

**“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND
ATTITUDE REGARDING TEMPORARY FAMILY PLANNING
METHODS AMONG REPRODUCTIVE AGE WOMEN IN
DR. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P”.**



**SUBMITTED TO SCHOOL OF NURSING GALGOTIAS
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This is to certify that research project entitled, “**A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN IN DR. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P**”. is a bonafide research work done by B.Sc. nursing 4th year(2016-2020) batch under the guidance of Prof. Ashia Qureshi, Dean Son , Galgotias School of Nursing ,Greater Noida.

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This is to certify that the research project title, , **“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN IN D R.. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P”** is a bonafide research work done by B.Sc. nursing students impartial fulfillment of the requirement for the degree of Bachelor of Science in nursing from Galgotias School of Nursing ,Greater Noida. This is an original work carried out under my supervision and guidance.

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Where by declare that the project titled, **“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN IN D R.. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P”** is a bonafide and genuine research work done by us under the guidance of Mrs. Prempati Mayanglambam, Associate Professor, Department of Obstetrics and Gynaecology, Galgotias School of Nursing, Greater Noida, U.P.

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DECLARATION BY THE CANDIDATES ABSTRACT

“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN IN DR. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P”

The objective of the study was:

- To assess the knowledge of reproductive age women regarding temporary family planning methods.
- To assess the attitude of reproductive age women regarding temporary family planning methods
- To assess the correlation between knowledge and attitude of reproductive age women regarding temporary family planning methods.
- To find the association between knowledge and selected demographic variables on temporary family planning methods.

The research design selected for study was descriptive Research design. The study was conducted in bhim Rao Ambedkar hospital, Noida, U.P. Total sample comprises of 30 women. The instrument used to generate the necessary data was questionnaire for assessing the knowledge and attitude scale for women's regarding temporary family methods.

Significant findings of study were –

- Mean of the knowledge of women's regarding temporary family planning methods is 10.5, median is 10 and standard deviation is 2.22.
- Mean of the attitude of women's regarding temporary family planning methods is 44.53, median is 41.5 and standard deviation is 9.62.
- Correlation between knowledge and attitude is 0.00483.

The result of the study reflects that women need to be educated about the temporary family planning me

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CHAPTER -1

CHAPTER-1

INTRODUCTION

“A girl child who is even a little bit educated is more conscious of family planning, health care and, in turn, her children's own education.”

BACKGROUND OF THE STUDY

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 total population in India was estimated at 1312.2 million people in 2019, according to the latest census figures. Population in India is expected to reach 1326.20 Million by the end of 2020, according to Trading Economics global macro models and analysts' expectations. In the long-term, the India Population is projected to trend around 1339.70 Million in 2021 and 1352.70 Million in 2022. (Trading Economics global macro models)

The population of India represents 17.99 percent of the world's total population which arguably means that one person in every 6 people on the planet is a resident of India.

India is the second most populous country of the world after China. Population of India is projected close to 1.38 billion or 1,380 million in 2020 or 138 crore, compare to 1.366 billion in 2019. Population growth rate for 2020 is projected at 0.99%. India will add 1.36 cr in 2020 that is near to the current population of 74th ranked Somalia. There are 71.7 cr males and 66.3 cr females living in India. India accounts for a meagre 2.4 percent of the world surface area yet it supports and sustains a whopping 17.8 percent of the world population. It is now estimated that by 2027, India will most likely overtake China to become the most populous country on the earth with 1.47 billion people. And by 2030, India will cross the 1.5 billion mark. Population of India will peak in 2059 with 1.65 bn people. (UN WORLD POPULATION prospects, 2019)

Uttar Pradesh is the most populous state of India with estimated population of 228,959,599 in 2018. which is more than the population of Brazil, the fifth most populous country in the world. Uttar Pradesh accounts for 17.15% of the total country population 1,335,140,907. (Ministry of Statistics and Programme Implementation, page no 17, 2011)

As per provisional reports of Census of India, the population of Noida in 2011 was 642,381. Noida is located in Gautam Buddha Nagar district of Uttar Pradesh state in close proximity. The Ministry of Health and Family Welfare is the government unit responsible for formulating and executing **family** planning in India. Its overall goal is to reduce India's overall fertility rate to 2.1 by the year 2025.

According to the United Nations, 2016 data, the India has the fastest growing population after China. Controlling population is considered to be one of the major challenges in every country. While different countries have adopted various measures to curb population growth, India continues to struggle in developing population control strategies. Even in the midst of urbanization, industrialization and economic development, India continues to witness huge population growth. According to the United Nations 2016 data, the current population of India stands at 1.3 billion and the country has the fastest growing population after China. As statistics indicate, the increasing rate of India's population is quite alarming and requires immediate action. Research suggests that the birth rate is higher among low-income families as they believe that if they produce more children, there will be more earning members. Scholars have for quite some time identified the family to be the central unit for achieving population control goals. In fact, India was the first country to adopt family planning as one of its socio-economic development policies in 1952. Post-independence, in the first to third Five Year Plans (1951-1966) various methods such as condoms, jellies and foam tablets were advocated for birth control. Additionally, service clinics were set up in rural areas to educate people about family planning. Advertisements and the media were used to spread awareness and the necessity of using contraceptives for the overall wellbeing of the family.

Clifford Elia et.al (2015) conducted a descriptive study on the perception and practice of selected contraceptive methods among target population in the selected areas of Mumbai. Convenient Purposive sampling technique was used. Sample size was 40. In the study 70% respondents are female & 30% respondents are males. Majority belongs to Hindu religion & only 20% belongs to Christian religion. Majority of the respondents falls in the age group of 33 – 38yrs i.e.37.5%. Majority of respondents have completed their secondary education i.e. 27%. Most of the respondents are married for more than 14yrs. Findings: Overall, 64% people have positive perception towards contraception. It shows that 71.5% agree, that religion is not a barrier for contraception use. However,58.5% respondents think that contraceptives are expensive. It also shows that 85.5% respondents approve use of contraception & 89% respondents agree that contraceptives are effective for avoiding pregnancy.

K. Gogoi et.al (2017) conducted a Study on Status of Family Planning Practices and its Association with Socio-economic and Demographic Factors in Manipur, India. The study reveals that more than 60 percent of women of the study area in the reproductive period are using any method of birth control measures. As such, to some extent, the level of awareness among the study group is found to be satisfactory. The family planning method users among the female of Manipur have been increasing day-by-day. Present study has found more numbers of contraceptive users in comparison to recent National Family and Health Survey. It is also noticeable that 'rhythm method' and 'withdrawal method' are practicing more among the female of the reproductive span. Pill and condoms are also practicing in a high rate but the percentage of female sterilization is decreasing rapidly. The person who has son preference uses more family planning methods in comparison to the non-preferred group. They want to control their pregnancy by applying the available methods of family planning. Here, the interesting finding is that illiterate female populations of the age in between 15 to 49 are also practicing family planning methods very much. There is no significance difference between this group of women and a group of educated women up to the level of higher education.

NEED FOR THE STUDY

In 2016, the total fertility rate of India was 2.30 births per woman and 15.6 million abortions performed, with an abortion rate of 47.0 abortions per 1000 women aged between 15–49 years. With high abortions rates follows a high number of unintended pregnancies, with a rate of 70.1 unintended pregnancies per 1000 women aged 15–49 years. Overall, the abortions occurring in India make up for one third of pregnancies and out of all pregnancies occurring, almost half were not planned. On the Demographic Transition Model, India falls in the third stage due to decreased birth rates and death rates. In 2026, it is projected to be in stage four once the Total Fertility Rate reaches 2.1.

Women in India are not being fully educated on contraception usage and what they are putting in their bodies. From 2005-2006 data was collected to indicate only 15.6% of women using contraception in India were informed of *all* their options and *what* those options actually do. Contraceptive usage has been rising gradually in India. In 1970, 13% of married women used modern contraceptive methods, which rose to 35% by 1997 and 48% by 2009.

Awareness of contraception is near-universal among married women in India. However, the vast majority of married Indians (76% in a 2009 study) reported significant problems in accessing a choice of contraceptive methods. The above table clearly indicates more evidence that the availability of contraceptives is a problem for people in India. In 2009, 48.4% of married women were estimated to use a contraceptive method.

214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. Reasons for this include:

- limited choice of methods;
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- fear or experience of side-effects;
- cultural or religious opposition;
- poor quality of available services;
- users and providers bias
- Gender-based barriers.

(Family planning/contraception, WHO,2018)

The unmet need for contraception remains too high. This inequity is fuelled by both a growing population, and a shortage of family planning services. In Africa, 24.2% of women of reproductive age have an unmet need for modern contraception. In Asia, and Latin America and the Caribbean – regions with relatively high contraceptive prevalence – the levels of unmet need are 10.2 % and 10.7%, respectively. **(Trends in Contraception Worldwide 2015, UNDESA).**

Srivastava Dhiraj kumar et.al (2011) conducted a study to assess the unmet needs of family planning in Gwalior district and to study the factors that helps in determining it. It was a Cross Sectional Descriptive study carried out from Jan 2007 to July 2007. 520 married women were interviewed using a pre designed, pre tested structured preform. The district was divided into urban and rural areas. The rural area was further divided into four blocks. From each block one PHC and five Sub Centers under the respective PHC were selected randomly. From each Sub Centre 11 married women were selected. The Urban area was divided into four divisions and from each division five

wards were selected randomly. From each ward 20 married women were selected. Proportion, Chi square test and ODDs ratio were applied to interpret the result. The unmet need of family planning in Gwalior district was 21.70%. It was higher in rural area and women of the age group of 15-19 years. The unmet needs were also higher among women who did not have any media exposure or did not discuss about family planning with their husbands. The present study concludes that Family Planning services should be specifically directed toward the married women of the age group of 20 years or less.

Ambrine Ashraf et.al. (2018) 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.

Thus as an investigators we want to draw the attention of the concerned organization to provide skillful family planning or birth spacing counselor, educator, volunteer services freely available at respective places for provision of services.

STATEMENT OF THE PROBLEM:-

A descriptive study to assess the knowledge and attitude regarding temporary family planning methods among reproductive age women in Dr. BR. Ambedkar hospital, Noida UP.

OBJECTIVES:-

1. To assess the knowledge of reproductive age women regarding temporary family planning methods.
2. To assess the attitude of reproductive age women regarding temporary family planning methods.
3. To assess the correlation between knowledge and attitude of reproductive age women regarding temporary family planning methods.
4. To find the association between knowledge and selected demographic variables on temporary family planning methods.

OPERATIONAL DEFINITIONS:-

- Assess: In the study, assess refers to find out level of knowledge and attitude of women.
- Knowledge: It refers to the correct response from the reproductive age women towards questionnaire regarding temporary family planning methods.
- Reproductive age women: In this study reproductive age women refers to women aged between 18-35yrs.

