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Assessment Of The Knowledge About Family Planning Methods Among Eligible Couple In Selected Rural Community, Darjeeling, West Bengal

[1]SEEMA SARKAR, [2]Jyoti Devi, [3]Sarda Sharma
[1]RESEARCH Ph.D scholar (Nursing), [2]RESEARCH Ph.D scholar (Nursing), [3]RESEARCH Ph.D scholar (Nursing)
[1]TMU,MORADABAD,
[2]MGU, Bhopal,
[3]MGU, Bhopal

CHAPTER – I

INTRODUCTION

Family planning practices, especially use of modern contraceptives, seem to remain a complex problem and challenging among most communities in the contemporary society, despite use leaps of gains registered in some parts of the world.

The meaning of family planning as used in the context of this study, is adopted from World Health Organization assertion that, 'Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their birth', and which is recognized, could be 'achieved through the use of contraceptive method, which is considered to represent (modern) family planning behavior.

India has achieved a Total Fertility Rate (TFR) of 2.0 as per NFHS-5 (2019 - 21). This is aligned with the National Population Policy 2000 and the National Health Policy 2017.[1] The GOI's new strategy of RMNCH+A encompasses Reproductive Health, Maternal Health and Adolescent Health. The Family Planning Program has witnessed a paradigm shift from a program aiming at population stabilization to a program ensuring better maternal and child health. [2]

BACKGROUND

India was the first country in the world to have launched a National Program for Family Planning. Over the decades, the program has undergone transformation in terms of policy and actual program implementation and currently being repositioned to not only achieve population stabilization goals but also promote reproductive health and reduce maternal, infant & child mortality and morbidity.

According to Ministry of Health and Family Welfare, Among the 1.9 billion women of reproductive age group (15 - 49 years) worldwide in 2021, 1.1 billion have a need for family planning; of these, 874 million are using modern contraceptive methods, and 164 million have an unmet need for contraception. [3] The data of survey during 2019 to 2021, Total Fertility Rate was 2.0, The women age from 15 - 19 years who are already mothers at the time of survey found 6.8 %. The percentage of current use of any family method are 66.7% and total unmet need for family planning is 9.4% in India. [4]

According National Family Health Survey (NFHS-5) 2019 - 21, Knowledge of contraception is almost universal in West Bengal. However, some methods are still less well known. Only 56 percent of currently married women know about the lactational amenorrhoea method (LAM) and 36 percent know about female condoms.[5] Current NFHS-5 study on Darjeeling shows that the current use of any modern methods 67% and use of condom 8.8% pills 19.5% IUD 2.2%. [6] The Contraceptive Prevalence rate in Darjeeling modern methods is 67% and total unmet need of family planning method is 5.9 % , unmet needs for spacing is 2.7% .

NEED OF THE STUDY

The government of India has taken significant steps to improve and preserve maternal and child health care. Among which family planning method is most significant step. Though

according to the National Family Health Survey -5 done in 2019-2021, the India has improved the use and accessibility of the family planning in past 5 years and around 76 % population is using modern contraception in 2021. [2] in spite of it, in a descriptive study pn investing an sexual and reproductive health 2019 - 2021 done by Rileys.T.el , we found that there still 27 % women between 15 - 49 years who do not use contraception.[7]

According to ministry of Health and Family Welfare, as per 2019 - 2021 NFHS-5 data, over all contraception rate has increased substantially from 54 % to 67% from NFHS - 4, 2016- 2017. Similarly in West Bengal Contraceptive use shows around 5% differences in rural and urban areas. Knowledge of contraception is almost universal in West Bengal. However, some methods are still less well known. According to current West Bengal family health survey 2019-2021.[3]

A recent study on “Family Planning and Contraception Behaviors among the tribal tea workers: a micro-regional study in Dooars of West Bengal, India, by professor Uday Das and Dr. Sujit Kumar Das, 2024, shows that 69.2% of Santali couples are not using any modern method of contraception. [8] Then there are Oraon communities, where 66 % of couples still do not use any contraceptives. Though there are improving

the rate contraception prevalence but there are still unmet goals are present mostly due to lack of information sources. The current study of family planning practices among married males in North Bengal shows that the most used method is oral contraceptive both in rural (30.8%) and urban (35.3%). [6]

The lack of awareness of family planning services available may be a contributory factor recognizing the magnitude of the problem, the investigators felt the need to determine the knowledge of eligible couple regarding family planning methods. Hence this study will help in finding the data on knowledge of family planning methods which in turn may help in making further plans in controlling birth.

