

## A STUDY TO ASSESS THE EFFECTIVENESS OF HEALTH EDUCATION ON KNOWLEDGE, ATTITUDE REGARDING TEMPORARY FAMILY PLANNING AMONG MOTHERS IN SELECT AREA AT GUNTUR DISTRICT

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### ABSTRACT

India is the second largest country in the world with over one billion people of diverse socio-cultural background. The population of the world is increasing in an exponential manner. It has been found that the world population crossed the 5 billion mark in 1987 and by the turn of the century, it is expected to cross the six billion mark. India with a population of 843 million is the second most populous country in the world next to China and 7<sup>th</sup> in land area. With only 2.4 percent of world's land area, India is supporting 16 percent of the world's population.

**KEYWORDS:** Highest Population, Quality of Human Life, Family Planning

### INTRODUCTION

The population of India in 1901 was 238.4 million. The annual growth rate has been steadily increasing since 1921, i.e., it was 1.04 percent and increased to 2.25 percent in 1981 and since some prompt measure has been taken to reduce growth rate, it has become 2.22 percent in 1981 and 2.11 percent in 1991 with the rate of annual increase about 2.1 percent about 16 million people are being added every year to the already overgrown population of India. Information about the dramatic increase in population with its serious consequences regarding the quality of human life has been known for several decades. At 00.00 hours of 1<sup>st</sup> March 2001 the population of India stood at 1027,05247 comprising 531,277,078 males and 495,739,169 females. Thus, India becomes the second country in the world after China to cross the one billion mark. The percentage decadal growth of the country as a whole has declined from 23.86 during 1981-1991 to 21.34 during 1991-2001.

India now has 57 more persons per square kilometers as compared to 1991. West Bengal is the most densely populated state in the country with 904 persons living per square kilometre followed by Bihar with 880. At district level the North East district in Union Territory, Delhi has the highest population density in the country with 29395 persons per square kilometre. On the other extreme the lowest density of population is in Lahul and Spiti districts of Himachal Pradesh where only two persons are living per square kilometre.

High birth rates and declining death rate lead to population explosion. According to 1991 census, the birth rate is 30.5% 1,000 population per year. The main causes of high birth rate are early marriage, low standards of living, low educational status, traditional and cultural practice, ignorance of family planning, lack of recreational facilities.

Population reports say avoiding all uninterested pregnancies through widespread use of family planning could prevent up to one fourth maternal death saving nearly 1,50,000 women lives each year.

One of the objectives of family planning programme in India is that people should adopt the small family norms to stabilize the country's population at the level of some 1533 million by the year 2050 AD.

Family planning is recognized as a basic human right. All couples and individuals have the basic human right to decide freely and responsibly on the number and spacing of their children and to have the information, education and means to do so. Therefore, the investigator strongly felt the need to assess the knowledge and practice of temporary family planning method and awareness.

## **RESEARCH METHODOLOGY**

The research design selected to this study is a descriptive design because the present study intends to identify knowledge, attitude of temporary family planning among mothers of Guntur District. Setting of the Study was conducted at rural area in Guntur District. The primi mothers in Guntur District. Accessible Population is the aggregate of cases that conform to the designated criteria. Sampling technique in the present study, purposive sampling technique.

### **Sampling Criteria**

The inclusion criteria of the present study are the mothers of Age between 20-40 years, Who are staying in rural community, are willing to participate in the study.

### **Instrument & Scoring**

The tool used for the data collection was a structured interview schedule. The mothers were grouped according to their level of knowledge and attitude regarding temporary family planning right answer carries "one" mark, Wrong answer carries "zero" mark. Procedure for Data Collection the methods adapted for the study were structured self administered questionnaire.

### **Ethical Consideration**

The study conducted only after the approval dissertation committee, formal consent was obtained from medical office (primary health centre) and village head before proceeding for the study. Mothers were explained clearly about study purpose and verbal consent from mothers was obtained before interviewing all information about sample was kept confidential.

## **ANALYSIS AND INTERPRETATION OF DATA**

### **Organization and Presentation of Data**

The raw data collected were entered in master data sheets and analyzed and interpreted using descriptive and inferential statistics. The data are organized and presented under the following sections.

