
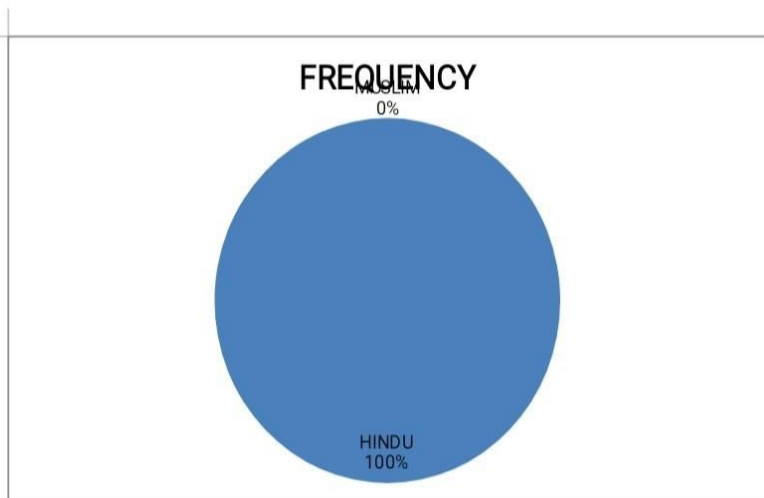
Table -5

Distribution of occupation among rural reproductive women under study.

OCCUPATION	FREQUENCY	MEAN PERCENTAGE
A-Housewife	21	70
B-Job	9	30

Table-6
Distribution of income among rural reproductive women among study.

INCOME
A-< 50,000

FREQUENCY

JOB
30%

HOUSEWIFE
70%
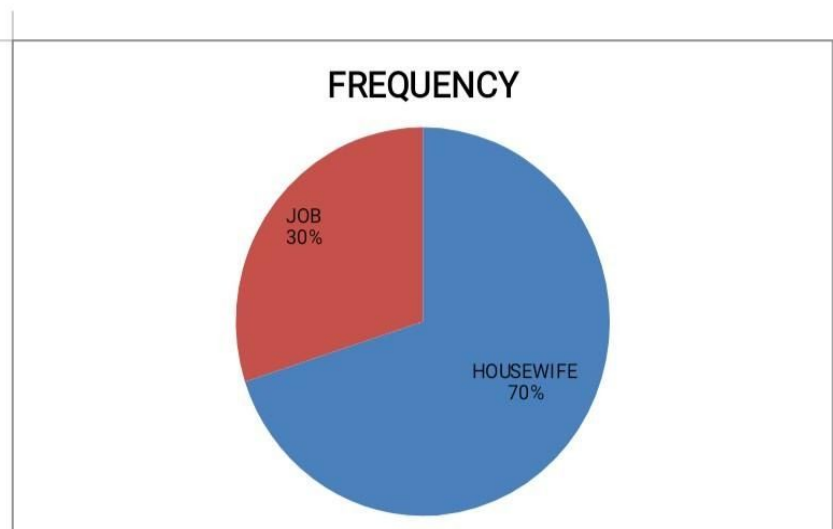
B- 50,000- 1 lakh	11	36.6
C-> 1 lakh	9	30

Table -7
Distribution of age at the time of marriage among rural reproductive women under study.

AGE AT THE TIME OF MARRIAGE	FREQUENCY	MEAN PERCENTAGE
< 15 YEARS	1	3.3
16-19 YEARS		
C-> 20 YEARS		
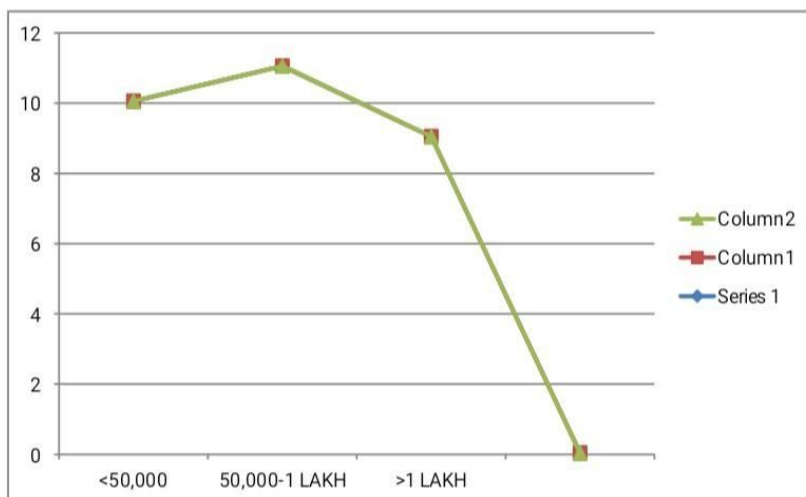
Table -8

Distribution of family type among rural reproductive women under study.