- Temporary family planning: in this study temporary family planning means temporary methods to control number of children.
- Attitude: It is defined as inculcated behavior expressed as a verbal response towards attitude scale.

HYPOTHESIS:-

- H1 There will be significant correlation between knowledge and attitude of reproductive age women regarding temporary family planning methods.
- H2 There will be significant association between knowledge and selected demographic variable of reproductive age women regarding temporary family planning methods.
- H02 There will not be significant association between knowledge and selected demographic variable of reproductive age women regarding temporary family planning methods.

ASSUMPTION OF THE STUDY:-

- Reproductive age women may have some knowledge regarding temporary family planning.
- Reproductive age women may have positive attitude towards family planning.

LIMITATIONS:

- Study is limited to reproductive age women in Dr. Bhim Rao Ambedkar hospital.

DELIMITATIONS:-

- Study deals with reproductive age women admitted in Dr. Bhim Rao Ambedkar Hospital.

SUMMARY:-

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

CHAPTER-2

CHAPTER-2

REVIEW OF LITERATURE

A literature review is a comprehensive summary of previous research on a topic. The literature review surveys scholarly articles, books, and other sources relevant to a particular area of research. The review should enumerate, describe, summarize, objectively evaluate and clarify this previous research. It should give a theoretical base for the research and help you (the author) determine the nature of your research. The literature review acknowledges the work of previous researchers, and in so doing, assures the reader that your work has been well conceived. It is assumed that by mentioning a previous work in the field of study, that the author has read, evaluated, and assimilated that work into the work at hand.

A literature review creates a "landscape" for the reader, giving her or him a full understanding of the developments in the field. This landscape informs the reader that the author has indeed assimilated all (or the vast majority of) previous, significant works in the field into her or his research.

"In writing the literature review, the purpose is to convey to the reader what knowledge and ideas have been established on a topic, and what their strengths and weaknesses are. The literature review must be defined by a guiding concept (e.g. your research objective, the problem or issue you are discussing or your argumentative thesis). It is not just a descriptive list of the material available, or a set of summaries.

The following review of literature focuses on the previous researches discussing about knowledge and attitude regarding temporary family planning methods among reproductive age women

1.Rabbanie Tariq Wani¹, et al conducted a cross sectional study on Knowledge, attitude, and practice of family planning services among healthcare workers in Kashmir. Background: Researches have shown highest awareness but low utilization of contraceptives making the situation a serious challenge. Most of women in reproductive age group know little or have incorrect information about family planning methods. Even when they know the name of some of the contraceptives, they do not know where to get them or how to use it. These women have negative attitude about family planning, whereas some have heard false and misleading information, the current study aimed in assessing the knowledge, attitude, and practice of family planning among female healthcare workers in Kashmir valley. Methods: A self-administered questionnaire was served to the female multipurpose health workers of District Anantnag and Baramulla at a training conducted in Department of Community Medicine, Government Medical College, Srinagar, Kashmir. Result: All the participants had

heard about family planning methods. The major sources of information were trainers (78.8%). About 90.4% of the study participants gave correct response regarding the types of family planning. About 80.1% of the respondents had a favorable attitude toward family planning. Around three-fourths of the study participants practiced one or other methods of family planning. Conclusion: Our study lead to the conclusion that the level of knowledge and attitude toward family planning was relatively low and FP utilization was quite low among the healthcare workers. In order to imbibe positive attitude among general public, the health workers need to be trained so as to inculcate the positive attitude in them leading to increased awareness among general public with regard to family planning.

2. Bhuvaneshwari Sethuraman, et.al (2019) conducted a study to assess the Knowledge, attitude, and practice regarding contraception among women with schizophrenia. Study among women with schizophrenia (in reproductive age group, having at least one living child, and currently staying with husband) from south India explored their knowledge, attitude, and practice of contraception. Adhering to observational design and ethical principles, data were collected using a semi-structured questionnaire. Modified National Family Health Survey-3 questionnaire and Positive and Negative Symptom Scale of Schizophrenia were also used. Results: Ninety-six women with schizophrenia participated. The mean age was 33.5 years [standard deviation (SD): 6.8 years], and the mean age of onset of schizophrenia was 29.2 years (SD: 6.2 years). Although nearly 90% had knowledge on at least one methods of contraception, the mean total number of methods known was mere two. Out of 65 women who were practicing contraception, 86.2% adopted female sterilization. The common reasons for not using contraception were wish for another child/son, lack of awareness, and fear of side effects. Unmet need for family planning was 14%. Informed choice of contraception was below 3%. There was statistically significant association between those who were currently using contraception and variables such as age 31 years and above, undifferentiated subtype of schizophrenia, and greater severity of schizophrenia.

3. Thapa P, et.al (2018) conducted a study on Knowledge, Attitude and Practices of Contraception among the Married Women of Reproductive Age Group in Selected Wards of Dharan Sub-Metropolitan City.

Background: It is very critical to understand that awareness of family planning and proper utilization of contraceptives is an important indicator for reducing maternal and neonatal mortality and morbidity. It also plays an important role in promoting reproductive health of the women in an underdeveloped country. According to NDHS 2011 the knowledge of at least one contraceptive methods was universal in Nepal but only 49.7% of the

married women aged 15-49 years were currently using any methods. **Materials and Methods:** A cross sectional descriptive study was conducted among 209 married women of reproductive age in selected wards of Dharan Sub-Metropolitan City. Simple random sampling was used to select the wards and population proportionate sampling for selecting the sample numbers from each ward. Semi-structured self-prepared questionnaire was used to collect data. Descriptive and inferential statistics were used to interpret the data considering p-value 0.05. **Results:** Most (53.1%) of the respondents were of the age group 20-34 years. Majority (92.3%) of the respondents had ever heard of contraception. Popular known methods was Inj. Depo-Provera (92.7%). Mass media (85.8%) was the major source of information. Mean percentage score of knowledge was 45.23%. Majority (90.4%) of the respondents had positive attitude and only (64.6%) were using contraceptives currently. Education, occupation and total income of the family was associated with knowledge regarding contraceptives. Logistic regression showed significant correlates of attitude with distance to the nearest health Centre, education and age group whereas that of practice showed significant association with education, encouragement from husband, women's participation in decision making, distance to nearest health Centre and type of family. A positive correlation was found among knowledge, attitude and practice of contraception. **Conclusion:** The study concludes that contraceptive practice is relatively low. Improved education on contraception and counselling are needed to solve these problems.

4.Poonam Kashyap, et.al (2018) conducted a study to assess the knowledge, attitude, and practices for the use of family planning methods in a community. This study was done among 100 married women between the age group of 18-45 years attending a health facility and was questioned by a preset semi-structured Performa during a fixed period. This is a cross-sectional study; the assessment included an assessment by a preset Performa. The Performa included details of knowledge, attitude, and practice regarding contraceptive use. **Results:** All women were aware of at least one contraceptive methods, 11% never used contraception. The most commonly used contraceptive was condom (55%), followed by 26 CU-T, 13% pills, 6% injectable, 5% tubectomy and 3% emergency contraception. There was a lack of knowledge of modern methods of contraception. Few of them were willing for a permanent methods of sterilization. There was a KAP gap of 20% in total subjects and it was more significant among Muslim as compared to Hindu women. **Conclusions:** Though every woman in the study was aware of at least one contraceptive methods the use of the contraceptive methods was not 100%. Therefore, there is a strong need for motivational strategies to make people accept the methods. Furthermore, there is a need to organize more educational programs and health camps to increase awareness about the existing contraceptive method group.

5. MISSIRIYA, et.al (2017) conducted a study to assess the knowledge and practice of reproductive aged tribal women on family welfare methods' community based descriptive cross-sectional study was done. Reproductive aged women of 15-45 y were selected by convenient sampling methods in the tribal area of Jawadhu hills. Among 200 women, 188 (94%) of them had inadequate knowledge, 12(6%) had moderate and none of them had adequate knowledge and practice of family welfare methods. There was no significant association between the knowledge and practice of the family welfare methods and the selected demographic variables such as age, educational status and education of her husband, religion, occupation, income, number of living children as well as source of family welfare information. Use of contraceptive methods among tribal population is influenced by various factors. Health care provider should find the unmet needs of the individual tribal women before motivating them to adopt any suitable family planning methods to reduce the maternal complications.

6. Dibya Sharma, et.al (2017) conducted a study to assess knowledge and practice regarding family planning and immunization among women attending MCH clinic. A cross-sectional study regarding knowledge and practice of family planning and immunization was conducted in a Maternal and Child health (MCH) clinic of Western Regional Hospital, Pokhara. The sample consists of 100 married women of reproductive age group (15-49) years having under five children coming to the clinic using purposive sampling technique. Knowledge regarding family planning methods were oral contraceptive pills/depot/implant (84%) followed by intrauterine contraceptive device (77%), condom (65%), natural methods (80%), permanent methods (92%). Condom was most commonly used among temporary methods. More than 4/5th of the respondents were aware about vaccines as per schedule of Nepal. But 5% of the respondents had neither given any vaccine to their baby and not taken any dose of tetanus toxoid vaccine during their previous pregnancy.

7.. Mohammad Jawed, et.al (2017) conducted a study to assess the knowledge, attitude and practice of family planning methods, and factors that could affect their use, among the rural females of reproductive age group (15-49 years). A total of 326 females of reproductive age group (15-49 years) from the rural areas of Bagbahara block of Mahasamund district in Chhattisgarh state were selected randomly and interviewed with the help of semi-structured interview schedule, which consists of demographic data, questions related to knowledge, attitude and practice of different contraceptive methods and factors affecting the use of these methods. Results: Most of the respondents (79%) were aware of at least one contraceptive methods. The most common source of information on contraception was Health staffs (46%), followed by ASHA (Mitandin) workers (42.5%), media (7.5%) and relatives/friends (4%).

Knowledge of non-contraceptive benefits of family planning methods was claimed by only 19% of the respondents, while knowledge about various adverse effects was reported by 32% of the respondents. About 62% of respondents showed favorable attitude towards family planning methods while other (34%) are against it and rest 4% didn't responded. About 53% of respondents had ever used any family planning methods. 26% respondents were using contraceptive methods at the time of study. Intrauterine devices were the most commonly used methods (46%) followed by condom (22%), female sterilization (21%) and oral contraceptive pills (11%). The most common reason for discontinuation of contraceptive methods was stated as refusal by husband and side effects.