PROBLEM STATEMENT

"Assessment of the Knowledge about Family Planning Methods among Eligible Couple in selected Rural Community, Darjeeling, West Bengal."

PURPOSE OF THE STUDY

Family Planning method is an integrated process in population control. In recent year it shown that there is certain amount of unmet needs of Family Planning methods in rural areas among eligible couples. So through this study we assess the knowledge about Family Planning methods among eligible couples (15 - 45 years) in rural areas.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding the Family Planning methods among eligible couple.
2. To find out the association between the demographic variables and the knowledge level of Family Planning methods.

OPERATIONAL DEFINITION

ASSESS: In this study assess means the determination of knowledge regarding Family Planning methods.

KNOWLEDGE: Knowledge refers to the awareness and understanding the different Family Planning methods, including modern and traditional contraceptives.

FAMILY PLANNING METHODS: Family Planning methods refers to the various strategies, individuals and couples use to regulate their fertility, whether to prevent or facilitate pregnancy and to space births according to their references.

ELIGIBLE COUPLE: Eligible couple refer to the currently married couples in their reproductive age or childbearing age of 15 - 45 years.

ASSUMPTION

The study will be based on the following assumption

1. Lack of information or misconception may hinder in the adoption of family planning methods.

DELIMITATION

The present study is delimited to

1. Only married couples of reproductive age of 15 - 45 years.
2. The eligible couples who are available at the time of data collection.
3. The eligible couples who are willing to participate in the study.

INCLUSIONCRITERIA

1. Couples who are married.
2. Couples who are under reproductive age of 15 - 45 years.

EXCLUSION CRITERIA

1. Couples who are under 15 years.
2. At least one partner in the couple is directly involved with the healthcare system.

CHAPTER II

LITERATURE REVIEW

Review of literature is one of the most important steps in research process. It is an account of what is already none about a phenomenon.

The review of literature helped the researcher to identify the problem, providing the conceptual framework of the study, to assess feasibility providing methodology. It also helped in selecting and developing tool for the study, for data collection and planning statistical analysis. Related and non-related research literatures are reviewed to broaden the understanding and gain insight into the selected problem under study.

Chinta Archanal, Kuppli Sai Sushma, Krishnaveni Avvara(2024)

A cross-sectional study to assess the knowledge, attitude, and practices about family planning methods among postpartum mothers in tertiary care hospital in Medical college, Visakhapatnam. 356 mothers are convenient sampling techniques using pre-tested semi-structured interview schedule. In this study 156 mothers are randomly chosen from the medical college. The result of the study showed that only 81.4% postpartum mother are using family planning method and 48.7% mother have knowledge about family planning method. [1]

Kiranmayee Muralidhar,Holly Nishimura, Kate Coursey,Karl Krupp,Poornima Jaykrishna,Vijaya Srinivas,Purnima Madhivanan (2024)

A cross-sectional survey in Kannada was conducted among 303 pregnant tribal women in Mysore, India after obtaining informed consent. Univariate and multivariable analyses were carried out to determine the demographic and psychosocial factors associated with knowledge of contraceptive methods using Stata 14.0There was widespread knowledge about female sterilization, while only 39.3% of women reported

hearing about one or more forms of temporary contraception. and 36.3% knew where to get them. The largest proportion of women had heard about copper-T (33.0%), followed by oral contraceptive pills (23.8%), condoms (11.9%). and injectables (4.6%). Only 2.7% of women reported ever using any form of temporary contraception. Results from the multivariable logistic regression indicated that knowledge of at least one form of temporary contraception.[2]

Gunjan Joshi (2024)

A descriptive study to assess the level of knowledge and attitude towards adoption of temporary family planning method Antara injection among the eligible couples in the selected community areas of Dehradun. Quantitative research approach with descriptive research design was used in the study. The study was conducted in the community areas of Dehradun, Uttarakhand. Total enumeration sampling was to collect data from 100 subjects by using Demographic profile, Self-structured awareness questionnaire and Likert scale ,36% individuals were within the age group of 21-27 years.While 35% individuals belonged to the age group of 28-34 years. 25% individuals belonged to the age group of 35-41 years and3% individuals belonged to 42-47 years. 5.5% of individuals had adequate knowledge, 70% of individuals had moderate knowledge, 24.5% of individuals had inadequate knowledge regarding temporary family planning method Antara injection. And there is no significant association between score level and demographic variables.[3]