FAMILY TYPE	FREQUENCY	MEAN PERCENTAGE
Nuclear	14	46.6
Joint	16	53.3

FREQUENCY

NUCLEAR
47%

JOINT
53%
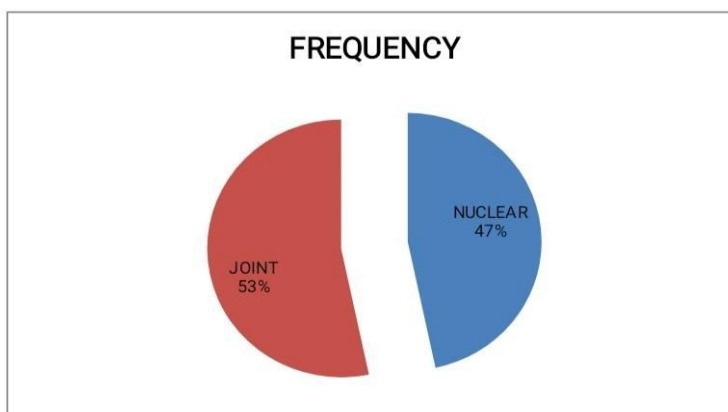
Table -9

Distribution of number of children among rural reproductive women under study.

NO. of children	Frequency	Mean percentage
1	8	26.6
2	14	46.6
3	7	23.3
>3	1	3.3

Table-10
Mean, Median ,and standard deviation of knowledge of womens regarding contraceptive methods .

NO. OF SUBJECTS	MEAN	MEDIAN	STANDARD DEVIATION
30	10.5	10	2.22

FREQUENCY
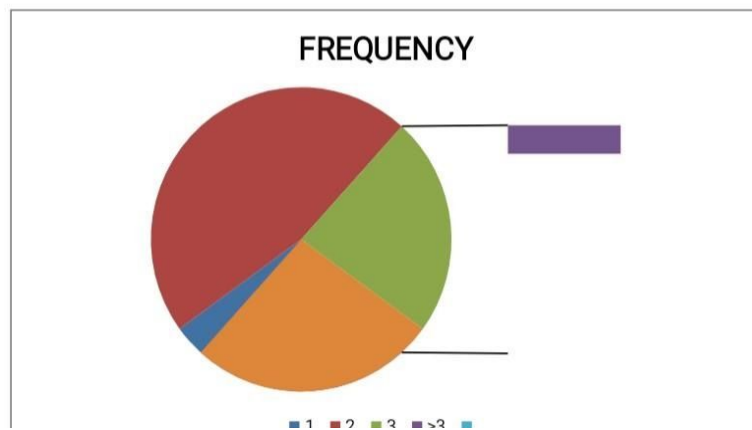
Table -11
Mean, median ,and standard deviation of attitude of womens regarding contraceptive methods.

NO. OF SUBJECTS	MEAN	MEDIAN	STANDARD DEVIATION
30	44.53	41.5	9.62
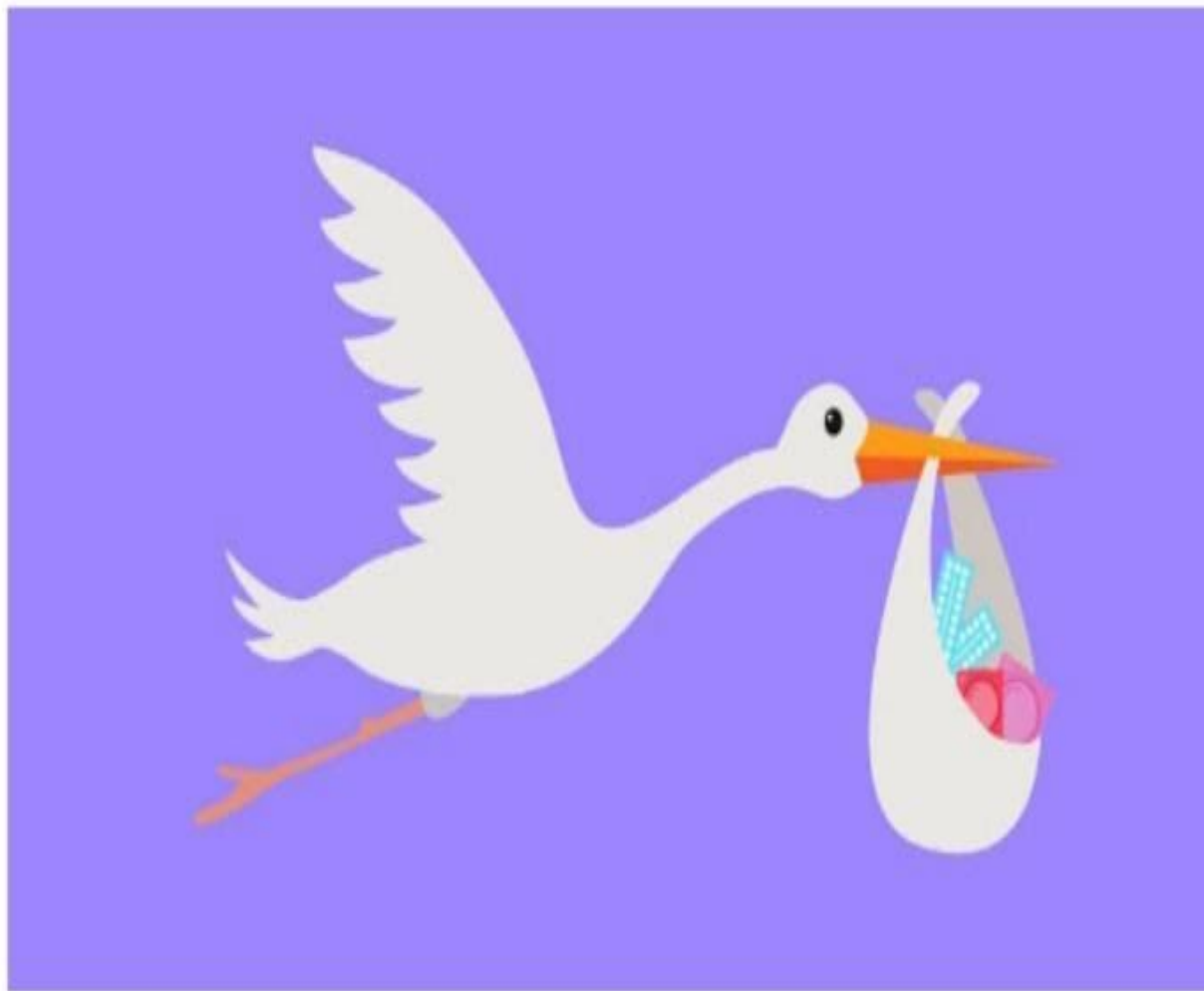
SUMMARY & CONCLUSIO

