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Pavithra S

Department of Community
Health Nursing, Saveetha
College of Nursing, SIMATS,
Thandalam, Chennai, Tamil
Nadu, India

Prahaladan V

Department of Community
Health Nursing, Saveetha
College of Nursing, SIMATS,
Thandalam, Chennai, Tamil
Nadu, India

Preetha K and Priyanka R

Department of Community
Health Nursing, Saveetha
College of Nursing, SIMATS,
Thandalam, Chennai, Tamil
Nadu, India

A study to assess the knowledge and practice of temporary contraceptive methods among eligible couple at Kondancherry

Pavithra S, Prahaladan V, Preetha K and Priyanka R

Abstract

Family is a basic unit of society. It is Unit of Service. The independency of family members is an important concept is defining family. Every family is a social system, it has its own cultures, values and rules has structured and basic functions and moves through stages. The fact that some methods of Natural family planning methods can be 99% effective in the avoidance of pregnancy seems unknown to most of the general public including many health care professional. So the present study aims to A study to assess the knowledge and practice of Temporary Contraceptive methods among Eligible Couple at Kondancherry. A quantitative approach with Pre-Experimental one group pretest, posttest research design was adopted to conduct the study among 40 Eligible Couples who were selected by Non-probability convenience sampling technique. Semi-structured interview method was used to collect the demographic data and the level of knowledge was assessed regarding Temporary Contraceptive methods among Eligible Couples by Semi-structured questionnaire. The results of the study shows that. The pretest mean score of knowledge among mothers regarding temporary contraceptive method was 6.45 and in posttest was 24.5%. The pretest mean score of practice among mother regarding temporary contraceptive method was 0.12 and in posttest was 4.9. There is a significant present in the education. This study proves that to assess the knowledge and practice of Temporary Contraceptive methods among Eligible Couple is effective method to prevent contraceptive complication and also it helps the Eligible Couples to improve to the knowledge and to provide the better quality of life to Eligible Couples.

Keywords: Knowledge, practice, temporary contraceptive methods, eligible couple

Introduction

Family is a basic unit of society. It is Unit of Service. The independency of family members is an important concept is defining family. Every family is a social system, it has its own cultures, values and rules has structured and basic functions and moves through stages. The fact that some methods of Natural family planning methods can be 99% effective in the avoidance of pregnancy seems unknown to most of the general public including many health care professional (Women's Health, 2012).

According to WHO family planning it has been defined as a way of knowledge, attitude and responsible decision by individuals and couples in order to promote the health and welfare of family group and thus contribute effectively to the social development of the country.

Family planning refers to the practice to help the individuals or couples to attain certain objectives. To avoid unwanted births, to bring about wanted births, to regulate the interval between pregnancies, to control the time at which births occur in relation to the ages of the parents, to determine the number of children in the family. (Park, 2000) ^[7]

The World Health Organization estimates that 150 million deliveries occur annually. In the PHC level, the number of eligible couples are 6646. In that number of couples projected 5376. Among these 69.8 groups are having sterilization and IUD groups are 328, and Oral pills are 138 women's. But in the study aspect the eligible couples are 150 in this area.

A study conducted in Egypt, women were advised to eat the seeds of the castor oil plant after child birth. Each seed was set to give a year's protection against a pregnancy. Another old method was coitus interrupts found that when educational attainment was held constant is difference in fertility and acceptance of permanent contraception of Hindus and Muslims narrowed through they did not completely disappear. There are three basic reasons for wide spread ignorance and prejudice regarding Natural family planning.

Corresponding Author:

Pavithra S

Department of Community
Health Nursing, Saveetha
College of Nursing, SIMATS,
Thandalam, Chennai, Tamil
Nadu, India

First of all, many health care professionals are uninformed about the modern methods of natural family planning. Secondly, many people including health care providers, are skeptical of anything natural. Their orientation is so much towards drugs, surgery and devices that they find it difficult to believe that common ordinary married couple can understand their mutual fertility well enough to achieve the same effectiveness associated with powerful drugs. Thirdly, some organization that specialize in oriented towards Unnatural terms of birth control have been unfair in their treatment of natural family planning (Family Health International, 2008).