B. Mahalakshmi, K. Sithara Begum, S. Aruna, G. Ramani et al (2024)

A descriptive study to knowledge on birth control pills among married women in rural areas of Mahesana District, Gujarat, India. In this study sample comprised of 100 participants. The data were collected using the questionnaire based. The result of the study is knowledge score for birth control pills among surveyed women was 11.97 out of 20, corresponding to 59.85 %. The study reveals a substantial level of knowledge among rural married women regarding birth control pills,suggesting effective dissemination of contraceptive information in the studied region. These findings align with previous research,emphasizing the importance of tailored interventions and improved access to reproductive health services.[4]

Ajay Gupta,Yadav R. Singh,Somya Grover (2024)

Astudy to assess the knowledge, attitude, and practices of family planning methods among married women and to find out the factors associated with not using the family planning method. Materials and Methods This community-based cross-sectional observational study was conducted in 300 married women residing in a rural area of Jaipur, Rajasthan. Written informed consent was obtained, and data were collected using a pre-tested semi-structured questionnaire. Knowledge, attitude, and practices were summarised in proportion, and their association was measured using Chi-square test. Results The mean age of the participants was 26.7 years. Most of them (88.8% women) had knowledge of at least one contraception method. Almost two-thirds had positive attitude towards contraceptive use. The most used method was oral contraceptive pills, among

17.7% of participants. Knowledge was significantly associated with educational level and caste of the participants (P value <0.05), and practice was not significantly associated with any socio-demographic factors (P value >0.05). [5]

Dhanalakshmi N, Prasad s, Diana.v, Jayapradha, Puhalenth (2023)

The 121 eligible couples who accepted DMPA for contraception were recruited in this prospective observational study and were followed-up at third, sixth and ninth month within the study period (January-2021 to December-2021) at department of obstetrics and gynecology, Rajiv Gandhi government women and children hospital (RGGWCH), Puducherry, India. Semi-structured questionnaire, standard techniques for measuring height, weight, blood pressure were applied. Seven-point Likert scale, numerical rating scale were used for identifying factors that influenced clients in choosing, continuing or discontinuing DMPA.Our results also highlight the received a reminder hence by women. which may he better managed by community-based follow-un visits and high-anality counseling services.[6]

Prof. Dr. R. Rajarajeswari et al (2022)

A Prospective Observational Study held in a Tertiary Care Hospital at govt. Raja Mirasudhar Hospital in Thanjavur. The contraceptive prevalence of injectable contraception is 3.5% worldwide, whereas nationally the current use of DMPA is only 0.1%. In this study, majority were in age group of 26-30 years. Majority of the acceptors (40%) were Primiparous women, educated, belongs to postabortal period (65%). No previous contraception was used by many of the DMPA acceptors (64.2% women). Irregular bleeding (36.7%) was the most common side effect. Most of the DMPA accepters discontinued after 1st injection (72.5%). The major reason for discontinuation was due to side effects (36.7%). DMPA should be considered a highly effective, safe, convenient contraceptive option for appropriately selected patients. If women are given reminders for their follow-up injections, it could increase regular and uninterrupted use of the injection.[7]

SK Sikdar et al (2022)

Understanding factors associated with continuation of use of injectable contraceptives in Karnataka and Maharashtra, India. The Government of India has worked to expand access to injectable contraceptives through the introduction of a three-monthly injectable contraceptive MPA under the 'Antara program in 2017. However, the uptake of injectable contraceptives has remained low, and few studies have investigated the experiences of public health facility injectable clients in India. We examined factors associated with continuing, discontinuing, and switching methods among injectable users obtaining services from public health facilities in the Indian states of Karnataka and Maharashtra. The study team recruited respondents (N=1009) that had received their first injectable dose from in public sector facilities between February-May 2019 and conducted a follow-up visit at their residence in December 2020. We used multivariate logistic regression to study the association of the demographic characteristics, service quality, and satisfaction with

services, follow-up visits, and decision-making on injectable continuation and switching to other family planning methods. Injectable usage rates declined significantly, with 44% of clients receiving a second dose and only 16% receiving a third dose. Over half of women (54%) cited problems. related to periods as the reason for discontinuing injectable use after the first dose. Respondents were more likely to continue their method at third dose if they were older (25-35 years) and received a reminder for a follow-up dose. [8]