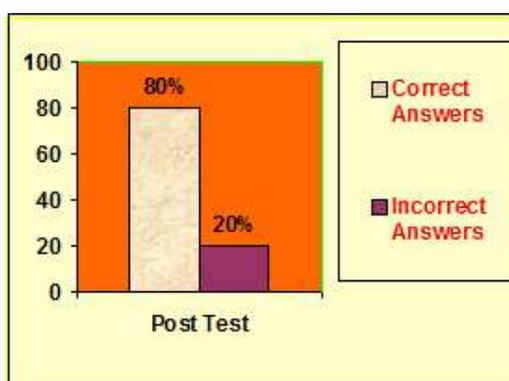
**Section-A:** Demographic variables of mothers.

**Section-B:** Knowledge level of mothers on temporary family planning

**Section-C:** Knowledge on attitude of temporary family planning.

### Analysis and Interpretation of Data

The sample was drawn from mothers at Medikonduru in Guntur District by Purposive Sampling Technique. The distribution of mother's according to background factors such as age, age at marriage, number of children and family planning. 50 mothers were included in this study. They were observed at community set up, regarding the age, majorities 35(75%) belongs to age group of 20-25 years, minority of mother belongs to age group of 25-30 years. Majority 35(70%), mothers married at the age of 20 years, minority of mothers 7(14%) mothers married at age of 21-25 years. Among mothers majority of mothers 24(48%) of them have one child, minority 12(24%) of them have more than two children. As per family planning, majority 29(58%) of mothers are using condom, minority 10(20%) of mothers using copper T. As per the level of knoweldge in post tests 40 (80%) given correct answer, 10(20%) in correct answer.



**Figure 1: Bar Diagram Showing Distribution of Overall Level of Average Knowledge of Mothers about Temporary Family Planning in Post Test**

The frequency and percentage distribution of mothers regarding knowledge in temporary family planning in a sample of 50 mothers. Regarding condom usage, majority of the mothers 37(74%) were answered correctly and a very few of them 13(26%) gave wrong answers. Type of intrauterine device, majority of mothers 42(84%) gave correct answer and minority of mother 8(16%) gave wrong answer.

Mechanism of action of IUD, majority of mothers 38(76%) answered incorrectly, and minority of mothers 17(24%) answered correctly. Side effects of IUD, majority of mothers 35(70%) answered correctly and 15(30%) were answered incorrectly.

Advantage of IUD, majority of mothers 40(80%) answered correctly and minority of mothers 10(20%) answered incorrectly. Type of oral pills, majority of mothers 39(78%) answered wrongly and very few of them 11(22%) answered correctly.

**Table 1: Frequency Distribution of Overall Level of Knowledge on Attitude of Mothers about Temporary Family Planning on Post Test N=50**

S. No.	Attitude of Mothers	Post Test		Pre Test	
		No. of Mothers	%	No. of Mothers	%
1.	Correct answer	35	70%	20	40%
2.	Incorrect answer	15	30%	30	60%

Table denotes attitude of mothers in post test regarding the temporary family planning. In the post test 35(70%) mothers knows correct answer and 15(30%) mothers don't know correct answer.

The frequency and percentage distribution of attitude of mothers about temporary family planning in a sample of 50 mothers. Regarding temporary family planning is good for family welfare, all the 50(100%) mothers were answered correctly. Hormonal contraceptive causes weight gain, majority of the mothers 30(60%) gave right answer and few of them 20(40%) gave wrong answer. PHC supplies Nirodh free of cost, majority of mothers 34(68%) answered correctly, and minority of mothers 16(32%) gave wrong answer. Regarding anti fertility effect of copper – T, majority of mothers 40(80%) answered correctly and few of them 10(20%) answered wrongly. Condom is available over the counter, majority of mothers 38(76%) were answered correctly and minority of mothers 12(24%) were answered incorrectly. IUD require regular tail check up majority of mothers 37(74%) answered correctly and 13(26%) were answered wrong.

## **NURSING IMPLICATIONS**

### **Community Nursing Practice**

- Nurses working in the community play a vital role in identifying the mothers who did not underwent permanent family planning in the community.
- The nursing personnel can conduct regular meeting for mothers to impart knowledge about temporary family planning, advantages of temporary family planning and its influence on maternal and child health care. They can guide the people to motivate in temporary family planning and alleviate cultural beliefs and taboos, which are locally existing and demonstrate the usage of different temporary family planning methods.

## **CONCLUSIONS**

The following conclusions were drawn on the basis of the findings of the study. The findings showed that most of the mothers had inadequate knowledge and negative attitude regarding temporary family planning. This study helped the mothers to gain the more knowledge, and positive attitude regarding the temporary family planning. Hence it was conducted the structured questionnaire was effective as a method to improve knowledge and attitude among mothers.

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