

Original Research Article

# A Descriptive Study to Assess the Knowledge Regarding Family Planning Method among Eligible Couple in Selected Area of Greater Noida

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## ABSTRACT

Family planning means, way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individual and couple in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country. Family planning is considered as the basic human right. The quality of life can be improved only through family planning. By spacing child birth, health status of the family planning enhanced. Family planning is important for women empowerment and equality also low and order, political system and economic development can be ensured only for family planning. Through family planning only individual health and health status of the nation can be enhanced. That means family planning is extremely important for development and well-being of our Nation. Children get good nourishment in small family and their physical and mental growth is also better. The need of family planning is to-Awareness of one or more methods of contraception, Increase in contraceptives use over the years, Knowledge of female sterilization. We select this problem as our research study because we want to assess the knowledge regarding method of family planning among eligible couples. The study aims to assess the knowledge regarding family planning method among the eligible couples in selected area of Greater Noida. This study is a type of descriptive research. A Descriptive study with cross sectional survey approach was under taken to assess the knowledge level of eligible couples regarding family planning method. The research approach used in this study was survey approach. A purposive sampling technique was used to select the samples. The size of the sample was 100 eligible individuals. Data were collected by using structured interview schedule. Analysis was done by descriptive and inferential statistics. Major finding of the study are such as the overall mean knowledge score of the study of respondent was 5.95(SD=5.28). It indicated that eligible couples had less knowledge regarding family planning method. Chi square test was performed to determine the association between selected socio-demographic variables and knowledge score of the sample. There is no significance relationship between socio-demographic variables and knowledge of eligible couple about family planning method as is more than table value at  $p=0.05$ . Hence, null hypothesis is accepted and research hypothesis is rejected. As a conclusion, it was found that the eligible couples had low knowledge regarding family planning method.

**Key Words:** Family planning methods, eligible couples knowledge level of male and female eligible couples.

## OBJECTIVES

1. To assess the level of knowledge regarding the method of family planning among eligible couples.
2. To find out the association between the knowledge of eligible couple with their socio- demographic variables.

3. To evaluate the knowledge regarding family planning method among the eligible couples.

### **HYPOTHESES**

H1-There will be significance association between the level of knowledge of the eligible couples with their socio-demographic variables.

H0- There will not be significance association between the levels of knowledge of the eligible couples with their socio-demographic variables.

### **BACKGROUND OF THE STUDY**

Family planning means preparing sex plan for the family which mean help individual and couple in achieving welfare of their family by keeping it small. Though family planning is not the synonym of birth control but it has same connotation in the mind of people, which only symbolize obstructive, negative and delusionary nature of the thinking. [1]

India has the second largest population in the world. The higher fertility in India is attributed to the universality of marriage, low level of literacy, limited use of contraceptives and traditional way of life. Family planning is also essential to improve the quality of life. Family planning and health are closely inter-related. Family planning favourably influences the health development and well-being of the family. The people must be encouraged to plan their families. Family planning is very important for growth and development of children. Children get good nourishment in small family and their physical and mental growth is also better. [2]

Family planning refers to practices that help individuals or couples to attain certain objectives like, to avoid unwanted birth to bring about wanted births to regular the intervals between pregnancies, to control the at which births occur in relation to the ages the parents to determine the number of children in the family. In a highly populated and developing country like India, family planning affects the health services to a large extent. Maternal mortality and

morbidity rates can be reduced significantly by the use of family planning services. Marital relationship becomes more stable and mental health also improves. Family planning would these mean planning the size of the family in a manner compatible with physical and socio-economic resources of the parents and conducive to health and welfare of all members of the family. [3]

Family planning will help to control the population growth and keep family healthy and happy. India has experienced remarkable growth over the past two decades and is ranked third globally in terms of purchasing power parity. It is home to 17% of the world's population – a population of diverse cultures, languages and religions. India has also made progress on most of the MDGs and has invested resources generated from growth into programs to deliver services to the poor (Reproductive Health at a Glance, World Bank, June 2010). [4]

The relevance and importance of family planning in India has to be understood in the context of the burgeoning population, and the persistence of relatively poor social indicators inspite of a booming economy. [5]

### **RESEARCH APPROACH**

The research approach adopted in the present study was descriptive survey approach, which was considered as appropriate because this study aims to assess the knowledge regarding family planning among the eligible couples

### **RESEARCH DESIGN**

The research design is the master plan specifying the method and procedure for collecting and analysing the needed information in a research study. The selection of design depends upon the objectives of the study and variables to be studied.