Surbhi Rattan et al (2022)

The cross-sectional study in nature and was conducted in an urban slum in Panjab. Three hundred married subjects were enrolled through a convenient sampling technique. One member of the married couple was interviewed for the present study. Data were collected through a semi-structured proforma.67% of the participants were using one or another contraceptive. Higher contraceptive usage was seen in more educated participants. Awareness was higher in males regarding contraception. Condom was the most known method for contraception. Three fourth of the participants agreed with two-child norm. Preference for a male child was less than 50% in both genders. Current users of condoms and oral contraceptive pills were 71.8% and 7.1%, respectively. Wanting children, fear of side effects and lack of knowledge were cited as reasons for not choosing family planning methods.[9]

Madhu shivarudrappa Binay kumar Guruswamy Mahadevaswamy K.M. (2022)

Study to evaluate postnatal mothers' knowledge and attitudes towards temporary family planning, a semi-structured knowledge questionnaire and a five-point Likert scale were developed. Results: According to the findings, 58.3% of mothers had intermediate awareness, and 41.7 percent have adequate knowledge. 86.7 percent of participants have a fairly positive attitude, while 13.3 percent have a good attitude. Since most couples have a favourable understanding and attitude about temporary family planning options, the study hypothesis that this is the case is accepted. Present was a weak negative association between knowledge and attitude score (r=-0.039), but it was there nonetheless. It implies that as people's knowledge develops, does though their attitude. [10]

Dr. Gandhari Basu, (2021)

A cross-sectional study was conducted on Prevalence and reasons behind use of injectable contraceptive among the women of reproductive age group: A cross-sectional survey in rural areas of Nadia District, West Bengal. Estimated 42 million reproductive age group women were using injectable contraceptive, fourth most prevalent contraceptive worldwide. To find out the prevalence, reasons and the associated factors for using injectable contraceptive among the women of reproductive age group. Technique used was Multi staged random sampling. Totally. 212 reproductive age group women were chosen from a total of 16 villages, selected by simple random sampling. Associations between dependent and independent variables

were tested by Chi-square test. The proportion of teenage marriage was unexpectedly high. More than half mothers were unwilling to have babies in future. One-third of study population used injectable contraceptive; ASHA was the main suggestion provider in choosing the method. Use of injectable contraceptive must be sincerely promoted through social marketing and the front-line health workers should motivate the women to use it by providing correct information.[11]

Rajesh K Ahirwar et al. J Family Med Prim Care (2021)

The present study was an observational cross-sectional survey conducted from 1st December 2019 to 28th February 2020 in Lohpeeta mobile tribe located in Shivpuri local; nonrandom convenience sampling method was used after applying the inclusion and exclusion criteria, so the total sample size was 209. Data were collected by a principal investigator with a predesigned, pretested, questionnaire by conducting face-to-face interview with the participants.The most common age group of participants was 18-30 year (37.3%) and most were married (97.6%); we found that the knowledge and attitude toward contraceptives of participants was very poor, most 185 (88.5%) of the participants had never used any contraceptive method and only a few participants were using it occasionally, and none of the participants were using any contraceptive methods regularly. The knowledge, attitude, and compliance towards contraceptives were poor in this group, we need to focus on this type of migrant population to increase their awareness and change their attitude towards contraceptives, so that they can use it without any fear.[12]

Sarita Shrestha, et al (2020)

A descriptive study design was carried among 241 postpartum mothers having under 6 months age child came for vaccination at Sunaulo Bhabisya Nepal, Chitwan. Postpartum mothers were selected using a purposive sampling technique. All the postpartum mothers were interviewed through a semi structured questionnaire for data collection. Data collection was done from 17 December 2019 to 14 January 2020. Data was analyzed by using descriptive statistics with the help of statistical package for social science (SPSS) version 20. The findings of the study revealed that the mean age of the mothers was 25.36 years. Regarding the awareness on postpartum family planning, most of the mothers had below average (39%) and average (36.9%) level of awareness. Whereas few (24.1%) had above average level of awareness. More than one third of mothers (37.8%) used a family planning method.[13]

JissaVinodaThulaseedharan (2018)