The nurse has a vital role to play in population control programme. On the whole this is an interesting job, but there are several obstraders, the nurse has to overcome in carrying out this successfully namely, illiteracy, ignorance, practice, attitude of people, religions and social customs. It may be a very difficult task to handle especially by young unmarried nurses. But anything can be made easy if only things are handled tactfully. It calls for great skill, potence and understanding on the part of the community health nurse to function effectively in family welfare programme (Kasturi Sundar Rao, 2008).

Donati Serena, *et al.*, (2014) had conducted a survey on "Knowledge, attitude and practice on family planning in Kakching", Manipur, reported that attitude of the female towards family planning methods was positive whereas very few husbands showed positive attitude towards family planning. 90% of females requested more information regarding family planning methods. In addition, 83% were in favour of sex education in school.

The purpose of the study ^[1] To assess the knowledge and practice of temporary contraceptive methods among Eligible Couples ^[2]. To deliver the structured teaching programme on temporary contraceptive methods among Eligible Couples ^[3]. To evaluate the structured teaching programme on temporary contraceptive methods among Eligible Couples ^[4]. To correlate the relationship between knowledge and practice of temporary contraceptive methods among Eligible Couples ^[5]. To find out the significant association between knowledge and practice with selected demographic variables.

Methods and Materials

A quantitative research approach with pre experimental one group pretest, posttest, and design was used to conduct study in Eligible Couple at Kondancherry. 40 samples were selected by using a Non-probability convenient sampling technique. The inclusion criteria for samples were Eligible couple who are in the age group of 22-28years, Mothers living in rural area, Mothers willing to participate in the study, Understand and speak Tamil. The exclusion criteria for the samples were Multi Mothers, Not willing to participate in the study, Mother adopted permanent family planning method, Urban Primi Mothers, Medical or nursing professional, Mothers who are selected for pilot study. The data collection period was done with prior permission from the Health Authority at Kondancherry village and ethical clearance was obtained from that village. The purpose of the study was explained to the samples and written informed consent was obtained from them. The demographic data were collected using a structured interview questionnaire, and In pre-test the knowledge and practice of mothers regarding temporary contraceptive methods was assessed

following pretest by using the same questionnaire. On the same day structured teaching module was educated by demonstration of flashcards and pamphlets. Post test was conducted on the 5th day by using the same questionnaire to find out the effectiveness. Pearson's correlation coefficient was used assess the knowledge and practice of temporary contraceptive methods among Eligible Couples. Chi square was used to association of level of knowledge and practice of temporary contraceptive methods among Eligible Couples with their selected demographic variables.

Results and Discussion

Section A: Sample characteristics

Among 40 samples, distribution of age of Mothers 5 (12.5%) are coming under 22-24 years, 29 (72.5%) are under 25-26 years and remaining 6 (15%) coming under 27-28. Regarding Religion all the Mothers 40 (100%) belongs to Christian religion. Regarding type of family 31 Mothers (77.5%) live in nuclear family and 9 mothers (22.5%) live in a joint family. Regarding education of Mothers out of 40, 36 (90%) have education upto primary level. 4(10%) have education upto Secondary level. Regarding occupation all the Mothers 40 (100%) are unemployed. Regarding monthly family income 23 (57.5%) had an income ` 1500 - 2000 per month, and 17 (42.5%) earn ` 2001 - ` 4000 per months. Regarding Temporary Contraceptive method 20(50%) Mothers obtained information from media, 1 (2.5%) Mother from relatives and remaining 10 (25%) from the medical person.

Section B: Distribution of Statistical Value of Pre-test and Post Test Knowledge and practice on Temporary Contraceptive Methods

Among 40 sample the 't' 1.694 at p=0.05 for 39 degree of freedom and calculated value of 't' = 33 which is greater than the table value. This shows that there is a significant difference on knowledge regarding temporary contraceptive method before and after delivering health education. Hence alternative hypothesis is accepted.

The value of t' = 1-694 at P = 0.05 for 39 degree of freedom and calculated value of t' = 37 which is greater than the table value. This shows that there is a significant difference on practice regarding Temporary Contraceptive Method before and after delivering health education. Hence, alternative hypothesis is accepted.