8..Thadthil Smitha1, et.al (2016) conducted A Study to Assess the Knowledge and Attitude Regarding Contraception among Women attending ANC OPD in a Tertiary Care Hospital of Pune. A cross sectional study using purposive sampling technique was conducted among 50 antenatal cases attending ANC OPD in a tertiary care hospital of Pune in Mar 2015. Semi structured questionnaire covering three domains including socio demographic status knowledge and attitude regarding contraceptive methods. Knowledge was scored into categories like poor, fair, good and excellent and attitude level was scored into poor, average and good. Majority of the subjects were within the age group of 26 to30 years. Study revealed that 51% had awareness about methods of contraception. 37.4% had awareness about right time for adopting contraceptive methods. 42% had Myths followed in adopting contraceptive methods. 90% (45) have good attitude, 6% (3) have poor attitude and 4% (2) have average attitude towards need for contraception. 36% (19) have average attitude,34% (17) have poor attitude and 28% (14) have good attitude towards barriers in adopting contraceptive methods. 82% (41) have good attitude, 10% (5) have average attitude and 8% (4) have poor attitude towards society in adopting contraceptive methods. 58% (29) have good attitude, 40% (20) have average attitude and 2% (1) have poor attitude of family towards adopting contraceptive methods.

9. R. Deenajothy, et.al (2016) conducted A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICES OF CONTRACEPTION AMONG WOMEN ATTENDING WELL BABY CLINIC IN RMMCH AT CHIDAMBARAM. A total of 100 mothers were selected, by convenience sampling technique and semi-structured Interview Methods was used to collect the data. A descriptive design was used. The finding showed that10 (10 percent) women had adequate knowledge regarding contraception.24 (24 percent) women had favorable attitude towards contraception.83 (83 percent) women were doing adequate practices of contraception. The relationship between knowledge, attitude and practice of the women on contraception was found. The 'r' value revealed that there was less positive

relationship exists between knowledge and practice, there was no relationship between the attitude and practice and there was some negative relationship between practice and knowledge. There was no much influence of demographic variables on knowledge, attitude and practice of women.

10. MSindhu, et.al (2016) conducted a study to assess Knowledge, Attitude, and Practice about Family Planning Methods among Reproductive Age Group Women in a Tertiary Care Institute.: The design of the study was cross-sectional study. Patients attending Obstetrics and Gynecology Department, BLDE Hospital, Vijayapura were taken as the study population. The study duration was 15th January to 15th February 2016. Data collection methodology was in the form of interview technique, using a pre-designed, pre-tested questionnaire.

Results: A total of 110 patients attending department were interviewed. Women aged more than 25 years, residing in urban areas, belonging to joint families had significantly higher knowledge about FP methods. Positive attitude toward FP methods was more among women who were Hindu by religion.

11. Rekha Udgiri,et.al (2016) conducted a study to assess Knowledge attitude and practices of family planning methods among postnatal mothers. All the couple have the basic rights to decide freely and responsibly on the number and spacing of their children and to have the information, education and means to do so. In developing countries, especially in India where deep rooted belief, customs and superstition regarding pregnancy, childbirth, are still widely prevalent and women with poor socioeconomic background are more vulnerable to the health risks associated with child bearing in quick succession. Hence the present study provides excellent opportunities to educate the mother in postnatal ward regarding family planning methods and help them to adopt birth spacing in the face of changing circumstances.

Material and Methods: Cross-sectional study was carried out for a period of one month. A total of 162 postnatal mother who were admitted in postnatal general ward of OBG Dept., Shri.BM.Patil medical college constitutes the sample size. After obtaining ethical clearance from the institute, the mothers were interviewed after taking verbal consent. The data was collected using semi-structured questionnaires. Statistical test like percentage, chi-square test was applied to know the association. Result: In the present study 65.4% of mothers knew about family planning methods. Significant association was found in relation to education ($p= 0.000$), religion ($p= 0.055$) and parity ($p= 0.01$).

Conclusion: The literacy level will definitely help to gain the information regarding family planning.

12. Mansi Shukla, et.al (2016) conducted a study to assess the knowledge and attitude regarding family planning methods and contraceptive practices among women of reproductive age group. A cross-sectional study was performed in which 547 women in the reproductive age group i.e., 15-45 years, attending a tertiary care hospital in Mumbai were interviewed with predesigned validated questionnaire. A total of 547 women were interviewed using a semi-structured questionnaire from January 2016 to December 2016. The proforma included details such as socio-demographic features, questions related to knowledge, attitude and practices (KAP) regarding contraceptive use. Results: Out of 547 women interviewed, 498 (i.e. 91%) had displayed an awareness of family planning methods (permanent/temporary). Out of these 498 women, about 78% had procured the information from family and friends. 13% got their information through mass media. Only 9% of women had been counselled in detail by health personnel about the various contraceptive options available. Out of 547 women interviewed, 342 (62.5%) were using contraception. More than a third of these women (26.8%), resort to barrier contraception as a contraceptive methods of choice for spacing and to prevent an unwanted pregnancy. Only 17% women used OC Pills as a contraceptive methods though 66% women knew about them. Though 59.4% of the women knew about IUCDs only 3.5% were actually using IUCD. Most of the women were in the younger age group of 21-30years (62%) and already had one or two children.

13. Shailaja Pinjala, et.al (2015) conducted A study of knowledge, attitude & practice of family planning methods among antenatal women of Andhra Pradesh. A cross sectional descriptive study was done in the Obstetrics and Gynecology Department of Andhra Medical College Visakhapatnam which is a tertiary center for three districts Visakhapatnam, Vijayanagaram, and Srikakulam. 499 antenatal women attending the OPD were included in the study. Their knowledge, attitude and practice on contraceptives were evaluated with the help of a predesigned questionnaire. RESULTS: Overall awareness of permanent methods of family planning 96.3% and that of temporary methods is only 62.9% (314). 69.9% of women became aware of contraceptive methods, by obtaining information from relatives and friends and 23.2% from media (television). 42.1% are of the opinion that these contraceptive methods are available in the medical shops and only 13% know that they are available in the government hospitals. 99.8% are aware of female sterilization, and 92.8% are aware of vasectomy. But awareness of temporary methods is very poor.

14. Lavanya Kumari Sarella1, et.al (2014) To assess the knowledge, attitude regarding family planning methods and contraceptive practices among reproductive age group women. Methodology: 500 women in the reproductive age group 15-45years attending Government

General Hospital, Kakinada, Andhra Pradesh, India were interviewed with predesigned questionnaire after taking informed consent. Results: Most of the women interviewed fall in the age group of 21-30years (48%). 91% are married for 5years. 46% are illiterates and only 17.6% had primary education. Out of 500 women interviewed 484 (96.8%) had heard/aware of family planning methods (permanent/temporary). Out of 484 women, who had knowledge and awareness of family planning methods about 328 (67.77%) got information from social circle (husband, mother/ in laws). The importance of and use of contraception has been explained by health personnel to 68 (14%) and 88 (18.18%) got it through mass media. Out of 500 women interviewed, 269 (53.8%) were practicing different contraceptive methods. Most of them 135 (50.18%), resort to tubal ligation as a contraceptive methods of choice and the reason being completion of their family in 178 (66.17%). Only 66 (24.5%) women used various methods for spacing. Only 11(4%) women used OCP as a contraceptive methods as against 106(21.9%) women having knowledge about them. Conclusions: Lack of knowledge regarding the various methods of contraception is the reason for not practicing family planning methods. There is need for focused awareness program based on the knowledge gaps reported among women in reproductive age group.

15. Zangmu, et.al (2013) conducted a study to assess Knowledge, attitude, practice and preferences of contraceptive methods in udupi district, Karnataka. A Descriptive survey of 136 females between 18-45 year of age were done using a structured knowledge questionnaire, structured attitude scale and opinionnaire on practice and preference during the month of January 2012 to February 2012 at Moodu Alevoor village, Udupi district, Karnataka. Simple random sampling was used to select the village and purposive sampling technique was used to select the sample. Results: It was shown that 48.5% were of 26-35 years of age, 92% were Hindus, 45.6% had higher secondary education, 41.2% were house wives, 55.9% had family monthly income below 5000 rupees, 49.3% were from nuclear family, 64% were married between 19-25 years, 43.3% had 2-3 years of married life and 52.2% had one pregnancy. Majority (55.9%) had one living child and 98.5% got information through health personnel. Majority (67.60%) had moderate knowledge on contraceptive methods and 17.60% had high knowledge. Majority (87.50%) had favorable attitude and 12.50% had unfavorable attitude towards contraceptive methods. From the group of studied women 38.23% did not use any contraceptive methods, 19.85% used OCPs and minimum 1.47% used injection as contraceptive methods. In this study 37.5% preferred OCPs as Rank 1, male condom (22.1%) as Rank 2 and injection (16.3%) as Rank 3. There was association between knowledge with educational status ((2) = 47.14, p = 0.001), occupation ((2) =15.81, p = 0.044), family monthly income ((2) =6.473, p = 0.039) and duration of marriage ((2) =6.721, p = 0.035). There was no association between attitude and the studied variables.

Conclusion: The study showed that majority of the females had moderate knowledge and favorable attitude.

SUMMARY: -

In this chapter we dealt with the review of literature on a study to assess the knowledge and attitude of the reproductive age women regarding temporary family planning methods done in previous years (2013-2019)

CHAPTER-3

CHAPTER - 3

RESEARCH METHODOLOGY

Research approach and research design are two terms that are frequently used interchangeably, however research design is a broader plan to conduct a study and research approach is an important element of the research design, which governs it. A research design is a 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 the research will be carried out and the methods that will be used. It includes the description of the research approaches, 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 analysing 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 analyzed.

This chapter deals with methodology adopted for the study. The study aims at assessment of knowledge and attitude of reproductive age women regarding temporary family planning methods. The study was limited to the reproductive age women. 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.

SIGNIFICANCE OF STUDY

The study helps to estimate the level of knowledge and attitude regarding temporary family planning methods among reproductive age women and become aware.

SOURCE OF STUDY

The data will be collected from the reproductive age women admitted in DR. Bhim Rao Ambedkar hospital, Noida, UP.

RESEARCH APPROACH

Research approach for the study is the descriptive survey approach.

RESEARCH DESIGN

Descriptive study design is adopted for the present study.

SETTING OF THE STUDY

The study was conducted among the reproductive age women admitted in DR. Bhim Rao Ambedkar hospital, Noida, U.P. The criteria for selecting the setting was the availability of the subjects.

VARIABLES

Independent variables: - temporary family planning methods

Dependent variable: - knowledge and attitude

Extraneous variable: - Age, religion, type of family, socio-economic status, no. Of children, source of information and educational status, language, occupation.

SAMPLE

The present study comprises of reproductive age women admitted in DR. Bhim Rao Ambedkar hospital, Noida, U.P.

SAMPLE SIZE

30 reproductive age women admitted in DR. B.R Ambedkar hospital, Noida, UP.

SAMPLING CRITERIA

Inclusion criteria:-

- Reproductive age women present at the time of study.
- Reproductive age women who are willing to participate.
- Reproductive age women who can understand Hindi & English.

Exclusion Criteria:-

- Reproductive age women who are divorcee
- Reproductive age women who are unmarried.