CHAPTER- 5

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATION & LIMITATIONS

This chapter is divided into five aspects:
- Summary
- Conclusion
- Implications
- Recommendation
- Limitation

Summary of the study:

A descriptive study was done to assess the effectiveness of planned teaching plan on knowledge and attitude regarding contraceptive methods among reproductive age women (18-35years) in selected rural area of dankaur, Greater Noida UP".

The research design used for the study was descriptive research design. The research approach used for the study was descriptive survey approach .The study was conducted at dankaur village.

A sample of 30 women's , who met inclusion criteria were selected. convenient sampling technique was used for sampling .

The tool used to assess the effectiveness of planned teaching plan on knowledge and attitude regarding contraceptive methods among reproductive age women (18-35years) in selected rural area of dankaur, Greater Noida UP".

PART- I: Demographic variables.

PART-ll: Knowledge questionnaire.

PART-lll: Attitude questionnaire.

The major findings of the study are summarized as follow:

Distribution of women's according to the age group depicts that the highest percentage 67% of women's were in the age group of 30-35 years where as 23% were in the age group of 24-29 years and 10% of women's were in age group of 18-22 years .

Distribution of women's according to the educational status depicts that only 20% women's were highly educated.

Distribution of women's according to occupation depicts that around 30% were doing job and 70% were housewife.

Distribution of women's according to income depicts that 36.6% were having 50,000-1lakh income ,33.3% were having less than 50,000 income and 30% were having more than 1lakh income .

Distribution of womens according to age at the time of marriage depicts that 70% were married more than 20years of age , 30% were at 16-20years.

Distribution of womens according to family type depicts that 46.6% were living in a nuclear family and 53.4% were living in a joint family .

Distribution of womens according to no. Of children depicts that 46.6% were having 2 children, 26.6% were having Only 1 child ,23.3% were having 3 children.

Mean of the knowledge of women's regarding contraceptive methods is 10.5, median is 10 and standard deviation is 2.22.

Mean of the attitude of women's regarding contraceptive methods is 44.53, median is 41.5 and standard deviation is 9.62.

Correlation between knowledge and attitude is o.oo483.

Conclusion:
Based on finding the following conclusion was drawn:The existing knowledge of the women's of contraceptive methods was inadequate and moderately adequate .This was significantly effective to improve the knowledge and attitude level of women's regarding contraceptive methods .

Implications of nursing

Nursing services
☙ Nurses can conduct periodic teaching programme on contraceptive methods to improve knowledge.
☙ Nurses actively participates in the hospital and Nursing Institution to provide direct and indirect care.

Nurses play a vital role in imparting family welfare services.**Nursing education:**☙

The study emphasis the need of educating the women's to update their knowledge.
☙ Nursing student can use health education for giving knowledge to the village.

Nursing research:

☙ Findings of the study help to expand the body of knowledge upon which further research can be conducted.
☙ The study will be a valuable reference material for further researchers.

Nursing administration:

☙ Nurses as an administrator should periodically organize formal training programme for women's of dankaur Gr.noida.
☙ Nurses as an administrator formulate appropriate networking to facilitate implementation of the programme.
☙ Nurses as an administrator should make a suitable programme to educate the Women's regarding contraceptive methods.

Recommendations:

The investigator recommends the following studies in the field of nursing research:
☙ The study can be replicated on a larger samples for better generalization.
☙ The study can be replicated in different settings.
☙ A descriptive study

BIBLIOGRAPHY

BIBILOGRAPHY

- Basavanthappa BT,community health nursing,1st edition 1998,jaypee brothers,Delhi,pge no- 319-321.