### **VARIABLES IN THE STUDY**

*Independent Variable (IV): The independent variable is the condition or*

characteristic manipulated by the researcher. The Structured teaching programme on stress and coping strategies is the independent variable.

Dependent Variable(DV): The Dependent variable is the condition or characteristic that appears or disappears as a result of independent variable. Here the dependent variable is Knowledge of parents regarding stress and coping strategies.

### RESEARCH SETTING

Setting is the physical location and condition in which data collection place in the study. The study was conducted in community area of Bhangel, Noida. The selection of the setting was done for the present study on the basis of geographical proximity, feasibility of the study and availability of sample.

### ASSUMPTION

1. The Eligible couples will have direness to know regarding family planning.
2. The eligible couples will be willing to participate in the study effectively

### DELIMITATION

The study will be limited to the individual who are-

1. Have under 14-45 years of age.
2. Present during the period of data collection

### POPUPATION

Population is any group of individual that have one or more characteristic is common, that are of interest to the researcher. The target population of the present study is include all the eligible couple between 14-45 years

### SAMPLE

**Sample size:** Sample is a subject of the population selected to participate in are search study. In the present study, the sample consists of 100 individuals from age of 14-45 years was considered as samples for the study.

**Sampling Technique:** Sampling defines the process of selecting a group of people or other elements with which to conduct a study. Purposive sampling, sometimes referred to as “judgmental or theoretical sampling”, which involves the conscious selection by the investigator of certain subjects or elements to include in the study. The purposive sampling is based on the belief that are searcher’s knowledge about the population can be used to hand pick the cases to be included in the sample. The sampling technique used in this study was purposive sampling technique. The data collected from the 100 samples whom et the inclusion criteria from community area of Bhangel, greater Noida.

### SAMPLING CRITERIA:

**INCLUSION CRITERIA** Inclusion criteria Parents who are

- 1- Having under 14-45 year of age.
- 2- Residence of Greater, Noida.
- 3- Are available during the period of data collection.
- 4- Willing to participate.
- 5- Understand Hindi And English.

**EXCLUSION CRITERIA** Parents who are not

1. Available during data collection.
2. Able to read and write in Hindi or English.
3. Residence of Greater, Noida.
4. Willing to participate in the study.

### DESCRIPTION OF TOOL

It was felt that structured interview schedule is suitable to make extensive enquiries and can lead to fairly reliable and showed that the information collected through this structured interview schedule is relatively more accurate and allows infirmity in asking questions and objectivity in recording the responses. A structured interview schedule was made to assess the knowledge regarding family planning method among the eligible couples.

SectionA- Consists of Socio-Demographic Performa of sample the first section of tool

consists of items related to data regarding personal and baseline characters of the eligible couples from 14-45 years of age. It includes age, religion, education, occupation, no. of children, monthly income, family type, sources of information.

Section B - Structured interview schedule to assess the knowledge regarding family planning. The tool consists of 25 items regarding family planning. The item was close ended questions especially multiple choice questions. The total score was 25. Each correct response carried out with one mark. The tool was prepared in English and translated in Hindi.

### **VALIDITY OF TOOL**

The validity of tool was obtained by submitting the tool to 8 experts in Community health Nursing. The validates have suggested some modification in the items. The suggestions of the experts were incorporated in the final tool. Based on the suggestions of the experts and results of the Pilot study, final tool was prepared.

### **PILOT STUDY**

A pilot study is referred to a small-scale preliminary tryout of the method to be used in an actually large study. The permission was obtained from concerned authority. The pilot study was conducted from 27-01-2019 to 29-01-2019 in Bhangel, greater Noida. The result of the study showed the completeness, applicable, feasibility and reliability of the items.

