IJRAR.ORG E-ISSN: 2348-1269, P-ISSN: 2349-5138

INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR) | IJRAR.ORG

An International Open Access, Peer-reviewed, Refereed Journal

"A Study to Assess Knowledge Regarding Family Planning Among Eligible Couple in Rural area Simultala Jamui (Bihar)

Indresh Gupta [1*] Surbhi Gupta, Ramkesh Verma, Boronali Chakraborty[2*]

[1] Associate Professor, HOD Dept. of Community Health Nursing Swami Vivekanand School of Nursing Simultala Jamui Bihar.

[2] Nursing Tutor Swami Vivekanand School of Nursing Simultala Jamui Bihar.

[3] Nursing Tutor College of nursing,Government Medical College, Ambedker Nagar.

[4] Nursing Tutor Swami Vivekanand School of Nursing Simultala Jamui Bihar.

Corresponding Author:

Mr. Indresh Gupta
Associate Professor, HOD Dept. of Community Health Nursing Swami Vivekanand School of Nursing Simultala Jamui Bihar.

Simutala Jamui Bihar

ABSTRACT

Introduction Family planning is sometimes used as a synonym or euphemism for the use of contraception. However, it often involves methods and practices in addition to contraception. NFHS-5 provides estimates of the contraceptive prevalence rate and unmet need for family planning. In Bihar, contraceptive use is higher in urban areas (62%) than in rural areas (55%). Contraceptive prevalence **Objectives:** to assess the level of knowledge regarding family planning among eligible couple selected rural area simultala.to find out association between knowledge and selected demographic variable. **Methodology**: Study design the research design selected for the present study was non experimental study in which descriptive study was adopted as research design. **Sampling method** Sampling is the process of selecting a portion of the population to obtain data regarding a problem. In this study the samples were selected through non-purposive sampling technique. Study population eligible couple Study area rural area Simultala Jamui Bihar. Study sample size is 250. Sampling is the process of selecting a portion of the population to obtain data regarding a problem. In this study the samples were selected through non-purposive sampling technique. Self-Structured Knowledge Questionnaire was used to find out about demographic data.Result Knowledge regarding family planning researcher found that Adequate Knowledge 62% moderate knowledge 21.2% and inadequate knowledge only 16.8% and association with demographic found significant with decision maker and occupation of adult. **Conclusion** The level of knowledge toward family planning was relatively low and people utilized of family planning method temporary and permanent were quite low in comparison with many studies.

Keyword: Knowledge, family planning, eligible couple rural area

INTRODUCTION

Family planning is sometimes used as a synonym or euphemism for the use of contraception. However, it often involves methods and practices in addition to contraception. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children). Family planning may encompass sterilization, as well as abortion. Many women in low and middle-income countries would like to limit or delay their pregnancy, but they do not enough access to consistent use of modern contraceptive methods. The concept of unmet need for family planning is focus to reproductive health policies, as it endures serious implications for the women, the child, family and the whole society. The aims of the study are to assess the spatial dimensions of extent of unmet need for family planning and also identify association between individual, household, community and district level covariates with the level of unmet need for family planning among married women of reproductive age group in Bihar, India.

The total fertility rate (TFR) in Bihar is 3.0 children per woman, which is above the replacement level of fertility. Fertility has decreased by 0.4 children between NFHS-4 and NFHS-5.

The proportion of births occurring within 24 months of a previous birth is particularly high for mothers in the 15-19 age group (75%) and for births occurring after a deceased sibling (57%). Over seven-tenths (71%) of all births occur within three years of the previous birth.

The family planning section covers trends in contraceptive knowledge and current use, informed choice, and unmet need for family planning methods among women age 15-49 years. It also includes information on men's attitude towards women using a contraceptive method. As in previous rounds of the survey, NFHS-5 provides estimates of the contraceptive prevalence rate and unmet need for family planning. In Bihar, contraceptive use is higher in urban areas (62%) than in rural areas (55%). Contraceptive prevalence does not vary greatly by schooling; however, 43 percent of currently married women with no schooling use female sterilization, compared with only 18 percent of women with 12 or more years of schooling. Muslim women (39%) are much less likely to use contraception than Hindu women (59%).