- Park k. ,essentials of community health nursing,4th edition,2004,m/s banarasi das bhanot publishers,Jabalpur page no- 225-226

- Kumari Neelam,essentials of community health nursing 1st edition ,2011, PV books,Jalandhar,page no- 225-227

- Swarnkar K. community health nursing,2nd edition 2008,N.R. brothers,indore,page no- 639-642

- http//www.nursing world.org

- http//www.ehow.com

- www.nursing council.org.in

- http//www.netdoctor.co.uk/sex relationship/facts/condoms.htm

- **Neethu George et al.,** International Journal Of Community Medicine And Public Health 5 (5), 2048-2052, (2018)

- **Ambrine Ashraf et al.,** PARIPEX - INDIAN JOURNAL OF RESEARCH Volume-7 | Issue-2 | February-2018 | ISSN - 2250-1991 | IF : 6.761 | IC Value : 86.18

- **Suresh k Sharma** nursing research and statistics, Elsevier publication, II edition, page no. 101)

- **Suresh k Sharma {2005}** nursing research and statistics, Elsevier publication, II edition, page no. 102)

- https://www.google.co.in/url?q=https://www.lib.uwo.ca/tutorials/typesofliterature reviews/index.html&sa=U&ved=2ahUKEwjakd2DsK_dAhWKXisKHfB3Dz8QF jALegQIAhAB&usg=AOvVa0OgtN9uEZx25nxD64Jiuu_

- **Anila Tresa Alukal et al.,** International Journal of Reproduction, Contraception, Obstetrics and Gynecology 7 (4), 1501-1504, (2018)

- **Dilip Chandrasekhar et al.,** Journal of Young Pharmacists 10 (1), (2018)

- **D Tejaswini et al.,** International Journal of Reproduction, Contraception, Obstetrics and Gynecology 7 (4), 1431-1434, (2018)

- **J Nagamala et al.,** Health Science Journal 12 (3), (2018)

- **Neethu George et al.,** International Journal Of Community Medicine And Public Health 5 (5), 2048-2052, (2018)

- **Ram Bilakshan Sah et al.,** International Journal of Innovative Research in Medical Science 3 (04), 1958 to 1965-1958 to 1965, (2018)

- **Sarah Johnson et al.,** licensee BioMed Central Ltd. (2013)

From

ADMISSION NO.   **GROUP MEMBERS**

APPENDICES

15GSON101026   **MANISHA**

15GSON101003   **RAHUL**

15GSON101001   **RATINDER**

15GSON101011   **SADHANA**

15GSON101019   **SHIVANI**

15GSON101020   **SWATI**

B.Sc NURSING 4TH YEAR

GALGOTIAS UNIVERSITY, GREATER NOIDA ,UP

TO

……………………………………………………………………………………............

....

<u>Subject</u> - Letter requesting experts opinion for validating on knowledge assessment of medical students of Galgotias University.

<u>OBJECTIVES</u>

- A study to assess the knowledge regarding contraceptive methods among reproductive age womens.

- To assess attitude regarding contraceptive methods among reproductive age group womens.

- To find correlation between knowledge and attitude.

- To determine association between knowledge and selected demographic variables.

Respected ma'am/sir.

We are a group of B.sc nursing 4th year students have selected the following topic for research study. we have developed a questionnaire for the above said topic. Here with are enclosing a copy of subject sheet and we are requesting you to kindly go through the content of the subject data and given your valuable suggestions.

Thanking you

Contraception: A questionare on knowledge and attitude regarding Contraceptive methods of selected rural area of dankaur up.

Dear respondents,

Your response to this questionnaire will be kept confidential, so feel free to answer the question asked. Information gathered will be used only for the research purpose us with our survey!

Part A - <u>DEMOGRAPHIC DATA</u>

1. Age group:
a. 18 - 23 years
b. 24 -29 years
c. 30 - 35 years

2. Language spoken at home (multiple answers possible):
a. Hindi
b. English

3. Religion:
a. Hindu
b. Muslim

4. Highest degree of education:
a. No formal education
b. Primary
c.High school
d. Intermediate

5. Occupation:
a. Housewife
b. Job

6. Income of family:
a. Less than Rs. 50,000
b. 50,000 to 1 lakh
c. 1 lakh and above

7. Age at Marriage:
a. Less than 15years
b. 16 to 19 years
c. 20 years and above

8. Type of family:
a. Nuclear
b. Joint

9. How many children do you have:
a. One
b. Two
c. Three
d. Four and more

PART B - <u>KNOWLEDGE</u>

1. What do you understand by Contraceptive methods?

a. Contraceptive methods are vasectomy and tubectomy

b. Contraceptive Methods used to prevent pregnancy

c. Contraceptive methods are used by females

2. Minimum spacing between birth?

a. 1

b. 2

c. 3

3. What is your primary method of contraception?

a. Male condoms

b. Female condoms

c. Oral contraceptives (birth control pills)

d. IUD (Intrauterine device)

e. Birth control patch f. Vaginal ring

g. Spermicides

h. Diaphragm

i. Withdrawal method Abstinence

4. What is your primary reason for using contraception?

a. Pregnancy prevention

b. STD prevention

c. Other

5. What is the advantage of male condom over other forms of birth control methods ?

a. Least chance of failure

b. Best protection against STDs

c. Cheapest to use

d. All of the above

6. How long is the vaginal ring left in place?

a. 1 week

b. 2 weeks

c. 3 weeks

d. 3 months

7. How many pills can a woman forget in the middle of her pill cycle, since that is supposed to be the most risky period?