DATA COLLECTION TOOLS & TECHNIQUES

In the present study, the following tools and techniques will be used for data collection-

- **SECTION A:** selected demographic variables.
- **SECTION B:** structured questionnaire to assess knowledge regarding temporary family planning methods
- **SECTION C:** Attitude scale regarding temporary family planning methods.

DEVELOPMENT OF THE TOOL

The tool was developed by:

- Extensive reviewing of the related research and non-research literature to construct the items and scoring technique for the tool.
- Consultation with the Guide
- Development of the instructions.

DESCRIPTION OF TOOL

Tool for the present study will be divided into 3 section-

1. Item seeking information on demographic profile, which include:

- a) Age
- b) type of family
- c) Religion
- d) educational status
- e) Socio Economic status
- f) No. of children
- g) Language
- h) Age at marriage
- i) Occupation

2. Structured questionnaire to assess knowledge regarding temporary family planning methods.

This part consists of 24 multiple choice questions.

3. Attitude scale regarding temporary family planning methods.

This part consist of 15 statements on level of agreement and disagreement.

SCORING TECHNIQUE

PART-1 The demographic variables consisting of 9 variables were coded to assess the background of the subjects.

PART-2 Each questions is asked and the knowledge is scored as below.

To interpret the level of knowledge, the score was interpreted as follows: -

Poor	-	1-5
Average	-	6-11
Good	-	12-17
Excellent.	-	18-24

The total score of part 2 is 24.

PART-3. Each statement is asked and the level of attitude is scored as below

To interpret the attitude scale the score interpreted as follows.

Positive or favourable attitude	50-75
Neutral attitude:	25-49
Negative or unfavorable attitude	1-24

The total score of part 3 is 75.

VALIDITY OF THE TOOL

➤ **Content validity**

- Consultation with guide and co-guide regarding the content and language of the tool.

- Tool will be given to experts from field of nursing and Obstetrics and Gynaecology to check the clarity and understanding.
- Tool will be assessed for their completeness, content and language clarity during pilot study.

RELIABILITY OF THE TOOL

Reliability for the tool will be done by using integrator test to assess the skill and Karl Pearson's coefficient of correlation to assess the knowledge.

PILOT STUDY

Pilot study is a trial run for major study. The refined tools were used for pilot study to test the feasibility and practicability, A formal permission was obtained from the B.R Ambedkar Noida. The investigation conducted the pilot study selecting 10 sample. Analysis of the findings showed the feasibility of the study and after which the plan for actual study was made.

Modification was done after pilot study where few questions on abortion and ovulation were excluded. No significant problem was faced during the pilot study.

PROCEDURE FOR DATA COLLECTION:

An ethical permission from B.R Ambedkar hospital Noida Sector-27 was obtained for a period of 1 week in the first week of February .the investigator gave brief introduction of the study and explained the purpose of study to the samples and relatives as to get cooperation in the procedure for data collection. Structured knowledge questionnaire and attitude scale were used for the collection of the data.

DATA ANALYSIS

Data will be analysed using descriptive and inferential statistics.

DESCRIPTIVE STATISTICS:

- Frequency and percentage distribution to analyze the demographic variables.
- Mean, mean%, median, standard deviation to assess the level of knowledge and attitude.

INFERENCEAL STATISTICS:

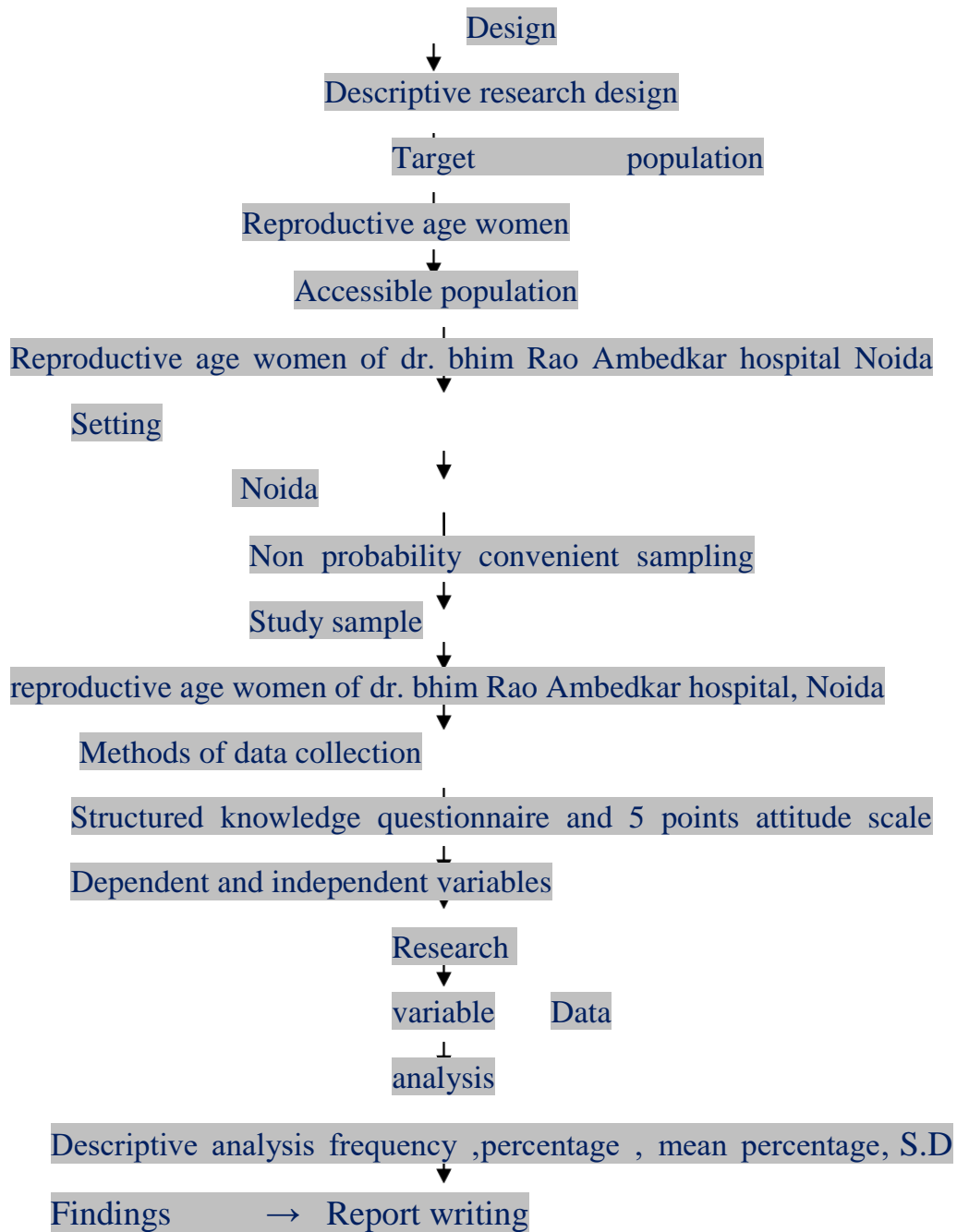
- Correlation of knowledge and attitude score with selected variables of subject using Karl Pearson correlation coefficient.

- Chi square test is computed to determine the relationship of knowledge score with demographic variable.

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



CHAPTER-4

CHAPTER -4

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of the data collected from 30 reproductive age women from Dr. Bhim Rao Ambedkar Hospital, Noida, UP assessing, knowledge and attitude regarding temporary family planning methods.

Presentation of data

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

Section A–. Assessment of demographic variables among reproductive age women regarding temporary family planning methods.

Section B -Assessment of knowledge of reproductive age women regarding temporary family planning methods.

Section C -Assessment of attitude regarding temporary family planning methods.

Section D - Correlation between knowledge and attitude score.

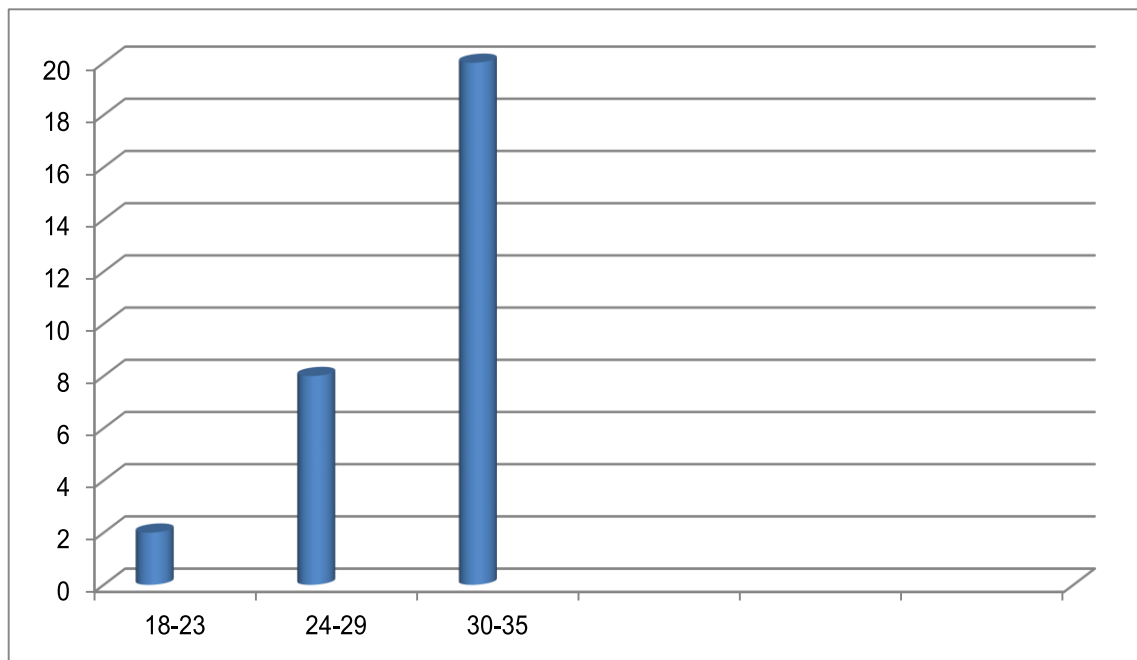
Section E- Association between socio demographic variables and knowledge score.

Section A

Table1: Description of Age of reproductive women age under study.

(N =30)

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



AGE

Table -2: -Distribution of language among reproductive age women.