The most common modern spacing methods used by currently married women in Bihar are condom/Nirodh (4%), pills, and the lactational amenorrhoea method (LAM) (2% each), and IUD or PPIUD (1%). In general, women in urban areas are more likely than in rural areas to use spacing methods. Seventy percent of sterilized women had their sterilization operation in the public sector, mainly in a CHC/rural hospital/Block PHC or government or municipal hospital and 30 percent of sterilized women had their sterilization operation in the private health sector. Sixty-seven percent of IUD or PPIUD users had their IUD insertion in the public sector, followed by 31 percent private health sector. Also, 59 percent of injectable users get their supply from the public health sector. Nonetheless, a large proportion of pill (46%) and condom/Nirodh (37%) users get their supply from the private health sector or other source, including a shop. The 12-month discontinuation rate for any reason is 51 percent for all contraceptive methods. Sixty-five percent of users of modern spacing methods discontinued use within the first year after they adopted the method. The most common reasons for discontinuation is a fertility related reason (16%) and the desire to become pregnant (10%).

Objectives:

1. To assess the level of knowledge regarding family planning among eligible couple selected rural area simultala.
2. To find out association between knowledge and selected demographic variable.

METHODS

Study design

The research design selected for the present study was non experimental study in which descriptive study was adopted as research design.

Study population

Population refers to the entire aggregation of cases that meet a designated set of criteria." In this study population consisted of people residing in rural area simultala Jamui Bihar.

Study area

Rural area Simultala Jamui Bihar.

Sample size. For the present study sample size is 250.

Sampling method

Sampling is the process of selecting a portion of the population to obtain data regarding a problem. In this study the samples were selected through non-purposive sampling technique.

Inclusion criteria

The samples were selected with the following predetermined set of criteria during the period of study.

1. INCLUSION CRITERIA:

- Married couple 15 to 49 year residing in the selected rural area.
- Married couple who are present during the time of data collection.
- Willing to participate in In the study and provide informed consent.
- Married couple Able to communicate.

2. EXCLUSION CRITERIA:

- Married couple those absent during the period of data collection.
- Married couple are work as health professionals.
- Those who are already participating in another study.
- Those who are suffering from mental health.

Data collection tool

The study tool considered of three section,

Section I: Consisted of demographic variables that include age, gender, academic year of study, father's education, mother's education, type of residential area, type of family, religion, do you have some previous knowledge regarding CPR.

Section II: Consist of self-structured knowledge questionnaire regarding family planning.

Development of tool:

Self-Structured Knowledge Questionnaire was used to find out about demographic data.

After extensive review of research and non-research literature related to family planning among eligible couple Consultation with experts in nursing, medical and peer group discussion, the tool was developed.

Data collection

Prior to data collection, permission was obtained from the concerned authority. The participants were informed about purpose of the study and consent was taken from the participants. Data collection was started from December 2025. The samples were selected based on the inclusion criteria. After identifying the sample, the purpose of the research was explained to each student. Each sample was giving consent to participate in the study and then socio demographic data were collected from the eligible couple.

Number of samples selected per day was according to computer generated simple randomization technique was used to select the samples into two different group of study (experimental group). Data was collected from 260 students.

Statistical analysis

The analysis will be analysed in terms of objective of the study by using descriptive and inferential statistics which include-

- ✓ Organizing the data on a master sheet.
- ✓ Frequency and percentage distribution of eligible couple to describe sample characteristics.
- ✓ Frequency, percentage, mean and standard deviation of the demographic variable.
- ✓ Chi-square with p value to find the association between demographic variables with level of knowledge among of eligible couple.

Ethical Consideration and informed consent

Informed consent from students will be taken Confidentiality was ensured.Explan action was given regarding the purpose of the study. Individual participant had right to walk to away from the study without assigning any reason of investigator. A formal permission letter will be taken from the gram pradhan (Mukhiya) where study is conducted.
The subjects were assured that confidentiality of the information will be maintained and information will be used for the purpose of the study.

RESULTS

Section-I: Description of Demographic Variables

Knowledge regarding family planning researcher found that Adequate Knowledge 62% moderate knowledge 21.2% and inadequate knowledge only 16.8% Majority of respondents belong the age group 26-30 years age group about 72.8% education level of adult researcher found that most of the secondary educated woman 32% and religion of couple In that community, most of the families were Hindus about 60% types of family nuclear family residing approximately 80 % Approximately 48% of the women were housewives and 32% of the women were in private jobs. In most households, both of them made decisions together, 80%.