a. at the beginning or the end of the pill strip is much more risky,

b. no risk

c. sometime

d. A and B

8. Birth control pills can have which of the following ingredients.

a. Testosterone

b. Estrogen

c. Magnesium

d. Calcium

9. The side effects of Oral contraceptive pill?

a. Affecting fertility

b. Affecting the regularity of the menstrual cycle

c. Risk of weight gain

d. Nausea/vomit

e. All the above

10. The pill prevents unintended pregnancy:

a. true

b. false

11. The pill makes you fat:

a. true

b. False

12. The pill protects against STI (sexually transmitted infections):

a. true

b. false

13. Which methods can used for emergency contraception？

a. levonorgestrel tablets

b. mifepristone

c. Intrauterine device

d. Vaginal douching

e. Don't know at all

14. Emergency contraceptives are effective if administered within following period after unprotected coitus ?

a. 24 hours

b. 48 hours

c. 72 hours

d. 120 hours

15. In which of the following cases would emergency contraception be indicated?

a. a women with slight vaginal spotting post coitus

b. a woman who had unintended intercourse

c. a women trying for her 3rd pregnancy

d. a woman who is currently on depo provera

16. Whether emergency contraception can substitute for regular contraception？

a. yes

b. no

c. Don't know

17. Which type of intrauterine device (IUD) is available?

a. Copper

b. Titanium

c. Hormonal

d. A and C

e. All of the above

18. Which birth control method is not easily noticed by a partner?

a.the IUD(intrauterine device)

b.the vaginal ring

c.male condom

d.female condom

19. A doctor places an IUD (intrauterine device) in what part of the body.

a.fallopian tube

b.Uterus

c.Cervix

d.Vagina

20. A doctor places the birth control implant (Nexplanon) in what part of the body?

a. thigh

b. vagina

c. arm

d. buttock

21. which of these methods of sterilization is permanent?

a. Tubal sterilization

b. Vasectomy

c. A and B

d. None of the above

22. The most common technique of female sterilization is

a. hysterectomy**.**

b. minilaparotomy.

c.culpotomy.

d. tubal ligation.

e. Laparoscopy

23. How long can sperm stay alive in a women's body ?

a. 1-3 h

b. 24 h

c. 3-5 days

d. 7-10 days

24. Which one of the following is the ideal contraceptive for a patient with heart disease ?

a. IUCD

b. Depoprovera

c. Diaphragm

d. Oral contraceptive

Part - C

CONTRACEPTIVE ATTITUDE SCALE

Below are several statements about the use of contraceptives (birth control). We are interested in knowing your opinion about each statement. Using the scale below, please indicate your level of agreement or disagreement with each statement. Keep in mind that there are no right or wrong answers. Also remember that we are interested in your personal opinion. Therefore, we want to know how you feel about these statements and not how you think your family or friends might feel about these statements.   5 = Strongly agree;   4 = Agree;   3 = Undecided;   2 = Disagree;   1 = Strongly disagree .
Minimum score is 1and maximum score

s.no.	Content	Rating scale				
		5 strongly Agree	4 Agree	3 Undecided	2 Disagree	1 Strongly disagree
1	I believe that it is wrong to use contraceptives					
2	Contraceptives reduce the sex drive.					
3	Using contraceptives is much more desirable than having an abortion					
4	Males who use contraceptives seem less masculine than males who do not					
5	. I encourage my friends to use Contraceptive					
6	Contraceptives are not really necessary unless a couple has engaged in intercourse more than once.					

7	. I do not believe that contraceptivesactually prevent pregnancy					
8	Using contraceptives is a way of showing that you care about your partner					
9	I do not talk about contraception with my family.					
10	5 I would feel embarrassed discussing contraception with my family members					
11	. Contraceptives are difficult to obtain					
12	. Contraceptives can actually make intercourse seem more pleasurable					
13	I feel that contraception is solely mypartner's responsibility					
14	I feel more relaxed during intercourseif a contraceptive method is used					
15	. I prefer to use contraceptives duringintercourse					

ANSWER KEY

1) b.Contraceptive Methods used to prevent pregnancy
2) c.3
3) a. Male condom
4) a. pregnancy control
5) b. prevents STD
6) c. 3 weeks
7) a. at the beginning or the end of the pill strip is much more risky
8) b. Oestrogen
9) e. All the above
10) a. True
11) a. True
12) b. False
13) c. IUDs
14) c. 72 hours
15) b. A woman who had unintended intercourse
16) b. No
17) d. A and C
18) a. IUDs
19) b. Uterus
20) c. Arms
21) c. A and B
22) d. Tubal ligation
23) d. 7-10 days
24) c. Diaphragm

प्रिय उत्तरदाताओं,

तुंहारे प्रतिक्रिया सेवा मेरे इस प्रश्नावली मर्जी होना रखा गोपनीय, इसलिए महसूस
मुक्त सेवा मेरे उत्तर   सवाल पूछा। जानकारी इकट्ठा मर्जी होना उपयोग किया गया
केवल के लिये   अनुसंधान उद्देश्य हमें साथ में हमारी सर्वेक्षण!

भाग ए - डेमोग्राफिक डेटा

1। आयु समूह :

ए।   1 8 - 2 3   वर्षों

ख।   2 4 - 2 9 वर्षों

सी। 30 - 3 5   वर्षों

2 । भाषा बोली जाने पर होम (एकाधिक जवाब मुमकिन):

ए। हिंदी

ख। अंग्रेज़ी

3 । धर्म:

ए। हिंदू

ख। मुसलमान

4 । उच्चतम हद का शिक्षा :

ए। नहीं औपचारिक शिक्षा

ख। मुख्य

सी। उच्च स्कूल

घ। मैं ntermediate

5 । व्यवसाय :

ए। गृहिणी

ख। काम

6 । आय का परिवार:

ए। 50,000 से कम रुपये

ख। 50,000 - 1 लाख

सी। 1 लाख तथा ऊपर

7 । आयु पर विवाह :

ए। 1-15 साल

ख। 16 -19 वर्ष

सी। 20 वर्ष तथा ऊपर

8 । परिवार का प्रकार

ए। एकल परिवार

ख। संयुक्त

9। परिवार में बच्चों की संख्या :

ए। एक

ख। दो

सी। तीन

घ। चार तथा अधिक

भाग बी - ज्ञान

1। क्या करना आप समझना द्वारा गर्भनिरोधक तरीकों?