Astudy onContraceptive use and preferences of young married women in Kerala, India among 203young marriedwomen.118 women were currently using any type of contraceptive method(58%), of which 27 women had opted for female sterilization. Withdrawal method was themost used method, followed by male condoms. Intrauterine device (IUD) was used by only2% of women and no other modern methods were reported by women. Totally, 85 womenwere currently not using any contraceptive methods, but half of them

were pregnant or hadrecently delivered. The main reason for using only traditional methods is "no interest to useother methods" or "fear of side effects". Around 84% of women had ever used any methodof contraception, in which male condoms was the predominantly used reversible method. [14]

Jahan U et al (2017)

A study on Awareness, attitude and practice of familyplanning methods in a tertiary care hospital, Uttar Pradesh, India Reasons precludingwomen from practicing contraception were desire to have a child (60.5%), lack ofknowledge (42.4%), and unbearable side effects (25.5%). Majority (92.4%) thought thatcontraceptive use was beneficial but only (27.2%) expressed the willingness to startpracticing contraception if they received more information about the subject. The study resultsrevealed that the most commonly known were OCPs (74.8%), condom (68.8%) and IUCD(56.6%). Awareness about Most of the women were between 21-34 years of age (60.1%)and had primary level of education (40%).It was observed that with increase in level ofeducation, awareness also increased (77.7%). The most common source of information wasmass media (53.2%). Contraceptive prevalence rate was 62.9%, higher than the nationaldata as 28.5%. Most of them (93.1%) were aware of at least one family planning method.Female sterilization (36.4%) was more than male sterilization (25.3%). 62.9% had usedatleast one contraceptive method, three prevailing methods used were condom (65.1%),OCPs (31.8%) and IUCD (9.09%).[15]

CHAPTER III

RESEARCH METHODOLOGY:

Methodology of research a way to systematically solve the research problem.This chapter describes about the methodology adopted for study and it includes research design, setting for study, population, description of tool, validity and reliability of tool data collection procedure and plan for data analysis, protection of human subject.

RESEARCH APPROACH:

Research approach of this present study is non-experimental, descriptive study. This approach is concerned the assessment of knowledge about family planning method among eligible couples, in selected rural community, Siliguri, Darjeeling.

RESEARCH DESIGN:

Research design is a masterplan specifying the methods and procedures for collecting and analysing the needed information in a research study. For this present study descriptive research design is adopted.

VARIABLES:

Variables are anything that has quality and quantity that varies. In other words, variables are quality, properties or characteristics of person, things or situations that change or vary.

DEMOGRAPHIC VARIABLES:

The characteristics and attributes of the study subjects are considered as demographic variables. In this study the demographic variables are age, education, occupation, religion, type of family, family income, age of marriage, duration of marriage, no. of pregnancy, age of 1st child birth, no. of living children, no. of abortion, type of abortion, no. of death or still birth, knowledge about family planning method, source of information about family planning, decision maker about family planning in household.

RESEARCH VARIABLE:

Research variables can be defined as qualities, attributes, properties or characteristics those are observed or measured in a natural setting without manipulating and establishing cause effect relationship.

Therefore, research variables can be defined as qualities, attributes, properties or characteristics which are observed or measured in a natural setting without manipulating and establishing cause effect relationship. In this study research variable is knowledge about family planning method.

Fig: Schematic representation of research

RESEARCH SETTING

* Research setting is the most specific place where data collection occurs.
* The study was conducted in Mohorgong and Gulma, Siliguri, Darjeeling, West Bengal

The rational for selecting the settings were:

* Availability and easy accessibility of the subjects.
* Feasibility of conducting the study.
* Administrative approval and expectation of co-operation for the study from various personnel.

Population

Population is the entire aggregate of cases in which the researcher is interested. In this study, the population consisted of eligible couples age of 15 to 45 years.

Sample

Sample is a subset of population selected to participate in a research study. In this study, sample comprises of 50 eligible couple of Mohorgong and Gulma, Siliguri, Darjeeling, West Bengal.

Sample Size

Sample size for the study was 50 eligible couples.

Sampling Technique

Sampling is a process of selecting a portion of the population to represent the entire population. Convenient sampling technique was used to select the subjects for the study.

Sampling Criteria

Criteria for Sample Selection:

The criterion for sample selection was mainly depicted under two headings, which included the inclusion and exclusion criteria.

Inclusion Criteria

1. Couples who are married.

2. Couples who are under reproductive age of 15 – 45 years.

Exclusion Criteria

1. Couples who are under 15 years.

2. At least one partner in the couple is directly involved with the healthcare system

Ethical Consideration:

* Ethical clearance was obtained from Institutional Ethics Committee of Anandaloke Institution of Nursing Education, Siliguri, Darjeeling.