Section-II: description of Association between knowledge and demographic variable.

Knowledge regarding family planning researcher found that Adequate Knowledge 62% moderate knowledge 21.2% and inadequate knowledge only 16.8% Researcher found that association between knowledge and age were non significant 0.5 knowledge level and educational status of woman non significant 0.5 association between knowledge level and types of family also researcher found non significant only occupation of woman researcher found positive relationship between the knowledge and occupation of the woman.

DISCUSSION

Section 1: Findings related to characteristics of socio-demographic in experimental

Age

- According to the (age in year)were 21-25 (20.8) age group 26-30 182 72.8% were 31-35 only 16 (6.4)

Education status of woman

Majority of the woman researcher found that secondary education 80 (32%) No formal education woman 38 (15.2) were primary education woman 67 (26.8) 10 percentage of women were postgraduates 25(10%) .

Religion

Most of the women there belonged to Hindu families 150 (60%), while Muslim couples were 80 (32%), and there were only 10 (4%) Christian families. Other religions also accounted for 10 (4%).

Type of Family

The majority of families in the that area were nuclear, approximately 200 (80%), and joint families were 35 (14%), while some families there were also extended, only 15 (6%).

Occupation of Woman.

Women's occupation, there were 120 (48%) women who were homemakers, 80 (32%) were working in private jobs, and 50 (20%) women were working in the public sector.

Decision maker.

In the family, decisions are made jointly by both. The highest number was 200 (80%), and in 20 (8%) families, the wife made the decisions, while in some families, in-laws were also making decisions, 20 (8%). Only in 10 (4%) families, the husband alone made the decisions.

SUMMARY

The present study was summaries A Study To Assess Knowledge and Attitude Regarding Family Planning Among Eligible Couple in Rural area Simultala Jamui (Bihar). The study was carried out at swami Vivekananda Nursing school Simultala Bihar with sample size 250 eligible couple. a descriptive study was used for the study. in this study researcher assess knowledge regarding family planning among eligible couple were adequate knowledge 180 (72%).

CONCLUSION

On the basis of observations of our study, it was concluded that knowledge of family planning methods were directly related to each other. The level of knowledge and toward family planning was relatively low and the level of family planning utilization was quite low in comparison with many studies.

REFERENCES

1. MahadeenAI,KhalilAO,HamdanMansourAM,SatoT,ImotoA.Knowledge,attitudes and practices towards familyplanning among women in the rural southern region of Jordan. East Mediterr Health J. 2012; 18: 567–72. doi: 10.26719/2012.18.6.567. [DOI] [PubMed] [Google Scholar.

2. Semachew Kasa A, Tarekegn M, Embalm N. Knowledge, attitude and practice towards family planning among reproductive age women in a Resource Limited Setting so f North west Ethiopia. BMC Res Notes. 2018; 11:7–12. doi: 10.1186/s13104-018-3689-

3. White K, Hopkins K, Grossman D, Potter JE. Providing family planning services at primarycareorganizationsaftertheexclusionofplannedparenthoodfrompubliclyfunded programs in texas: Early qualitative evidence. Health Serv Res. 2018 53:2770–86. doi: 10.1111/1475-6773.12783. [DOI] [PMC free article] [PubMed] [Google Scholar]

4. AiO,OlA,AaA.Contraceptivepractices among women in rural communities in South-Western Nigeria. Global Journal of Medical Research. 2011:11. [Google Scholar]

5. OyedokunAO.Determinantof contraceptive Usage:Lesson from women in Osun State, Nigeria. J Humanit Soc Sci. 2007; 1:1–14. [Google Scholar]

6. RepublicFD.Nationalguidelinefor familyplanningFederalDemocraticRepublicof Ethiopia. 2011 [Google Scholar]

7. Gupta V, Mohapatra D, Kumar V. Family planning knowledge, attitude, and practices amongthecurrentlymarriedwomen(aged 15–45years)inanurbanareaofRohtakdistrict, Haryana. 2016 . [Google Scholar]