### **RELIABILITY OF THE TOOL**

The degree of consistency or accuracy with which an instrument measures the attribute it is designed to measure. Reliability of the tool was determined by the split half method. It shows that the tool was highly reliable for the final study.

### **DATA COLLECTION PROCEDURE**

Formal written permission was obtained from Municipal Corporation of Greater Noida.

1. 100 eligible Individuals were selected from the permitted area by purposive sampling technique.
2. The investigator visit house to house, however individual available at home who fulfil the inclusion criteria.
3. Self introduction was given by investigator and purpose of study was explained.
4. About 20-25 minutes were spends on each subjects for interview process, where necessary questions explained in simple word.
5. In a day, data was collected around 9-10 from the samples.
6. 10-12 days takes to collect data from all 100 samples.
7. The Health education module was distributed after data collection to the eligible couples.

### **DATA ANALYSIS**

Analysis is the method of organizing, shorting and structuring data in such a way that researcher can be answered or meaningful inferences can be drawn. This chapter deals with the analysis and interpretation of data collected from the sample i.e. 100 eligible individuals. A structured interview schedule was prepared and used for data collection and analysis was done with the help of descriptive and inferential statistics. The collected data were coded, entered in master sheet, compiling and categorizing the information to summarize and organize the data meaningfully. Analysis and interpretation of data are based on the objectives of the study are presented.

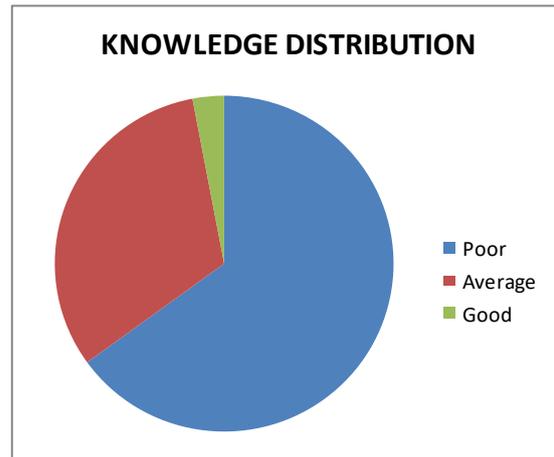
The objectives of the study using descriptive and inferential statistics. The plan of data analysis was developed accordingly. The data obtained was planned to analyze in terms The collected data was coded and transformed to master sheet for statistical analysis.

Descriptive analysis means standard deviation means score percentage was used

to assess the knowledge regarding family planning. The Chi Square analysis was used to determine the association between knowledge and selected demographic variables.

**Table:-1 Percentage wise distribution of eligible couple according to their knowledge score**

Level of knowledge	Percentage	Actual score
POOR	65%	0-8
AVERAGE 32% 9 – 16	32%	9-16
GOOD 3% 17 – 20	3%	17-20
OVER ALL 100% 25	100%	25



**Figure:-1** Showing the percentage distribution of knowledge score

**Table:-2 Association between the knowledge levels of eligible couple with their socioeconomic variables**

Variables	Knowledge level			CHI SQUARE VALUE	Result
	Poor	Average	Good		
<b>1.Age</b>				<b>8.349</b>	<b>NOT SIGNIFICANT</b>
18-21 year	10	5	0		
22-25 year	28	21	3		
26-29 year	19	4	0		
30-32 year	8	2	0		
<b>2. Gender</b>				<b>2.899</b>	<b>NOT SIGNIFICANT</b>
Male	30	12	0		
Female	35	20	3		
<b>3. Religion</b>				<b>2.295</b>	<b>NOT SIGNIFICANT</b>
Hindu	49	22	3		
Muslim	12	6	0		
Sikh	4	4	0		
Christian	0	0	0		
<b>4. Education</b>				<b>20.586</b>	<b>NOT SIGNIFICANT</b>
Uneducated	10	5	0		
Metric	42	13	0		
Intermediate	11	8	1		
Graduation	2	6	2		
<b>5. Family</b>				<b>4.498</b>	<b>NOT SIGNIFICANT</b>
Nuclear	32	18	3		
Joint	34	8	0		
Extended	4	4	0		
Grandparent	2	2	0		
<b>6. Occupation</b>				<b>19.486</b>	<b>NOT SIGNIFICANT</b>
Housewife	37	11	0		
Worker	20	15	0		
Private job	8	6	3		
Govt. job	0	0	0		
<b>7. Number of child</b>				<b>13.654</b>	<b>NOT SIGNIFICANT</b>
No child	4	8	0		
One	14	7	1		
Two	12	4	2		
Three/more	35	13	0		
<b>8. Source of information</b>				<b>3.168</b>	<b>NOT SIGNIFICANT</b>
Radio	4	0	0		
T.V.	51	28	3		
Newspaper	4	2	0		
Health worker	6	2	0		