LANGUAGE	FREQUENCY	MEAN PERCENTAGE
HINDI	30	100
ENGLISH	0	0

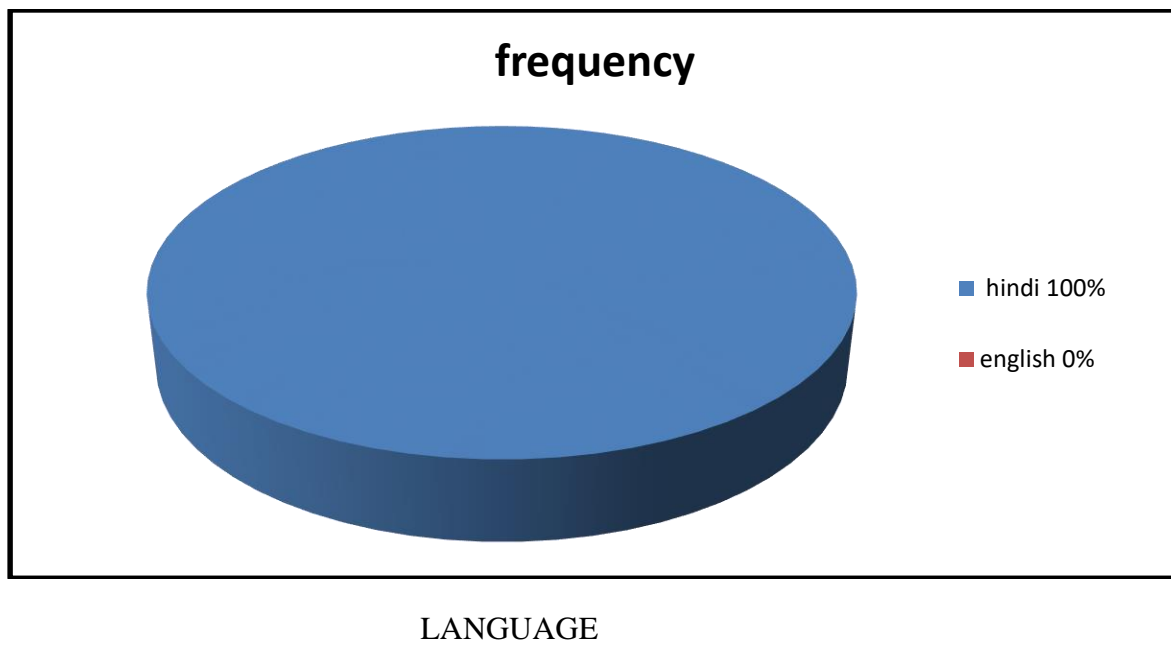
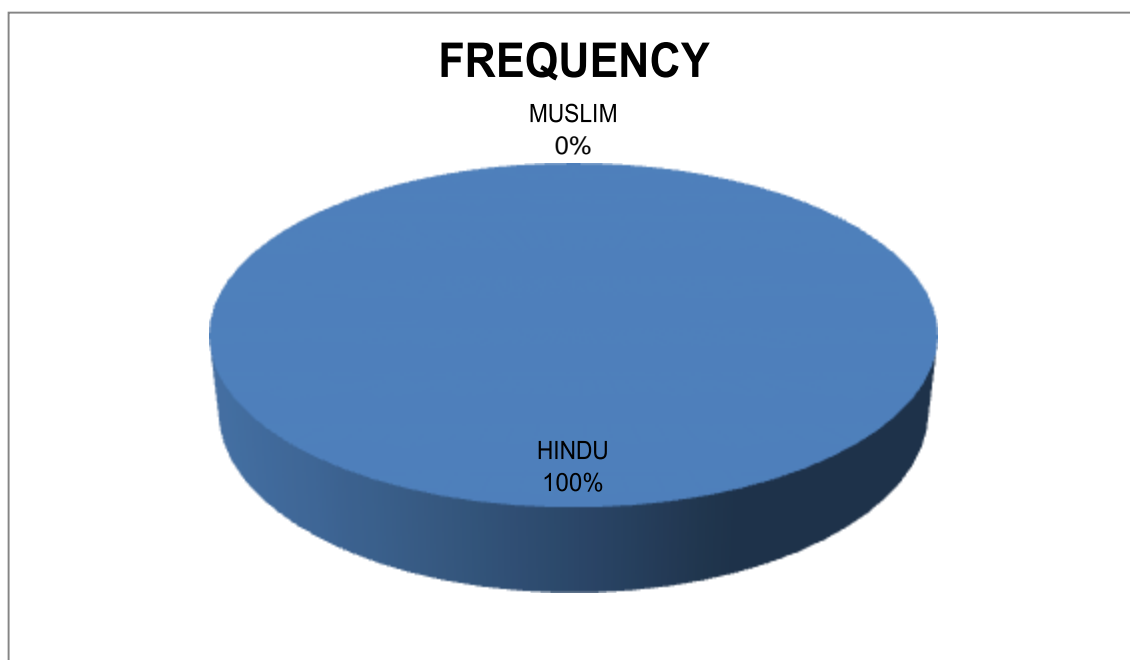


Table – 3:-Distribution of religion of reproductive age women under study

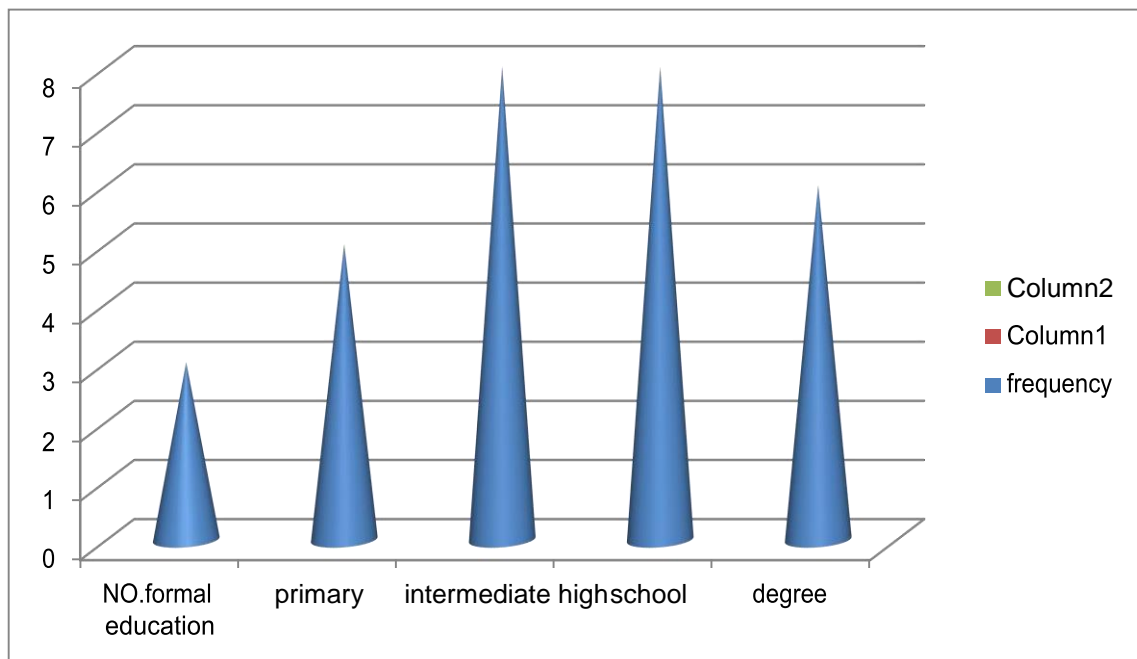
RELIGION	FREQUENCY	MEAN PERCENTAGE
HINDU	30	100
MUSLIM	0	0



RELIGION

Table -4:-Description of educational status among reproductive age women under study.

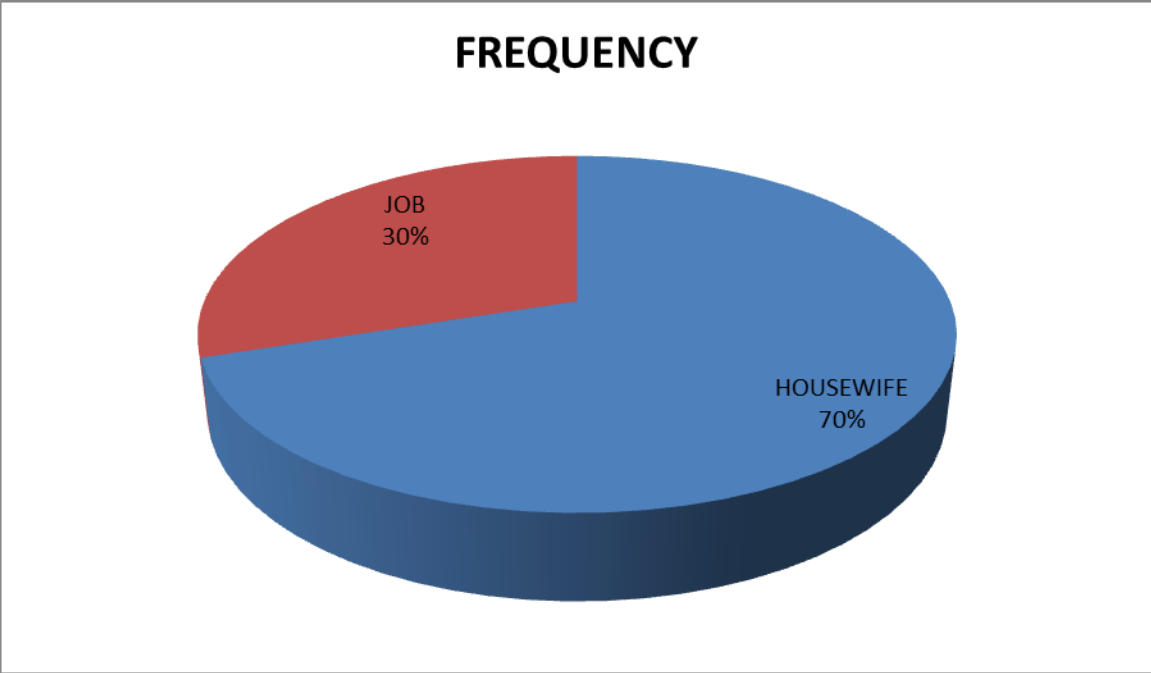
EDUCATIONAL STATUS	FREQUENCY	MEAN PERCENTAGE
A-No formal education	3	10
B-Primary	5	16.6
C-Intermediate	8	26.6
D-High school	8	26.6
E- Degree	6	20



EDUCATIONAL STATUS

Table -5:-Distribution of occupation among reproductive age women under study.

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



OCCUPATION

Table-6:-Distribution of income among reproductive age women under study.