* Ethical clearance was obtained from the

* A written informed consent was developed for participants briefing objectives to each respondent.

* Self- introduction given and purpose of the study was explained to the respondents.

Administrative Permission was taken from:

* Principal, Anandaloke Institute of Nursing Education, Siliguri, Darjeeling.

* Vice -Principal, Anandaloke Institute of Nursing Education, Siliguri, Darjeeling.

* Guide and teachers, Anandaloke Institute of Nursing Education, Siliguri, Darjeeling.

DATA COLLECTION TOOLS AND TECHNIQUES:

The most crucial and important aspect of any investigation is the data collection which provides appropriate information for the study. Based on the objectives of the study the following data collection tools were developed in ordered to obtain the necessary information.

Table 1: Tools and Techniques for data collection

Tool

Name of tool

Variables

Technique

Tool I

Self-Structured Questionnaire

Demographic Variables

Questionnaire

Tool II

Self-Structured Questionnaire

Level of Knowledge on family planning method

Questionnaire

Description of the Tool:

The data collection proforma consisted of 2 sections

Tool I – Demographic proforma

Tool II – Self Structured Questionnaire

Tool I – Demographic proforma

Proforma includes demographic characteristics, i.e. age, education, no. of children, occupation, religion, type of family, family income, previous knowledge on family planning method.

Tool II – Self Structured Questionnaires

It consists of multiple-choice questions to assess the knowledge about family planning method.

Scoring Technique:

The knowledge questionnaire consisted of 25 close ended multiple choice questions with a single correct answer. Every correct answer was given with a score of one (1) and every incorrect or unanswered item was given with a score of zero (0). The maximum score of knowledge questionnaire was twenty-five (25). The obtained knowledge score was categorized under the following level. This categorization is purely for the study only.

Table 2: Scoring Technique

Interpretation	Scoring
Poor	0-9
Average	10-14
Good	15-20
Excellent	21-25

Validity of Tools:

According to Polit and Hungler, Validity refers to the degree to which an instrument measures what it is supposed to be measured.

After preparing the tool I and Tool II, it was given to 6 experts from the field of Community Health Nursing, Mental Health Nursing, Obstetrical and Gynaeco-logical Nursing and Adult Health Nursing Department to ensure content validity of the tool. The experts were requested to given their opinion and suggestion regarding the appropriateness, accuracy and relevance of the items.

The Reliability of the Tool:

Reliability is the degree of consistency or accuracy with which an instrument measures the attribute which it designs to measure. Reliability of the self-structured questionnaires was established by the split half method. This was done to rule out any bias or any confusion with the questions, which would be elicited after the actual administration of questionnaire

Procedure for data collection

Final data collection

* Ethical clearance was obtained from Institutional Ethical Committee

* Subject were selected according the inclusion criteria by using convenient sampling technique

* Data was collected from Mohorgong and Gulma, Siliguri, Darjeeling, West Bengal.

* Before data collection the researcher introduced herself and explained about the purpose of the study.

* The participants were assured about their anonymity and their right to withdraw from study at any point of time.

* Formal written consent is obtained from each participant.

* Self- structured questionnaire was used to collect data regarding demographic proforma and knowledge regarding family planning method.

* The questionnaire was applied to each participant individually in Hindi version.

* At the end of the data collection, we thanked the participants for their participation and cooperation.

* Average 30-40 minutes time was taken for each participant.

* We collected 25 data in a day.

PLAN FOR DATA ANALYSIS AND INTERPRETAION:

Data analysis was conducted to reduce, interpret and organize data. Analysis and interpretation of data was based on the objectives of the study. Analysis of the data is presented in the form of table and diagram. Data was analyzed using descriptive statistics.

DATA ANALYSIS:

The collective data was analyzed using descriptive statistics e.g. frequency and percentage were calculated and the same are presented graphically.

DESCRIPTIVE STATISTICS:

* Computation of frequency and percentage distribution to describe demographic characteristics.

* Computation of mean percentage to describe the overall and domain wise knowledge regarding family planning method.

* Computation of frequency and percentage distribution of different domains knowledge regarding family planning method.

PROBLEM FACED DURING DATA COLLECTION:

No problem was faced by the researchers during data collection.

