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Assess The Knowledge And Practice On Family Planning Methods Among Mothers Of Selected Rural Areas

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Abstract: Family planning is recognized as a fundamental human right. The only way to improve the quality of life is through family planning. By spacing out the births of children, the overall health of the family can be improved. Family planning also plays a crucial role in empowering women and promoting equality. Having a smaller number of children or planning births has a positive impact on the health of the children. **The main objectives of the study** were to assess the knowledge and practice of the mothers on family planning methods. **Material and methods:** A Quantitative approach, non-experimental descriptive research design among 120 samples of the mothers were selected for the study. Data was collected through questionnaire and checklist regarding family planning methods. **Result:** Majority of mothers in the experimental group were aged 28-27 years, while those in the control group were aged 23-27 years. In terms of knowledge, 81.25% of mothers had inadequate knowledge, 18.75% had moderately adequate knowledge, and none had adequate knowledge, with a mean knowledge score of 7.95 (SD = 2.4). Regarding practice, 75.00% of mothers exhibited inadequate practice, 25.00% demonstrated moderately adequate practice, and none displayed adequate practice, with a mean practice score of 0.85 (SD = 1.5). **Conclusion:** Knowledge and practices related to family planning methods are still not high in rural areas. The media can play a major role in increasing awareness about family planning methods. The involvement of community and family, especially spouse, should be facilitate.

Keywords: Family Planning, Knowledge, Practice.

Introduction

The family is a unit consisting of husband, wife and children. They are dependent on each other. Family planning for long has been recognized as part of maternal and child health services. Even through emphasis on it has been placed only during the recent past. Various studies have provided evidence about the relationship between the occurrence, timing and spacing of pregnancies on the one hand and health of the mother and children on the other.[1]

Family planning deals with the reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortion, prevent sexually transmitted diseases and improving the quality of life of mother, fetus and as a whole.[2]

Family planning is recognized as a fundamental human right. The only way to improve the quality of life is through family planning. By spacing out the births of children, the overall health of the family can be improved. Family planning also plays a crucial role in empowering women and promoting equality. Having a smaller number of children or planning births has a positive impact on the health of the children. Family planning is necessary for reducing poverty, expanding education, addressing unemployment, promoting social welfare, and solving economic issues. Only through family planning can law and order, the political system, and economic development be ensured. Individual health and the overall health of the nation can be enhanced through family planning. In sort, family planning is extremely important for development and wellbeing of our nation.[3]

WHO has developed recommendations on which types of health workers can safely and effectively provide specific family planning method's? WHO based these recommendations on the evidence that a wide variety of providers can safely and effectively provide contraception Specific competency based training and continues educational support help all types of health care providers do a better job at providing family planning.[4]

From 2000 to 2020, the number of women using modern birth control methods has increased from 663 million to 852 million. It is estimated that an extra 70 million women will join by 2030. During the same time period, the rate of contraceptive usage among women aged 15-49 (percentage of women using any form of contraception) increased from 47.7 to 49.0%.[5]

Review of Literature

Upadhyay Deepika, et.al. (2022) A study was conducted on knowledge and attitude regarding contraceptive methods among married women in rural community area of Dehradun, Uttarakhand. The research utilized a Quantitative approach and non-experimental research design. A total of 100 women aged 18-49 years selected through convenient sampling technique. Data were gathered using a self-structured questionnaire and five-point Likert scale. The findings of the study showed that (60%) had average knowledge, (32%) had below average knowledge and (8%) of subjects had good knowledge regarding contraceptive methods. Additionally, the study found that majority (69%) of

subjects had positive attitude, (31%) had neutral attitude and none of the women were having negative attitude.[6]

Susy Mary Thomas, Annal Angeline. (2022) A descriptive study was conducted to assess the knowledge and attitude regarding family planning methods among postnatal mothers at bishop benziger hospital, Kollam. The selection of 60 participants was done through Purposive sampling. Data were collected through structured questionnaire. Results revealed that 43.33% of the postnatal mothers had moderate knowledge, while 56.67% of the postnatal mothers had adequate knowledge. Regarding the attitude 36.67% of the postnatal mothers had moderate attitude and 63.33% of the postnatal mothers had adequate attitude.[7]

Objectives

1) To assess the level of knowledge of family planning methods among mothers.
2) To assess the level of practice of family planning methods among mothers.
3) Determine the association between knowledge of mothers on family planning methods with their selected demographic variables.