INCOME	FREQUENCY	MEAN PERCENTAGE
A-< 50,000	10	33.3
B- 50,000- 1 lakh	11	36.6
C-> 1 lakh	9	30

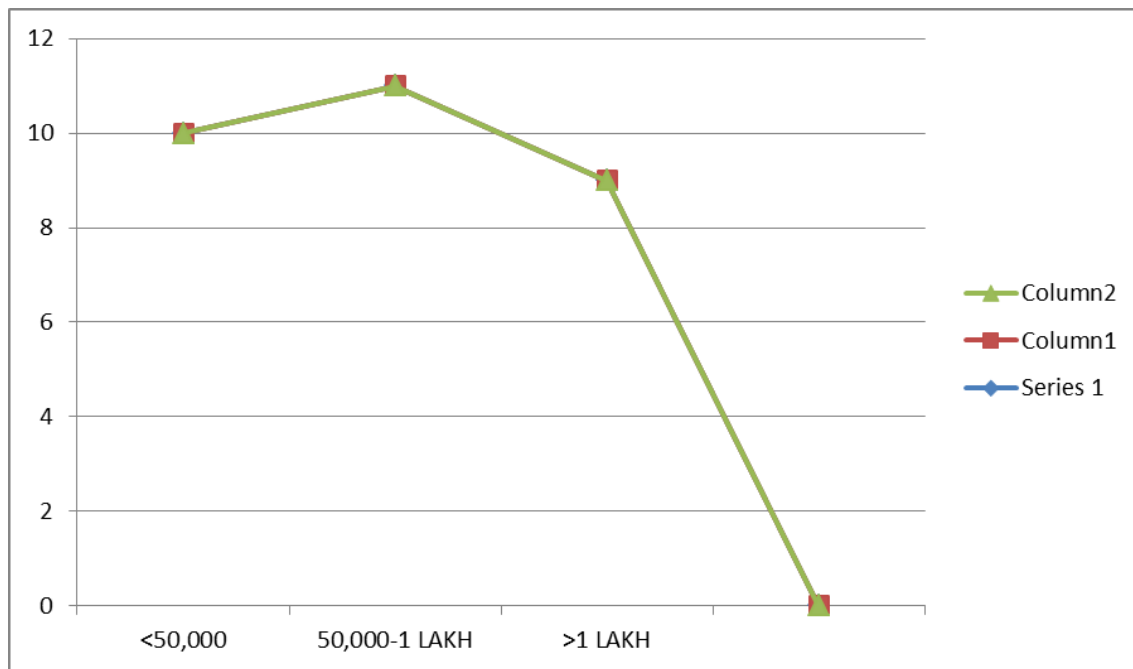


Table -7:-Distribution of age at the time of marriage among reproductive age women under study.

AGE AT THE TIME OF MARRIAGE	FREQUENCY	MEAN PERCENTAGE
A- < 15 YEARS	1	3.3
B- 16-19 YEARS	8	26.6
C-> 20 YEARS	21	70

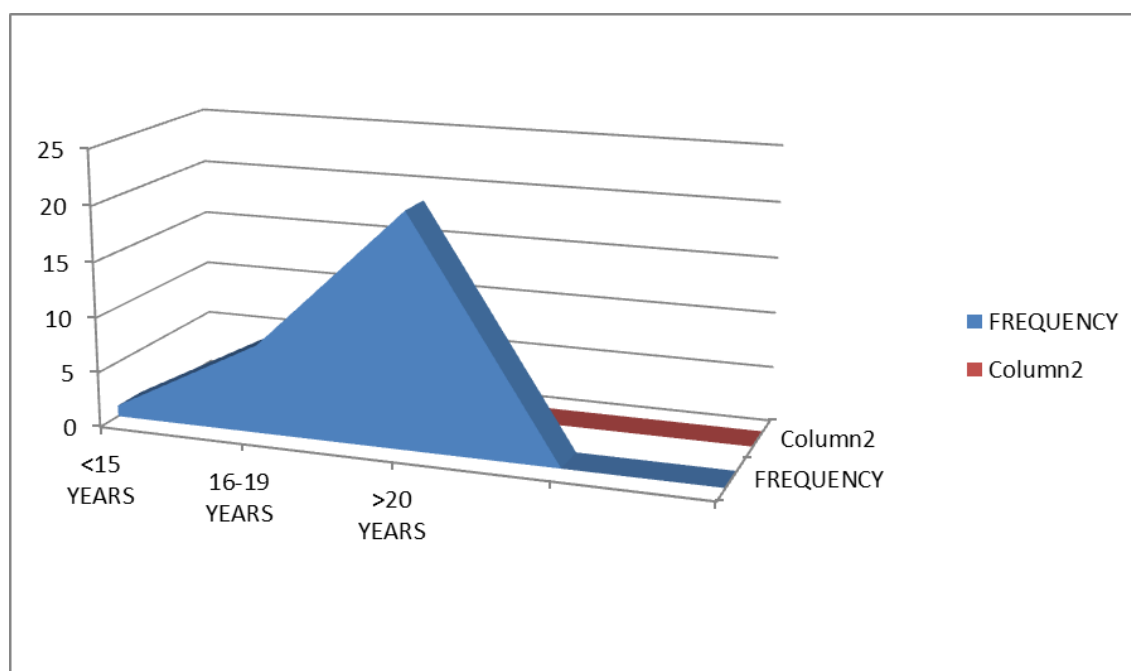


Table -8:-Distribution of family type among reproductive age women under study.

FAMILY TYPE	FREQUENCY	MEAN PERCENTAGE
A- Nuclear	14	46.6
B- Joint	16	53.3

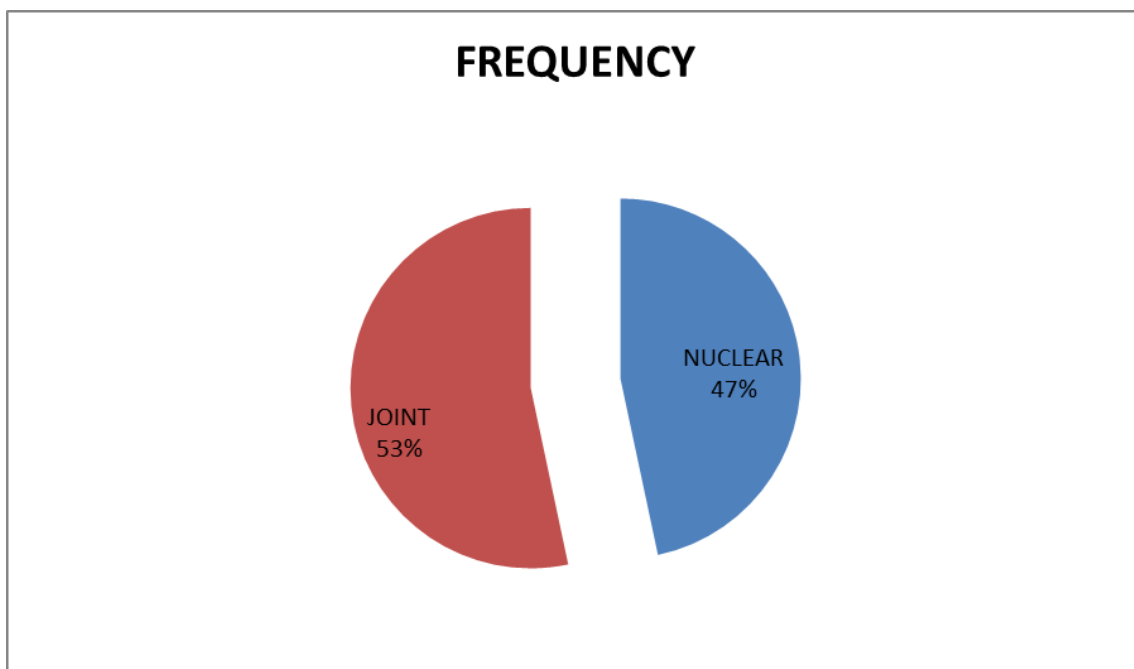
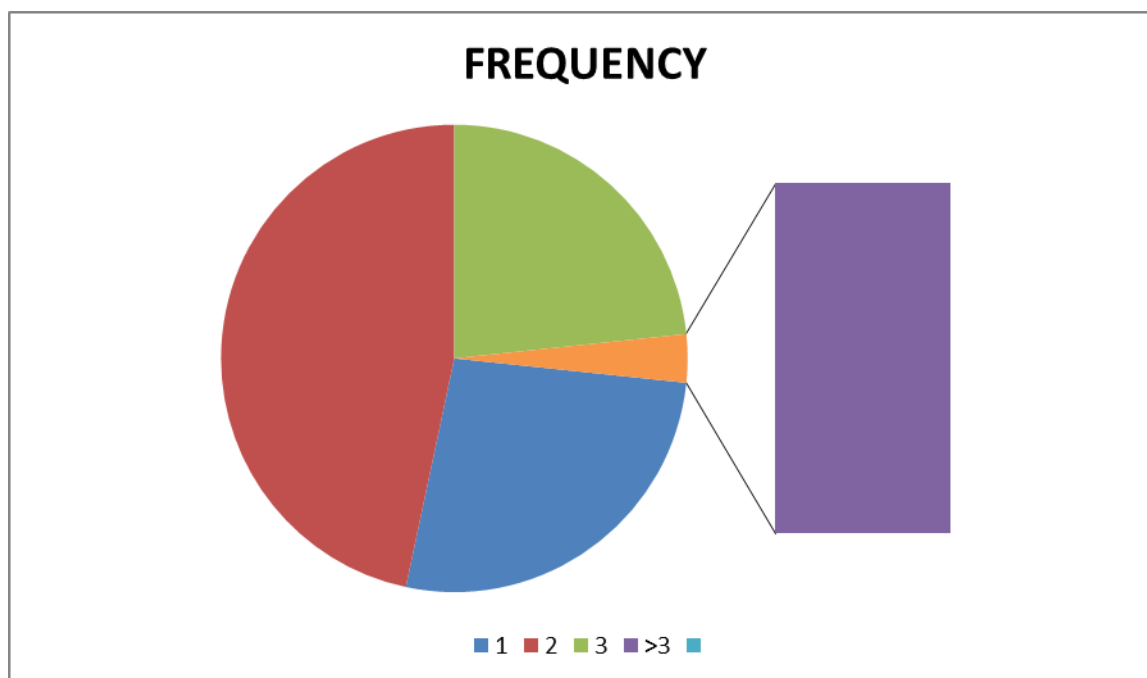


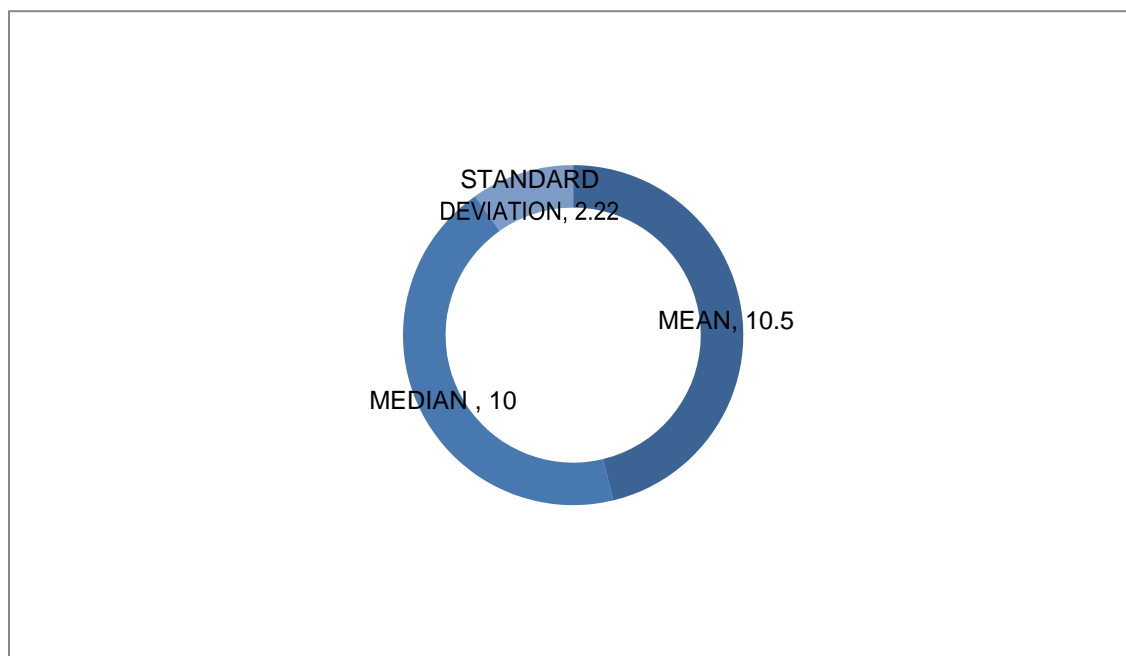
Table -9:-Distribution of number of children among reproductive age women under study.