SUMMARY:

The chapter deals with the research approach, research design, setting, population, sample, sampling techniques, development and description of tools, final study, data collection techniques and plan for data analysis.

CHAPTER - V

This chapter presents the major findings of the study, discussion in relation to other studies, conclusion and implication of the study in nursing practice, nursing education, nursing administration and nursing research. The limitation of the study has also been stated in this section; it also attempts to give an account of suggestions and recommendations for further study in this field.

Objectives of the study:

1. To assess the level of knowledge about the Family Planning method among eligible couples.
2. To find out the association between the demographic variables and the knowledge level of Family Planning method.

Major findings of the study are as follows:

Section 1: Description of samples based on their demographic variable.

* Maximum of the husband (58%) belongs to (31-45) years of age group.
* Maximum of wife (60%) belongs to (15- 30) years of age group.
* Majority of husband (68%) have secondary education.
* Majority of wife (46%) have secondary education.
* Maximum of husband (64%) are private employee.
* Maximum of wife (40%) are housewife.
* Most (76%) eligible couple are Hindu.
* Most (62%) family are nuclear.
* Maximum (50%) family income (5001-10000).
* Maximum age at marriage (50%) between (20-24) years.
* Most (58%) duration of marriage between 7 years & above.
* Highest (38%) women are pregnant 2 times.
* Majority age of first childbirth (46%) between (15-19) years.
* Maximum number of living children (54%) are 2 children.

* Maximum (88%) women have no abortion.
* Most (8%) are induced abortion.
* Majority (96%) have no death of still birth.
* Most (94%) eligible couples are known about family planning.
* Maximum (50%) source of information are from ASHA worker.
* Most (58%) husband & wife are decision maker.

Section 2: Findings related to association between knowledge about family planning method among eligible couples and selected demographic variables.

The findings of this study reveals that there is significant association between knowledge about family planning methods among eligible couple with the selected demographic variables such as age of husbandchi-square = 0 at df (1)0.05 level of significance, age of wife chi-square = 0 at df (1)0.05 level of significance, education of husband chi-square = 50 at df (3)0.05 level of significance, education of wifechi-square = 50 at df(3)0.05 level of significance, occupation of husbandchi-square = 50 at df (3)0.05 level of significance, occupation of wife chi-square = 50 at df (4)0.05 level of significance, religion chi-square = 0 at df (3)0.05 level of significance, type of family chi-square = 50 at df (2)0.05 level of significance, family income chi-quare =50 at df (3)0.05 level of significance, age at marriage chi-square = 50 at df (3)0.05 level of significance, duration of marriage chi-square = 50 at df (3)0.05 level of significance, no of pregnancy chi square = 50 at df (3)0.05 level of significance, age of first child chi-square = 50 at df (3)0.05 level of significance, no of living child chi-square = 50 at df (3)0.05 level of significance, no of abortion chi-square = 50 at df (3)0.05 level of significance, no of dead or still birth chi-square = 50 at df (3)0.05 level of significance, type of abortion chi-square = 0 at df (1)0.05 level of significance, source of information chi-square = 50 at df (3)0.05 level of significance, decision maker chi-square = 50 at df (3)0.05 level of significance.

Conclusion

Based upon the observation of our study it can be concluded that the selected variables namely age, sex, religion, educational class, informational sources have significant impact on the knowledge about family planning methods among eligible couple. The present study reveals that 30% couple has poor knowledge, 16 % has good knowledge, 52% has average knowledge and 2% has excellent knowledge.

Knowledge about family planning method has very significant role in health maintenance of the age group 15-45 years as the eligible couple criteria comes into this age group. In present situation inadequate knowledge about family planning methods which is considered as one of the most significant reason for increasing maternal and child mortality and population explosion leading to both economical and biological

instability . The present findings raise the necessity to provide educational programme about family planning methods.

Implication of the study

The findings of the study have implication in the field of nursing education, nursing practice and nursing research.

Nursing Education

* Nursing education should focus more attention on giving education to eligible couples it is the nurses responsibility to educate the couple about different family planning methods and its importance.
* The study findings revealed that only 30%sample has poor knowledge, 52%has average knowledge, 16%has good knowledge and 2% has excellent knowledge about family planning methodand their importance.

Nursing Research

* Since family planning method are one of the most essentials that helps to maintain maternal and child health and to attain population stability.
* Various studies can be conducted from time to time as for further assessment of the knowledge about family planning method.
* The study findings can be motivating for the health workers to arrange future studies in this topic.