ए। गर्भनिरोधक तरीकों कर रहे हैं vasectom वाई तथा महिला नसबंदी

बी । गर्भनिरोधक तरीके उपयोग किया गया सेवा मेरे रोकना गर्भावस्था

सी। Traceptive पर सी तरीकों कर रहे हैं उपयोग किया गया द्वारा महिलाओं

2। दो बच्चों के बीच अंतर ?

ए। 1

बी। 2

सी। 3

3 । क्या है   तुंहारे मुख्य   तरीका का गर्भनिरोधक?

ए।   पुरुष   कंडोम

ख।   महिला   कंडोम

सी।   मौखिक गर्भ निरोधकों   (जन्म नियंत्रण गोलियाँ)

घ।   आईयूडी (अंतर्गर्भाशयी   डिवाइस)

ई।   जन्म नियंत्रण पैच च। योनि अंगूठी

जी।   शुक्राणुनाशकों

एच।   डायाफ्राम

मैं। निकासी तरीका परहेज़

4। क्या है   तुंहारे मुख्य   कारण के लिये   का उपयोग करते हुए   गर्भनिरोधक?

ए।   गर्भावस्था   निवारण

ख।   एसटीडी निवारण

सी।   अन्य

5। क्या है फायदा का पुरुष कंडोम ऊपर अन्य रूपों का जन्म नियंत्रण तरीकों ?

ए । कम से कम मोका का असफलता

बी । श्रेष्ठ सुरक्षा विरुद्ध एसटीडी

सी । सबसे सस्ता सेवा मेरे उपयोग

डी । सब का ऊपर

6। किस तरह लंबा है योनि अंगूठी बाएं में जगह?

ए । 1 सप्ताह

बी । 2 सप्ताह

सी । 3 सप्ताह

घ। 3 महीने

7 । किस तरह अनेक गोलियाँ कर सकते हैं ए महिला भूल जाओ में मध्य का उसके गोली चक्र, जबसे उस है माना सेवा मेरे होना अधिकांश जोखिम भरा अवधि?

ए। पर शुरू या समाप्त का गोली पट्टी है बहुत अधिक जोखिम भरा,

ख। नहीं जोखिम

सी। कुछ समय

डी । ए तथा बी

8। जन्म नियंत्रण गोलियाँ कर सकते हैं है कौन कौन से का निम्नलिखित सामग्री।

ए । टेस्टोस्टेरोन

बी । एस्ट्रोजेन

सी । मैगनीशियम

डी । कैल्शियम

9। पक्ष प्रभाव का मौखिक गर्भनिरोधक गोली ?

ए। प्रभावित करने वाले उपजाऊपन

बी । प्रभावित करने वाले नियमितता का मासिक चक्र

सी। जोखिम का वजन लाभ

घ। मतली / उल्टी

ई। नहीं पक्ष प्रभाव

10। गोली रोकता है अनायास ही गर्भावस्था :

ए। सच

बी । असत्य

1 1। गोली बनाता है आप मोटी:

ए। सच

बी । असत्य

12 गोली सुरक्षा करता है विरुद्ध एसटीआई (यौन प्रेषित संक्रमण):

ए । सच

ख। असत्य

13। कौन कौन से तरीकों कर सकते हैं उपयोग किया गया के लिये आपातकालीन गर्भनिरोधक ?

ए। levonorgestrel गोलियाँ

ख। mifepristone

सी। अंतर्गर्भाशयी युक्ति

घ। योनि douching

ई। नहीं जानना पर सब

1 4। आपातकालीन गर्भ निरोधकों कर रहे हैं प्रभावी अगर प्रशासित अंदर निम्नलिखित अवधि बाद अरक्षित सहवास ?

ए। 24 घंटे

ख। 48 घंटे

सी। 72 घंटे

घ। 120 घंटे

1 5। में कौन कौन से का निम्नलिखित मामलों होगा आपातकालीन गर्भनिरोधक होना संकेत दिया?

ए। ए महिलाओं साथ में थोड़ा योनि खोलना पद सहवास

ख। ए महिला कौन था अनायास ही संभोग

सी। ए महिलाओं कोशिश कर रहे हैं के लिये उसके 3 गर्भावस्था

घ। ए महिला कौन है वर्तमान में पर डिपो प्रोवेरा

16। या आपातकालीन गर्भनिरोधक कर सकते हैं विकल्प के लिये नियमित गर्भनिरोधक ?

ए। हाँ

ख। नहीं

सी। नहीं जानना

17। कौन कौन से प्रकार का अंतर्गर्भाशयी युक्ति (आईयूडी) है उपलब्ध?