NO. of children	Frequency	Mean percentage
A- 1	8	26.6
B- 2	14	46.6
C- 3	7	23.3
D- >3	1	3.3



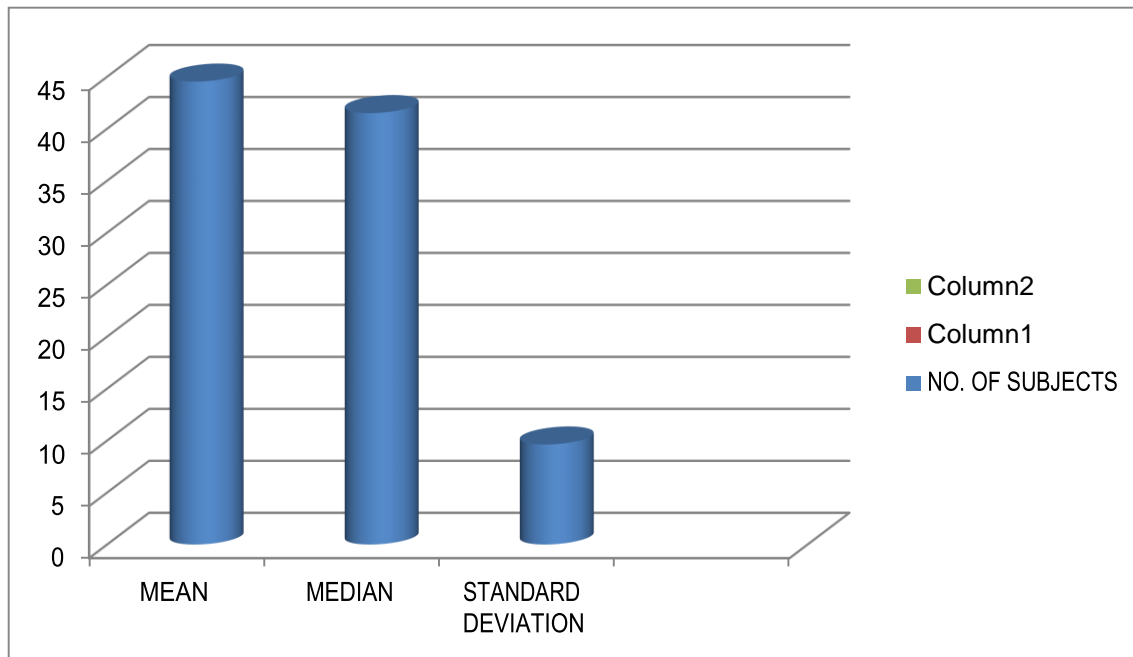
Section B:- Mean, Median and standard deviation of knowledge of reproductive age women regarding temporary family planning methods.

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



Section C: Description of attitude of women regarding temporary family planning methods.

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



Frequency and percentage distribution of subjects according to- The attitude score on temporary spacing methods.

S.no	Number of subjects	Attitude score	Percentage
1	8	50-75 Positive attitude	38.33%
2	7	25-50- Neutral attitude	10%
3	15	1-25 Negative attitude	51.66%

The table indicates that out of 30 women (samples) majority of the women 15(51.66%) had negative attitude towards temporary planning methods; and 7(10%) had positive attitude and 8(38.33%) had neutral attitude towards temporary family planning methods.

Section D:

CO- RELATION BETWEEN KNOWLEDGE AND ATTITUDE SCORE

In this section, relationship between knowledge and attitude score is analysed by using Karl Pearson co-relation Coefficient.

To test the relationships, the following research hypothesis was stated.

H1: There will be a significant relationship between knowledge score and attitude score of reproductive age women regarding temporary spacing methods.

There is a slight positive significant relationship between knowledge and attitude score, $r=0.00483$, which indicates that there is a slight significant positive co-relation between knowledge and attitude score.

Hence the research hypothesis is accepted.

Section E:

ASSOCIATION BETWEEN THE SOCIO DEMOGRAPHIC VARIABLES AND KNOWLEDGE SCORE

This section five brings out the association between the knowledge of the reproductive age women regarding temporary family planning methods, and the base line characteristics, such as: type of family, age, occupation, education, no of children, age at marriage, family income, no of children and religion. In order to determine the significance of the association, Chi square was used.

To test the relationships, the following research hypothesis is stated.

H2: There will be significant association between knowledge score of the reproductive age women regarding temporary family planning methods and the selected demographic variables.

H02: There will not be significant association between knowledge score of the reproductive age women regarding temporary family planning methods and the selected demographic variables.

TABLE 13

Association of the knowledge score with selected demographic variables like type of family, age, occupation, education, no of children, age at marriage, family income, no of children and religion

S. N O	Characteristics	Above average	%	Below average	%	Total frequency	X ²	df	Table value of Chi-square	Level of significance
1	Age: -									
	1.1) 18-23	0	0	2	6.67	2	2.137	2	5.991	p< 0.05 N. S
	1.2) 24-49	4	13.33	4	13.33	8				
1.3) 30-35	8	26.67	12	40	20					
2	Language									
	2.1) Hindi	12	40	18	60	30				p< 0.05

	2.2) English	0	0	0	0	0	0	1	3.841	N. S
3	Religion									
	3.1) Hindu	12	40	18	60	30		1		p< 0.05
	3.2) Muslim	0	0	0	0	0	0		3.841	N. S
4.	Educational status									
	4.1) No education	1	3.33	2	6.67	3				
	4.2) Primary level	2	6.67	3	10	5	1.395	4	9.48	p<0.05
	4.3) intermediate	5	16.67	3	10	8				N.S
	4.4) High school	5	16.67	3	10	8				
	4.5) Degree and above	3	10	3	10	6				
5	Occupation									
	5.1) Housewife	7	23.33	14	46.67	21				p< 0.05
	5.2) working	5	16.67	4	13.33	9	1.291	1	3.841	N. S
6	Family income									
	6.1) less than 50000/year	5	16.67	5	16.67	10				p< 0.05
	6.2) 50000-1lakh	3	10	8	26.67	11	1.224	2	5.991	N. S
	6.3) Above 1 lakh	4	13.33	5	16.67	9				

7	Age at the time of marriage									
	7.1) <15yrs	0	0	1	3.33	1	1.021	2	5.991	p< 0.05 N. S
	7.2) 16-19yrs	4	13.33	4	13.33	8				
7.3) >20 yrs.	8	26.67	13	43.33	21					
8	Type of family									
	8.1) Nuclear	4	13.33	10	33.33	14	1.421	1	3.841	p< 0.05 N.S
8.2) Joint	8	26.67	8	26.67	16					
9	No of children									
	9.1) 1	4	13.33	4	13.33	8	1.119	3	7.815	p< 0.05 N. S
	9.2) 2	5	16.67	9	30	14				
	9.3) 3	3	10	4	13.33	7				
9.4) >3	0	0	1	3.33	1					

*p< 0.05,

S = Significant

NS = Non-Significant

The above table represents the substantive summary of chi- Square analysis which was used to bring out the association between knowledge of reproductive age women regarding temporary family planning methods with socio demographic variables.

- (Chi square was done to find out the association between knowledge and age for reproductive women. As calculated value of chi-square is (2.137) is less than the table value of (5.991) at 0.05 level of significance. There was no significant association between knowledge and age).
- (Chi square was done to find out the association between knowledge and language of reproductive age women. As calculated value of chi-square is (0) is less than the table value of (3.841) at 0.05 level of significance. There was no significant association between knowledge and age).
- (Chi square was done to find out the association between knowledge and religion of reproductive age women. As calculated value of chi-square is (0) is less than the table value of (3.841) at 0.05 level of significance. There was no significant association between knowledge and religion).
- (Chi square was done to find out the association between knowledge and educational status for reproductive age women. As calculated value of chi-square is (1.395) is less than the table value of (9.48) at 0.05 level of significance. There was no significant association between knowledge and educational status).
- (Chi square was done to find out the association between knowledge and occupation for reproductive age women. As calculated value of chi-square is (1.291) is less than the table value of (3.841) at 0.05 level of significance. There was no significant association between knowledge and occupation).
- (Chi square was done to find out the association between knowledge and family income for reproductive age women. As calculated value of chi-square is (1.224) is less than the table value of (5.991) at 0.05 level of significance. There was no significant association between knowledge and family income).
- (Chi square was done to find out the association between knowledge and age at the time of marriage for reproductive age women. As calculated value of chi-square is (1.021) is less than the table value of (5.991) at 0.05 level of significance. There was no significant association between knowledge and age at the time of marriage).
- (Chi square was done to find out the association between knowledge and type of family for reproductive age women. As calculated value of chi-square is (1.421) is less than the table value of (3.841) at 0.05 level of significance. There was no significant association between knowledge and type of family).
- (Chi square was done to find out the association between knowledge and no. Of children for reproductive age women. As calculated value of chi-square is (1.119) is less than the table value of (7.815) at 0.05 level of significance. There was no significant association between knowledge and no. of children).

CHAPTER-5

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 knowledge and attitude regarding temporary family planning methods among reproductive age women in Dr. bhim Rao Ambedkar hospital, 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 in dr. bhim Rao Ambedkar hospital. 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 knowledge and attitude regarding temporary family planning methods among reproductive age women in DR. Bhim Rao Ambedkar hospital, Noida UP".