Table 1: Distribution of Statistical Value of Pre-test and Post Test Knowledge and practice on Temporary Contraceptive Methods N = 40

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	6.45	3.34	33.0	0.05
2.	Post test	24.5	0.59		
S. No.	Practice	Mean	S.D	't' Value	Level of Significance
1.	Pre test	0.12	3.3	37.0	0.05
2.	Post test	4.9	0.7		

Section C: Co-efficient of Variation for the Level of Knowledge and practice on Temporary Contraceptive Method

The Co-efficient of variation between pretest knowledge and posttest knowledge scores. The post test score (2.4) was less than the pretest score (51.7). This shows that the posttest knowledge score was consistent. And the Co-efficient of variation between pretest practice and posttest

practice score. The Post test score (14.2) was less than the pretest score (25) this shows that the posttest practice score was consistent.

Table 2: Co-efficient of Variation for the Level of Knowledge and practice on Temporary Contraceptive Method (n = 40)

S. No.	Knowledge	Mean	S.D	CV
1.	Pre test	6.45	3.3	51.7%
2.	Post test	24.5	0.59	2.4%
S. No.	Practice	Mean	S.D	CV
1.	Pretest	0.12	3.3	25.0%
2.	Post test	4.9	0.7	14.2%

Section D: Correlation between Knowledge and Practice Scores Regarding Temporary Contraceptive Method in Pretest and post-test²³

It shows there was a very low level positive relation between knowledge and practice in pretest. There was a very low level positive relation between knowledge and practice in posttest.

Table 3: Correlation between Knowledge and Practice Scores Regarding Temporary Contraceptive Method in Pretest and posttest. (n = 40)

S. No.	Pretest	Mean	S.D	'r'
1.	Knowledge	6.4	3.34	0.4
2.	Practice	0.12	3.3	
S. No.	Pretest	Mean	S.D	'r'
1.	Knowledge	24.5	0.59	0.8
2.	Practice	4.9	0.7	

The present study is supported by (Renuka, 2001) conduct a study on effectiveness of planned teaching programme on Temporary contraceptive method among eligible couple in Bangalore was studied. Quasi experimental design was used as the convenient sampling technique to select the samples. Pre-Test and Posttest was given for the groups structured interview schedule to assess the knowledge on Temporary contraceptive method and assess the practice on mothers regarding Temporary contraceptive method. The findings of the study showed that there was significant difference in posttest knowledge score between pretest knowledge and practice score.

Section E: Association of Demographic Variable with Level of Knowledge on Temporary Contraceptive Methods

It despites with regard to age group the calculated ' χ^2 ' value is 0.36 which is less than the table value = 5-9 at P = 0.05 level of significance. The results reveal that there is no significant association between age and knowledge. With regard to educational status of the mothers the calculated ' χ^2 ' value is 11.88 which is greater than the table value = 5.9 at P = 0.05 level of significance. The results reveal that there is a significant association between educational status and knowledge. With regard to type of family the calculated ' χ^2 ' value is 0.6 which is less than the table value = 5.9 at P – 0.05 level of significance. The results reveal that there is no significant association between family type and knowledge. Despites with regard to age group, the calculated ' χ^2 ' value is 0.1 which is less than table value 1.685 at P: 0.05 level of significance the results reveal that there is no significant association between age and practice scores. With regard to educational status of the Mothers, the calculated ' χ^2 ' value

is 1 which is less than table value 1-685 at P : 0.05 level of significance the results reveal that there is no significant association between education and practice scores. With regard to type of family the calculated ' χ^2 ' value is 0.6 which is less than the table value = 5.9 at P = 0.05 level of significance. The results reveal that there is no significant association between family type and practice.

Conclusion

This study showed that there was an association between the educations of the mother with the posttest knowledge score. This study revealed that there was no association between the age, family type, source of information, occupation of the mother with the pretest knowledge score. Knowledge of the eligible couples regarding temporary contraceptive method significantly improved after structured teaching programme.

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Author's contribution

All the authors actively participated in the work of the study. All authors read and approved the final manuscript.

Conflicts of interest

The authors declare no conflicts of interest.

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