Chi-Square test was carried out to analyse the significance association between the knowledge levels of eligible couples with their socio demographic variables. The study finding has shown that there was no

significant association of knowledge levels and socio-demographic variable. H1- There will be significant association between the knowledge levels of eligible couples with their socio-demographic variables, so this

hypothesis was rejected. H01- There will not be significant association between the knowledge levels of eligible couples with their socio-demographic variables at 0.05 level of significance, so this hypothesis was accepted. Since the calculated value for the selected demographic variables such as age, gender, religion, education, family types, no. of child, occupation and sources of information are less than table value, there was no significant association. Hence the null hypothesis is rejected and the research hypothesis is accepted for demographic variables. Thus it was concluded that there was no significant association between knowledge level and socio-demographic variables of eligible

### CONCLUSION

The study intended to assess the knowledge regarding family planning method among the eligible couple in selected area of greater Noida.

Data was collected from 100 eligible individuals in Bhangal, greater Noida. Data was obtained through the developed and validated form of questionnaire. The collected data was tabulated, analysed and interpreted by using descriptive and inferential statistics. The findings of the study have been discussed with reference to the objective and hypothesis stated. The data collected was subjected to analysis for descriptive statistics in terms of frequencies and percentages and inferential statistics like Chi square test, standard deviation and Pearson's correlation coefficient were computed. The data findings have been organized and finalized according to the plan for data analysis and are presented.

The following conclusions related to major findings are:

1. According to age about 15% were in age group 18-21 years, 52% were in age group 22-25 years, 23% were from 26-29 years and 10% were from age group of 30-32 years.
2. Majority of the respondent were female about 58% and 42% were male as by their gender.

3. The samples belong to the religion were 74% from Hindu, 18% from Muslim, 8% from Sikh and 0% from Christian.
4. The findings showed that 15% of the sample were having no formal education, majority of 55% were having secondary education, 20% having higher secondary education and 10% have completed Graduation degree
5. Majority of the respondent 53% were from nuclear family, 32% were from joint family, 11% were from extended family and 4% from Grandparent family.
6. The data showed that majority of samples 48% are housewife, 35% are worker, 17% having private job and 0% have govt. job
7. The findings showed that 12% of the sample have no child, 22% have One child, 18% have Two child and majority 48% have Three/more child.
8. The sources of information as 4% have Radio, Higher percentage 82% have Television, 6% have newspaper and 8% have health workers as a source of information.
9. The analysis showed that the knowledge level of Eligible couples in which Majority of 65% respondent had poor knowledge, 32% respondent had average knowledge and only 3% of respondent had good knowledge.

### LIMITATIONS

Limitations of the study were as follows-

1. The study was conducted only in one community with sample (100); hence generalization of the study is restricted.
2. The study focuses on assessing the knowledge rather than improvement in the behaviour.
3. The study was limited on only eligible couples not to whole family.

### RECOMMENDATION

Following recommendations were drawn out from the current study, since the study was carried out on a small sample, the result

can be used only as a guide for further studies.

1. A similar study can be replicated on a larger sample with different demographic characteristics.
2. A comparative on the knowledge level of eligible couples among rural & urban community area regarding family planning can be conducted.
3. A similar study focusing both on gain in knowledge and improvement in behaviour can be conducted.

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