PART- I: Demographic variables.

PART-II: Knowledge questionnaire.

PART-III: Attitude scale.

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 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 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 50,000-11lakh income 33.3% were having less than 50,000 income and 30% were having more than 1lakh income.
- Distribution of women 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 women 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 women 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 temporary family planning methods is 10.5, median is 10 and standard deviation is 2.22.
- Mean of the attitude of women's regarding temporary family planning methods is 44.53, median is 41.5 and standard deviation is 9.62.
- Correlation between knowledge and attitude is 0.00483.

Conclusion:

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

Implications of nursing

Nursing services

- Nurses can conduct periodic teaching Programme on temporary family planning 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 women.

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 of dr. bhim Rao Ambedkar hospital.
- 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 temporary family planning 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.

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ANNEXURE

INFORMED CONSENT FORM

Title of the Project: “A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN IN D R.. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P”.

Name of the Investigator: I have been explained to my full understanding in detail the nature and purpose of the above study, its potential risks/benefits and other details, I participate in study voluntarily and I am free to withdraw from it at any time without giving any reason. I also understand that information collected from the study will be kept confidential.

Name of the Participant:

Date:

Place:

Name & signature of the person obtaining consent

Witness name & signature:

Address:

ANNEXURE - 1

LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH STUDY

To

The Dean,

School of Nursing

Galgotias

University Greater

Noida, U.P

Subject –Permission letter for conducting Research study.

Respected Ma'am/Sir,

It would be highly appreciated ,if you could permit group F students of B.Sc. Nursing 4th year – Mr. Atul kumar, Mr. Anubhav Dangwal and Mr. Abhishek Srivastava of Galgotias School of nursing under Galgotias University, Greater Noida, U.P to do the research study which is a part of student curriculum as per INC syllabus in our college .Topic of research study is ;

“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN IN D R.. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P”.

Thank you.

ANNEXURE -2

LETTER FOR REQUESTING THE OPINION AND SUGGESTION OF EXPERTS TO VALIDATE THE TOOL

From,
BSC. NURSING 4TH Year
Students, GALGOTIAS
UNIVERSITY
Greater

Noida To,

Subject: - Request for expert's opinion and suggestion to establish content validity of the research tool.

Respected Sir/Madam,

We BSC. NURSING 4TH YEAR of GALGOTIAS UNIVERSITY group - F students have selected the following topic for our dissertation to be submitted to UP state medical faculty, in the partial fulfillment for the requirement for the award of BSc. Nursing. Our group includes 3 members: - Mr. Atul kumar, Mr. Anubhav Dangwal and Mr. Abhishek Srivastava.

TOPIC "A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN IN D R. BHIM RAO AMBEDKAR HOSPITAL, NOIDA, U.P".

Demographic enclosed

Structured questionnaire

Structured Teaching Programme

We request you to go through the items and give your suggestions and opinions to develop the content validity of tool. Kindly suggest modification, additions and deletions, if any in the remark column.

Thanking you for anticipation.

Yours sincerely,

B.Sc. Nursing 4th year Students

group -F Place: Greater Noida, UP

Date: -

ANNEXURE - 3

STRUCTURED KNOWLEDGE QUESTIONNAIRES ON TEMPORARY FAMILY PLANNING METHODS

Part A - DEMOGRAPHIC DATA

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 - KNOWLEDGE QUESTIONNAIRE

Q1) What do you mean by temporary Contraception?

- a) Devices or tool used for limiting birth and avoiding unwanted birth
- b) Contraception that can be used for long duration
- c) Contraception that may not be used
- d) None of the above

Q2) What do you understand by the term family planning?

- a) Family planning means increasing no of children
- b) Determining feely freely the no and spacing of the children by using contraceptives
- c) Family planning means thinking about not to have children
- d) None of the above

Q3) What is the need of contraception?

- To have babies
- To increase population
- Protection against unwanted pregnancy
- None of the above

Q4) What do you get from “ham do hamare ek “?

- a) We two our one
- b) We two our two
- c) Having more than two baby
- d) Having no baby

Q5) Besides the condom, which is another barrier method of birth control?

- IUD
- Diaphragm
- Withdrawal
- None of the above

Q6) How many hours of sexual intercourse

- a) Diaphragm

- b) Female condom
- c) Male condom
- d) None of the above

Q7) Which of these require physician prescription?

- a) birth control patch
- b) male condom
- c) Female condom
- d) None of the above

Q8) Which one is the most reliable methods of temporary contraception for women?

- a) Oral Pills
- b) Female condoms
- c) IUD
- d) None of the above

Q9) what is the role of temporary contraception?

- STD prevention
- To abort the baby
- Not known
- For birth spacing
- To avoid unwanted pregnancy and birth control

Q10) For how long-time mother can consume mala D?

- a) 3 months
- b) 2 months
- c) 4 months
- d) None of the above

Q11) what is mala-D?

- a) hormone containing estrogen only
- b) Combination of two hormones estrogen and progesterone
- c) hormone containing progesterone only
- d) None of the above

Q12) what is the action of oral contraceptive pill on female's reproductive system?

- a) Affecting fertility
- b) Affecting regularity of the menstrual cycle
- c) Both a and b
- d) None of the above

Q13) how does oral contraceptive works?

- By stopping entry of sperms
- By damaging female reproductive system
- By stopping ovulation
- None of the above

Q14) what is the time duration of emergency contraceptive pill in which it should be consumed for effective results?

- a) 24 hours after coitus
- b) 72 hours after coitus
- c) 48 hours of coitus
- d) 120 hours of coitus

Q15) Which one is the most common side effect of oral pills?

- a) obesity
- b) Nausea and vomiting
- c) abortion
- d) None of the above

Q16) How many pills are there in MALA-D package?

- a) 28
- b) 30
- c) 29
- d) None of those

Q17) what is the best time for insertion of IUD?

- a) During ovulation period
- b) Before menstrual cycle
- c) Any time
- d) Right after the menstrual cycle

Q18) Which one from these is a long-term contraceptive method?

- a) Surgical methods
- b) Pills
- c) condoms
- d) None of the above

Q19) Which one of these is one-time pill after coitus?

- a) Mala-d
- b) Unwanted 72
- c) Mala-n
- d) None of the above

Q20) What are the side effects of IUD?

- a) Cramping or backaches for few days after IUD is put in
- b) spotting between periods
- c) a, b and d
- d) irregular periods

Q21) What is the best time to remove IUD?

- a) Whenever women wants
- b) After menstrual cycle
- c) Any time during menstrual cycle
- d) After ovulation period

Q22) Which of the following are harmful effects of oral hormonal contraceptives?

- a) Increased libido
- b) Decreased libido
- c) Dysmenorrhea
- d) Prolonged amenorrhea after cessation of therapy or during therapy

Q23 IUDs are _____ effective in preventing unwanted pregnancy?

- a) 70%
- b) 90%
- c) 30%
- d) 99%

Q24) Which one of the following is the safest birth control measures?

- a) Oral contraceptive pill
- b) Emergency contraceptive pill
- c) IUD
- d) Male condom

PART –C ATTITUDE SCALE

Below are several statements about the family planning. We are interested in knowing your opinion about each statement. Using the below scale, please indicate your level of agreement or disagreement with each statement. Keep in mind that there are no right or wrong answer. Also remember that we are interested in your personal opinion. Therefore we want to know how you feel about these statements and not how your family & friends might feel about these statements.

5 = strongly agree;

4 = agree;

3 = neutral;

2 = disagree;

1 = strongly disagree.

- **Minimum score is 1 and maximum score is 5**

S.NO.	CONTENT	RATING SCALE				
		5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
1.	Male Condom is 99% effective in birth control.					
2	Condoms made up of latex can cause irritation.					
3.	Condoms also protects against sexually transmitted diseases (STDs)					
4.	Condoms are most reliable methods of contraception used by man.					
5.	Male condoms are more preferred than female condoms.					
6.	Mala D prevents the release of egg during the menstrual cycle.					
7.	Emergency contraceptive pill prevent the fertilization of egg and sperm.					
8.	MALA-D is an oral contraceptive pill consumed to avoid pregnancy.					
9.	MALA-D is also used for the treatment of irregular menstruation.					
10.	The Mala D has more side effects then ECP.					
11.	Contraceptives can be used to increase the time interval between					

	the childbirths.					
12.	If ECP is taken after 72 hours of sexual intercourse it will lead to conception.					
13.	Hormonal IUDS contains progesterone.					
14.	Intrauterine device (IUD) with copper also known as intrauterine coil.					
15.	Copper T prevents pregnancy for up to 10 years.					

QUESTIONNAIRE ANSWER KEY

Answer1 (b)
Answer2 (c)
Answer3 (a)
Answer4 (a)
Answer5 (b)
Answer6 (c)
Answer7 (a)
Answer8 (b)
Answer9 (e)
Answer10 (a)
Answer11 (b)
Answer12 (c)
Answer13 (c)
Answer14 (b)
Answer15 (b)
Answer16 (b)
Answer17 (d)
Answer18 (a)
Answer19 (b)
Answer20 (c)
Answer21 (c)
Answer22 (d)
Answer23 (d)
Answer24 (c)

MASTER DATA SHEET (ANNEXURE-5)

S. no	PARAMETERS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	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		1	1													1		1			1		
	c)30-35	1	1	1	1			1	1	1	1	1	1	1	1	1	1	1	1	1	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	1	1	1	1	1	1	1	1	1	1	1	1	
3	b) English																														
	RELIGION																														
3	a) Hindu	1	1	1	1	1		1	1	1	1	1	1	1	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														1			
	b) Primary	1	1																					1				1	1		
	c)Intermediate				1	1						1										1	1		1				1		
	d)High school			1						1	1			1		1	1									1	1				
5	e) Degree						1	1						1			1	1				1									
	OCCUPATION																														
5	a) Housewife	1	1	1	1	1				1	1			1	1							1	1	1	1	1	1	1	1	1	1
	b) Job							1	1			1	1			1	1	1	1	1											
6	INCOME																														
	a) <50,000	1	1	1	1	1					1																	1	1		1
	b)50,000-1lakh									1		1			1		1	1	1	1	1	1	1			1			1	1	
7	c)>1lakh						1	1			1	1		1	1		1						1	1							
	AGE AT THE THE TIME OF MARRIAGE																														
	a) <15yrs																														
8	b)16-19yrs	1	1							1														1			1	1		1	
	c)>20yrs			1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1			1	1	
	FAMILY TYPE																														
8	a) Nuclear		1	1		1				1		1		1	1								1	1	1	1			1	1	
	b) Joint	1			1			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
9	NO. OF CHILDRENS																														
	a)1	1				1		1									1	1					1	1		1	1				
	b)2			1	1				1	1	1	1	1			1							1	1	1	1			1		
9	c)3		1					1						1	1													1		1	