ए । तांबा

बी । टाइटेनियम

सी । हार्मोनल

डी । ए तथा सी

ई । सब का ऊपर

1 8। कौन कौन से जन्म नियंत्रण तरीका है नहीं आसानी से देखा द्वारा ए साथी?

एक व्याप्ति आईयूडी (अंतर्गर्भाशयी डिवाइस)

ख व्याप्ति योनि अंगूठी

सी। माले कंडोम

डी। मादा कंडोम

1 9। ए चिकित्सक स्थानों एक आईयूडी (अंतर्गर्भाशयी डिवाइस) में क्या अंश का तन।

एक .fallopian ट्यूब

बी। यूटरस

सी। सर्विक्स

डी। वाजिना

20। ए चिकित्सक स्थानों जन्म नियंत्रण प्रत्यारोपण (Nexplanon) में क्या अंश का तन?

ए । जांघ

ख। योनि

सी। बांह

घ। चूतड़

21 । कौन कौन से का इन तरीकों का बंध्याकरण है स्थायी?

ए । ट्यूबल बंध्याकरण

ख। पुरुष नसबंदी

सी। ए तथा बी

डी । कोई नहीं का ऊपर

22। अधिकांश सामान्य तकनीक का महिला बंध्याकरण है

ए। hysterectomy

ख। minilaparotomy

सी। culpotomy

घ। ट्यूबल बंधाव

ई। लेप्रोस्कोपी

23। किस तरह लंबा कर सकते हैं शुक्राणु रहना ज़िंदा में ए महिलाएं तन ?

ए । 1 - 3 ज

बी । 24 ज

सी । 3 - 5 दिन

डी । 7-10 दिन

24। कौन कौन से एक का निम्नलिखित है आदर्श गर्भनिरोधक के लिये ए मरीज साथ में दिल रोग ?

ए। IUCD

ख। Depoprovera

सी। डायाफ्राम

घ। मौखिक गर्भनिरोधक

गर्भनिरोधक दृष्टिकोण पैमाने

गर्भ निरोधकों (जन्म नियंत्रण) के उपयोग के बारे में कई बयान नीचे दिए गए हैं। हम प्रत्येक कथन के बारे में आपकी राय जानने में रुचि रखते हैं। नीचे दिए गए पैमाने का उपयोग करके, कृपया प्रत्येक कथन के साथ अपने समझौते या असहमति का स्तर इंगित करें। ध्यान रखें कि कोई सही या गलत जवाब नहीं है। यह भी याद रखें कि हम आपकी व्यक्तिगत राय में रूचि रखते हैं। इसलिए, हम जानना चाहते हैं कि आप इन बयानों के बारे में कैसा महसूस करते हैं और यह नहीं कि आप कैसे सोचते हैं कि आपके परिवार या दोस्तों को इन बयानों के बारे में कैसा महसूस हो सकता है। 5 = दृढ़ता से सहमत हैं; 4 = सहमत हैं; 3 = अनिश्चित; 2 = असहमत; 1 = दृढ़ता से असहमत। न्यूनतम स्कोर 1 और अधिकतम स्कोर है

सीरीयल नम्बर.	सामग्री	रेटिंग स्केल				
		5 दृढ़तापूर्वक सहमत	4 सहमत	3 दुविधा में पड़ा हुआ	2 असहमत	दृढ़ताप
1	मेरा मानना है कि गर्भ निरोधकों का उपयोग करना गलत है					

2	गर्भनिरोधक सेक्स ड्राइव को कम करते है					
3	गर्भ निरोधकों का उपयोग गर्भपात होने से कहीं अधिक वांछनीय है					
4	4 गर्भ निरोधकों का उपयोग करने वाले नर पुरुषों की तुलना में कम मर्दाना प्रतीत होता है जो नहीं करते हैं					
5	मैं अपने दोस्तों को गर्भनिरोधक का उपयोग करने के लिए प्रोत्साहित करता हूं					
6	गर्भनिरोधक वास्तव में तब तक जरूरी नहीं हैं जब तक कि एक जोड़े एक से अधिक बार संभोग में व्यस्त न हो ।					
7	मुझे विश्वास नहीं है कि गर्भनिरोधक वास्तव में गर्भावस्था को रोकते हैं					
8	गर्भ निरोधकों का उपयोग करना यह					

	दिखाने का एक तरीका है कि आप अपने साथी की परवाह करते हैं					
9	मैं अपने परिवार के साथ गर्भनिरोधक के बारे में बात नहीं करता हूं।					
10	मैं अपने परिवार के सदस्यों के साथ गर्भनिरोधक पर चर्चा करने से शर्मिंदा महसूस करूंगा					
11	गर्भनिरोधक प्राप्त करना मुश्किल है					
12	गर्भनिरोधक वास्तव में संभोग कर सकते हैं और अधिक सुखद लग रहा ह					
13	मुझे लगता है कि गर्भनिरोधक पूरी तरह से मेरे साथी की ज़िम्मेदारी है					

S.NO.	PARAMETERS	14					
14	अगर गर्भ निरोधक विधि का उपयोग किया जाता है तो मैं संभोग के दौरान अधिक आराम महसूस करता हूं						
15	मैं संभोग के दौरान गर्भ निरोधकों का उपयोग करना पसंद करता हं						