Material And Methods

Research Approach

The research method adopted for the present study was Quantitative approach.

Research Design

In the present study, Non experimental, descriptive research design.

Setting of the Study

The study was conducted in rural area.

Population

The population of the present study comprised of mothers in rural areas.

Sample and Sampling Technique

Sample size for this study was 120 Mothers. Randomly selected mothers considering inclusion and exclusion criteria was thought to be the most appropriate for this study.

Data Collection Technique

The present study aimed at assessing the knowledge and practice of family planning methods among mothers in selected rural areas Thus, purposive sampling technique was used.

Development of The Tool

The structured questionnaire was prepared for assessing the knowledge and practice regarding family planning methods among mothers. Opinions and suggestions of experts in the field and the exposure of investigator in the area of research were considered.

Scoring

A score of (1) is assigned to correct response and (0) assigned to each wrong answer. Total score of the knowledge of Family planning methods was 30 and for practice 10. score range from a minimum of zero to a maximum of 30 for knowledge and for practice minimum zero and maximum 10.

The status of knowledge has been classified as:

The distribution of scores reveals significant gaps in both knowledge and practice among the participants. Out of 120 participants, 98 demonstrated inadequate knowledge, 22 exhibited moderately adequate knowledge, and none achieved adequate knowledge. Similarly, 90 participants displayed inadequate practice, 30 had moderately adequate practice, and none demonstrated adequate practice. These findings highlight the need for targeted strategies to enhance both knowledge and practice levels.

Validity of Tool

Content validity of health education was assessed by distributing to the research expert in the field of nursing, obstetrics and community department who validated the structured questionnaire and checklist.

Content validity

The structured questionnaire, along with the checklist, was submitted to a panel of seven experts for content validation. The expert panel included five professionals from the nursing field and two medical doctors specializing in obstetrics and community medicine. Additionally, a language expert specializing in Hindi was consulted to ensure linguistic clarity and appropriateness.

Criteria based validity

To establish criterion-based validity instrument was administered to mothers. It was found that instrument was tapping the area of knowledge successfully for which it was structured.

Reliability

After establishing the validity of the tool to be used for the study, the final tool was made and then the reliability of the tool was done. In this study, the reliability determined by administering structured questionnaire to 10 mothers. Items of the tool were coded and the reliability co-efficient of correlation was calculated using 'Split half method'. The method of Split half is used to test internal consistency of the tool as well as correlation to the item with the test as a whole. The correlation was obtained by using the Karl Pearson Formula. This was found as '0.9' which is significant.

Pilot Study

The pilot study was conducted to assess the feasibility of the study and to decide data analysis plan. Administrative permission was granted formally. The pilot study was conducted on 10 mothers. The Data was analyzed by statistical tests. The pilot study did not show any major change in the design of questionnaire and checklist developed by the researcher.

Procedure for data collection

Formal permission was obtained from the relevant authorities prior to the data collection process. After identifying the sample group, the objectives of the study were clearly explained to the participants, and written informed consent was secured. Participants were assured that the confidentiality of their responses would be strictly maintained throughout the research process. The investigator personally administered a self-structured questionnaire to ensure consistency and accuracy in data collection. After completing the questionnaire, participants

were thanked for their time and contributions to the study. The collected data were systematically tabulated and analyzed using statistical methods. Both descriptive and inferential statistics were employed for a comprehensive analysis.

Data were processed using a licensed version of SPSS software (Version 20). The analysis included frequency and percentage distributions of the demographic variables, as well as participants' knowledge scores regarding the use of family planning methods.

FIGURE 1: Percentage distribution of pretest level of knowledge among mothers

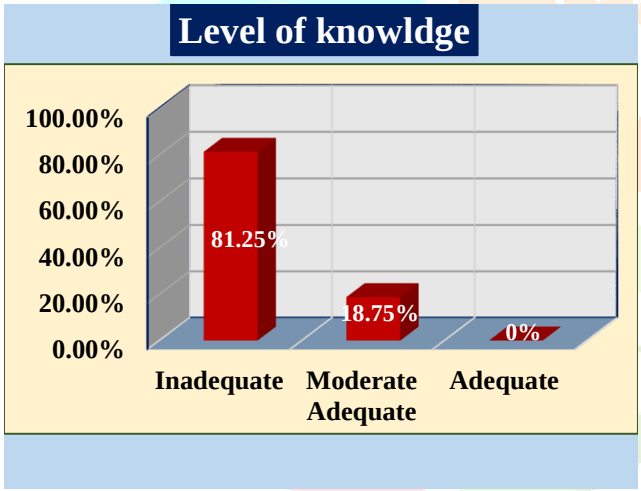

FIGURE 1: illustrates the distribution of pretest knowledge levels among mothers in the selected area of Meerut. A majority of participants 98 (81.25%) demonstrated inadequate knowledge, while 22 (18.75%) exhibited moderately adequate knowledge. Notably, no participants 0 (0%) were found to possess adequate knowledge. These findings underscore the importance of implementing targeted interventions to enhance the knowledge levels of mothers in this group.