Limitation

* The present study is limited to only married couples of reproductive age group of 15 – 45 years.
* The sample number of the subject (50) was used to conduct this studythus limiting generalization of the findings.

Recommendation

* Similar study can carry on the larger sample to validate the findings and make generalization.
* Comparative study could be done about knowledge of family planning method and its benefit.
* Information, booklets, leaflets, counselling can be provided in various aspects of family planning methods.
* The study can be replicated in different settings in the states.
* Private health facilities should involve in support of awareness about family planning method.

Summary

This chapter deals with the major findings of the study, discussion in relation to the findings of the other studies, conclusion and implications in relation to nursing education, nursing practice and nursing research. In addition to this the limitation of this study have been incorporated, followed by the recommendation. The study help investigator to understand the knowledge about family planning method among eligible couples and also has sensibilized us focus on the need for arranging educational programs on family planning method, itsbenefit, contribution on women and child health and effect on population.

REFERENCE

1. https://www.pib.gov.in/PressReleasePage.aspx?PRID=2086511

2. https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=822&lid=218

3. https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception#:~:text=Among%20the%201.9%20billion%20women,(reversible)%20and%20permanent%20methods.

4. https://www.businesstoday.in/lifestyle/health/story/india-fertility-rate-drops-to-2-on-rising-use-of-contraceptives-survey-shows-313326-2021-11-25

5. https://dhsprogram.com/pubs/pdf/FR374/FR374_WestBengal.pdf

6. https://contraceptionmedicine.biomedcentral.com/articles/10.1186/s40834-024-00322-7

7. https://www.jstor.org/stable/10.1363/46e9020

8. https://www.researchgate.net/publication/383665725_Family_Planning_and_Contraceptive_Behaviour_among_the_Tribal_Tea_Workers_A_Micro-Regional_Study_in_the_Dooars_of_West_Bengal_India

9. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.researchgate.net/publication/383665725_Family_Planning_and_Contraceptive_Behaviour_among_the_Tribal_Tea_Workers_A_Micro-

Regional_Study_in_the_Dooars_of_West_Bengal_India&ved=2ahUKEwjYpqnf8rKNAxUnwTgGHbQRCpEQFnoECCQQAQ&usg=AOvVaw3JPDlv3Xsb41q_Q_eabkgc

10. http://ijlbpr.com/uploadfiles/138vol12issue2pp798-803.20230423050208.pdf

11. https://pubmed.ncbi.nlm.nih.gov/38217011/

12. https://www.researchgate.net/publication/383757276_A_DESCRIPTIVE_STUDY_TO_ASSESS_THE_LEVEL_OF_KNOWLEDGE_TOWARDS_ADOPTION_OF_TEMPORARY_FAMILY_PLANNING_METHOD_ANTARA_INJECTION_AMONG_THE_ELIGIBLE_COUPLES_IN_THE_SELECTED_COMMUNITY_AREAS_OF_DEHRADUN

13. https://www.bioinformation.net/020/9732063002001026.pdf

14. https://www.researchgate.net/publication/374580435_Knowledge_attitude_and_practices_of_family_planning_methods_among_married_women_from_a_rural_area_of_Jaipur_Rajasthan_An_observational_study

15. https://www.researchgate.net/?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19

16. https://www.journalijar.com/uploads/66cc672528773_IJAR-47798.pdf

17. https://www.journalijar.com/uploads/66cc672528773_IJAR-47798.pdf

18. https://pubmed.ncbi.nlm.nih.gov/36387680/

19. https://www.researchgate.net/publication/362185614_A_Study_to_Assess_the_Knowledge_and_Attitudes_Concerning_Temporary_Family_Planning_Methods_Among_Postpartum_Mothers_Admitted_to_Certain_Hospitals_in_the_Chamarajanagar_District

20. https://pubmed.ncbi.nlm.nih.gov/36387680/

21. A study to assess the socio-demographic factor and knowledge, attitude, and practice of family planning methods in Lohpeeta migrants tribe located in Shivpuri central India - PubMed

22. https://shodhgangotri.inflibnet.ac.in/jspui/bitstream/20.500.14146/7304/3/03_literature%20review.pdf

23. www.journalijar.com

24. https://journals.lww.com/jfmpc/fulltext/2021/10070/prevalence_and_reasons_behind_use_of_injectable.22.aspx