8. WorldHealthOrganization.StandardsforMaternalandNeonatalCare.Geneva:World Health Organization; 2007. [Google Scholar]

9. SurveyH.CentralStatisticalAgency. EthiopianDemographicandHealthSurvey2016 Key Indicators Report. Addis Ababa and Maryland, Ethiopia. 2016 [Google Scholar]

10. WorldHealthOrganization.WorldHealthOrganization.FactSheetsonFamilyPlanning, World Health Organization [Google Scholar]

11. ParkK.Park'sTextbookofPreventiveandSocialMedicine.17thed.Jabalpur: Banarasidas Bhanot; 2002. [Google Scholar]

12. VanBavelJ.Theworldpopulationexplosion:Causes,backgrounds and -projectionsfor thefuture.FactsViewsVisObgyn.2013;5:281–91.[PMCfreearticle][PubMed][Google Scholar]

13. Tilahun T, Coene G, Luchters S, Kassahun W, Leye E, Temmerman M, et al. Family Planning Knowledge, Attitude and Practice among Married Couples in Jimma Zone, Ethiopia.PLoSOne.2013;8:e61335.doi:10.1371/journal.pone.0061335.[DOI][PMCfree article] [PubMed] [Google Scholar]

SECTION 1: FREQUENCY DISTRIBUTION OF KNOWLEDGE REGARDING FAMILY PLANNING AMONG ELIGIBLE COUPLE.

(N= 30)

Table no:1

S.NO.	CATEGORY	FREQUENCY	PERCENTAGE (%)
1.	Adequate	155	62%
2.	Moderate	53	21.2%
3.	Inadequate	42	16.8%

2. FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE REGARDING FAMILY PLANNING AMONG ELIGIBLE COUPLE.

Table No.2

S. NO.	DEMOGRAPHIC VARIABLES	CATEGORY	FREQUENCY	PERCENTAGE (%)
1.	Age groups (in years)	(a)21-25	52	20.8
		(b)26-30	182	72.8
		(c)31-35	16	6.4
		(d)36-40	0	0
2.	Education of woman	a) No formal education	38	15.2
		b) Primary education	67	26.8
		c) Secondary education	80	32
		d) Graduate	40	16
		e) Post Graduate	25	10
3	Religion	(a) Hindu	150	60
		b) Muslim	80	32
		c) Christian	10	4
		d) Others	10	4
4	Types of family	a) Nuclear	200	80
		b) Joint	35	14

		c) Extend	15	6
5	Occupation of wife	a) Housewife	120	48
		b) private sector	80	32
		c) Public sector	50	20
6	Decision maker	a) Wife	20	8
		b) Husband	10	4
		c) Both	200	80
		a) In- laws	20	8

SECTION: 3 ASSOCIATION OF KNOWLEDGE WITH DEMOGRAPHIC VARIABLES

(N= 30)

Demographic Variable	**Response**	**N %**	**Categories**			**Result**		**Significant**
			Positive	**Negative**	**Neutral**	**X2**	**P value**	
Age groups	21-25	52	40	6	6	4.719 (6)12.592	0.05	NS
	26-30	182	130	10	33			
	31-35	16	10	2	4			
	36-40	0	0	0	0			
Adult education	No formal education	38	20	6	12	32.5 (8) 15.507	0.05	NS
	Primary education	80	56	13	21			
	Higher secondary	80	72	8	10			
	Graduate	35	35	0	0			
	Post Graduate	17	17		0			
Religion	Hindu	215	155	25	35	1.733	0.05	NS

	Muslim	35	25	2	8	(2) 5.991		
	Christian	0	0	0	0			
	Other	0	0	0	0			
Type of Family	Nuclear	187	142	17	28	6.137 (4) 9.488	0.05	NS
	Joint	35	20	6	9			
	Extended	28	18	4	6			
Occupation of Adult	Worker	120	58	25	37	68.52 (4) 9.488	0.05	S
	Private sector	80	80	0	0			
	Public sector	50	42	2	6			
Decision maker	Wife	185	124	30	31	30.59 (6) 12.592	0.05	S
	Husband	26	16	6	4			
	Both	30	15	10	5			
	In –laws	9	5	3	2			