MASTER DATA SHEET - 1

S.NO.	PARAMETERS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	AGE																
	a)18-23																
	b)24-29	1				1	1		1	1							
	c)30-35		1	1	1			1			1	1	1	1	1	1	1
2	LANGUAGE																
	a)Hindi	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	b)English																
3	RELIGION																
	a)Hindu	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	b)Muslim																
4	EDUCATIONAL STATUS																
	a)No formal education										1			1			
	b)Primary	1	1														
	c)Intermediate				1	1						1					
	d)High school			1					1	1			1			1	1
	e)Degree						1	1							1		
5	OCCUPATION																
	a)Housewife	1	1	1	1	1			1	1	1			1	1		

S.NO.	PARAMETERS																
	b)Job						1	1				1	1			1	1
6	**INCOME**																
	a)<50,000	1	1	1	1	1				1							
	b)50,000-1lakh								1		1			1			1
	c)>1lakh						1	1				1	1		1	1	
7	**AGE AT THE THE TIME OF MARRIAGE**																
	a)<15yrs																
	b)16-19yrs	1	1							1							
	c)>20yrs			1	1	1	1	1	1		1	1	1	1	1	1	1
8	**FAMILY TYPE**																
	a)Nuclear		1	1		1				1		1			1	1	
	b)Joint	1		1		1	1	1		1		1	1				1
9	**NO. OF CHILDRENS**																
	a)1	1				1	1										1
	b)2			1	1			1	1	1	1	1			1		
	c)3		1				1						1	1			
	d)>3																
10	**KNOWLEDGE(24)**	12	13	10	13	7	11	13	9	15	8	14	12	8	10	10	9
11	**ATTITUDE(15) Maximum marks – 75 Minimum marks - 15**	40	40	55	49	51	64	38	39	47	36	42	40	38	40	31	32

MASTER DATA SHEET - 2

S.NO.	PARAMETERS	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1	**AGE**														
	a)18-23				1						1				
	b)24-29							1		1			1		
	c)30-35	1	1	1		1	1		1			1		1	1
2	**LANGUAGE**														
	a)Hindi	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	b)English														
3	**RELIGION**														
	a)Hindu	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	b)Muslim														

#		1	2	3	4	5	6	7	8	9	10	11	12	13	14
4	**EDUCATIONAL STATUS**														
	a)No formal education											1			
	b)Primary						1						1		1
	c)Intermediate			1	1		1		1					1	
	d)High school									1	1				
	e)Degree	1	1			1									
5	**OCCUPATION**														
	a)Housewife				1	1	1	1	1	1	1	1	1	1	1
	b)Job	1	1	1											
6	**INCOME**														
	a)<50,000						1					1	1		1
	b)50,000-1lakh		1	1	1	1					1			1	
	c)>1lakh	1							1	1					
7	**AGE AT THE THE TIME OF MARRIAGE**														
	a)<15yrs								1						
	b)16-19yrs				1			1			1	1			1
	c)>20yrs	1	1	1		1	1			1				1	
8	**FAMILY TYPE**														
	a)Nuclear		1			1	1	1	1				1		1
	b)Joint	1		1	1					1	1	1		1	
9	**NO. OF CHILDRENS**														
	a)1	1				1				1	1				
	b)2		1	1			1	1	1				1		
	c)3				1							1			1
	d)>3													1	
10	**KNOWLEDGE(24)**	9	9	14	8	13	10	9	10	13	10	11	10	8	7
11	**ATTITUDE(15)** **Maximum marks – 75** **Minimum marks - 15**	31	35	44	47	51	62	52	65	46	38	42	41	38	62

BIBILOGRAPHY

- Basavanthappa BT,community health nursing,1st edition 1998,jaypee brothers,Delhi,pge no- 319-321.
- Park k. ,essentials of community health nursing,4th edition,2004,m/s banarasi das bhanot publishers,Jabalpur page no- 225-226
- Kumari Neelam,essentials of community health nursing 1st edition ,2011, PV books,Jalandhar,page no- 225-227
- Swarnkar K. community health nursing,2nd edition 2008,N.R. brothers,indore,page no- 639-642

- wynn Ralphm.(1982).obstetrics and gynaecology,the clinical care.3rd edition Lea and febiger,Philadelphia:338-340
- Sabaratnam arulkumaran.(2005).contaceptive use among young adeloscent girl in rural india,journal of family welfare,44(1):32-41
- Malhotra salini,sharma nayantara.(2006)maternal mortility_magnitude of the problem its prevention,obstetrics and
  gynaecology,march vol. XI, page no-151-154
- Donna shaupe,Daniel R. mishell jr. The hand book of contraception,second edition , page no 332-34.
- D.C. DUTTA"S, textbook of gyanaecology including contraception, 6th edition,Hiralal konar,New central Book agency(p) Ltd,page no-455-48
- www.gender health.org
- http://jognn.awhonn.org
- http://www.havefunbesafe.ca/contraception

- http://www.netdoctor.co.uk/sex_relationship/facts/contraception_which.htn
- www.nursing council.org.in
- http://www.netdoctor.co.uk/sex_relationship/facts/sterilisation_women.htn
- http://www.fda.gov
- http://www.fda.gov/bbs/topics/news2005/NEW01223html
- http://www.wm.edu/health/emergency_contraception.php
- http://www.freepregnancyhelp.com/ecpp.html
- http//www.nursing world.org
- http//www.ehow.com
-
- http//www.netdoctor.co.uk/sex relationship/facts/condoms.htm