FIGURE 2: Percentage distribution of pretest level of practice among mothers

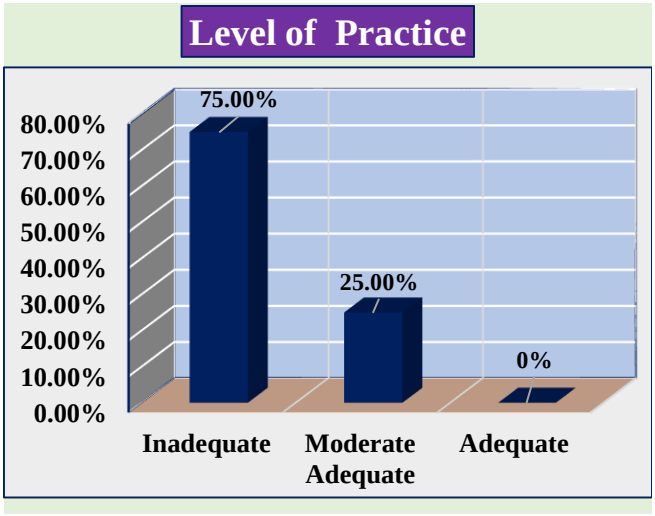

FIGURE 2: depicts the distribution of pretest practice levels among mothers in the selected area of Meerut. A substantial majority 90 (75.00%) of participants exhibited inadequate practice, while 30 (25.00%) demonstrated moderately adequate practice. Notably, none of the participants (0%) displayed adequate practice. These findings emphasize the need for targeted interventions to enhance the practical application of knowledge among mothers.

TABLE NO. 1: Determine the association between knowledge of mothers on family planning methods with their selected demographic variables.

Demographic variables		Poor	Average	Good	DF	$\chi 2$	p value
Age	18 – 22 years	10	2	0	6	4.13^{NS}	12.59
	23- 27 years	28	4	0			
	28-32 years	30	9	0			
	>32 years	25	12	0			
Religion	Hindu	59	8	0	6	1.35^{NS}	12.59
	Muslim	45	8	0			
	Christian	0	0	0			
	Others	0	0	0			
Occupation	House wife	96	5	0	6	*** **48.21**	22.46
	Laborer	8	0	0			
	Private job	3	8	0			
	Government job	0	0	0			
Types of family	Nuclear	38	2	0	2	1.66^{NS}	5.99
	Joint	70	10	0			
Duration of marriage	Less than 3 years	48	6	0	6	5.38^{NS}	12.59
	4-5 years	23	7	0			
	6-8 years	18	5	0			
	More than 8 years	13	0	0			
No. of children	Zero	10	0	0	6	6.35^{NS}	12.59
	One	25	4	0			
	Two	31	8	0			
	More than two	40	2	0			
Sources of information	Family	40	5	0	6	5.46^{NS}	12.59
	Friends	20	8	0			
	Media and literature	19	6	0			
	Health team members	20	2	0			

Results And Discussion

The present study aimed at assessing the existing knowledge and practice **of** family planning methods among mothers in selected rural areas. Total 120 sample were purposive sampling technique selected for the study.

KNOWLEDGE		PRACTICE	
Mean	**Standard deviation (SD)**	**Mean**	**Standard deviation (SD)**
7.95	2.4	0.85	1.5

Table.1: Reveals the distribution of pretest level of knowledge among mothers in selected area Meerut in experimental group and control group. The pretest for the experimental group shows that majority (81.25%) were having inadequate knowledge, (18.75%) were having moderate adequate knowledge and 0 (0%) having adequate knowledge.

The pretest for control group shows that majority 20 (66.7%) were having inadequate knowledge, 10 (33.3%) were having moderate adequate knowledge and 0 (0%) having adequate knowledge

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