EFFICIENT AND STRUCTURED PROGRAMME OF TEACHING FOR METHODS OF FAMILY PLANNING

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ABSTRACT

Birth prevention includes various Methods and Services given by Government in order to control Pregnancy. Birth prevention approach include self-control, planned parenthood and everything Food. The Researcher selected a sample of 60 female of conceptive age group (18-45 years) using systematic random sampling technique. Analyses of facts and figures were done in accordance with the goals. Method of descriptive and inferential statistics was used, such as mean, percentage, probable error, correlation coefficient and paired t'-test, ANOVA test etc. Pie chart and graphic representations were used to describe the conclusion. Mean knowledge scores of pre-test and post-test for the subjects were used to compare by Paired 't' test. ANOVA analyses were used to spot the effect of the selected variables on knowledge, and to find the statistical significance with variables. The Socioeconomic, analytical characteristics of the participant women in relation to determine the efficacy of organized guidance plan of understanding on family planning methods are shown. Structured teaching programme are the best method to impart knowledge.

Key Words: Family Planning, Structured teaching Programme.

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INTRODUCTION

Birth prevention is the self-imposed devising and activity taken by human being to avoid an impregnation. Birth prevention includes various Methods and Services given by Government in order to control Pregnancy. Birth prevention approach include self-control, planned parenthood and everything Food and Drug Administration accepted methods of preventing pregnancy including hormonal barrier method and safety supplies such as sheath, pills and dalkon shield.¹ Birth prevention benefit include admonish and edification, predisposition guard, covering, experimental analysis and birth prevention systems. Birth prevention is the self-imposed activity and action taken by human beings to anticipate, avoidance or achieve a impregnation, Ripa Ajmera (2010)². According to George Rose (1998)³ physical and mental wellness for all is attainment of level of wellness that permits all humans of the world to lead a socially and economically potency' existence' Kumar Arjit, Bhardwaj P, Srivastva J P, Gupta P (2009)⁴ the acceptance of birth prevention activities include both transient and durable activities increased with level of education of female Dr. Gaur M.D, Kumar Goel Manish (2010)⁵ the study conducted that the women had very less knowledge about the long acting reversible contraceptive. This study revealed that in Karachi 4.5% women had heard about the Intra uterine devices (multiload 375 and Copper-T), only 0.5% women were aware about the long acting reversible contraceptives. This study also conducted that only 20.5% women had heard about the condom and 0.2% women had heard about the sub dermal implants and 10.5% women were aware about the post capital pills and no one having knowledge about vaginal rings.

OBJECTIVES

1. Evaluation of pre-test knowledge scores for women of reproductive age group (18-45years) regarding family planning methods.
2. Evaluation of post-test knowledge scores for women of reproductive age group (18-45years) regarding family planning methods.
3. Comparison of pre-test and post-test knowledge scores for women of reproductive age group (18-45years) regarding family planning methods.
4. To differentiate between knowledge and selected demographical figures such as age in years, living children count, education of woman, education of husband, onset of menarche, parity, woman profession, job of husband, monthly family earnings, place of residence, family type, information source.

MATERIALS & METHODS

Quasi experimental access was designed appropriate for the current consideration as it is marked to evaluate the capability of programme for Structured Teaching on knowledge of birth control activities among female of conceptive age group (18-45years) in selected village of Moga, Punjab. The Researcher selected a sample of 60 female of conceptive age group (18-45 years) using systematic random sampling technique every 12th female was selected for the study. Reliability of the tool was computed by split half technique & was calculated by Spearman Brown's Prophecy formula, which was found to be $r = 0.8$. The statistical validity of the tool was 0.894 stating it as highly reliable. Analyses of facts and figures were done in accordance with the goals. Method of descriptive and inferential statistics was used, such as mean, percentage, probable error, correlation coefficient and paired t'-test, ANOVA test etc. Pie chart and graphic representations were used to describe the conclusion. Mean knowledge scores of pre-test and post-test for the subjects were used to compare by Paired 't' test. ANOVA analyses were used to spot the effect of the selected variables on knowledge, and to find the statistical significance with variables.

TABLE 1: Socioeconomic / Demographic characteristics of reproductive age group women (n=60)

CHARACTERISTICS	Frequency	(%)
Age (in years)		
18-24	14	(23.3)
25-31	25	(41.7)
32-38	17	(28.3)
39-45	4	(6.7)
Number of living children		
One	21	(35)
Two	33	(55)
Three	6	(10)
More than three	-	-
Education of female		
Uneducated	1	(1.7)
Up to elementary	27	(47)
Up to middle	23	(38.3)
Qualify and overhead	9	(15)
Education of spouse		
Uneducated	1	(1.7)
Up to elementary	20	(31.6)
Up to middle	19	(31.7)
Qualify and overhead	21	(35)
Onset of menarche		
≤ 12 years	9	(15)
13 years	22	(36.6)
14 years	16	(26.7)
≥15 years	13	(21.7)
Occupation of women		
Housewife	51	(85)
Government employee	3	(5)
Private employee	6	(10)
Business women		
Occupation of husband		
Farmer	7	(11.7)
Government employee	19	(31.7)
Private employee	20	(33.3)
Business man	14	(23.3)
Family monthly income		
<5000	12	(20)
5001-10,000	30	(50)
10001-15000	15	(25)
>15000	3	(5)
Forms of generations		
Close generations	48	(80)
Collective generations	11	(18.3)
Continued generations	1	(1.7)
Source of information		
Health professionals	15	(25)
Mass Media	18	(30)
Family and Relatives	13	(21.7)
Neighbours	14	(23.3)

TABLE-2

Frequency and Percentage distribution of Pre-test and Post-test knowledge score of women of reproductive age group (18-45 years) on Birth Control activities. (N=60)

Conversant Score		Pre-test		Post-test	
Knowledge Level	Percentage	n	%	n	%
Good	76 – 100% (23 – 30)	5	8.3	55	91.7
Average	51 – 75% (16 – 22)	47	78.3	5	8.3
Below average	≤ 50% (≤ 15)	8	13.3	0	0

TABLE-3

Correlation of Mean Pre-test and Post-test Knowledge women score about family planning methods. N = 60

Conversant Score						
	n	Pre-test		Post-test		df
		Mean	SD	Mean	SD	
Conversant Score	60	18.58	2.664	25.22	1.563	59
						17.375

RESULTS

The Socioeconomic, analytical characteristics of the participant women in relation to determine the efficacy of organized guidance plan of understanding on family planning methods are shown in Table-1. The highest numbers of females were in the age group of 25 – 31 years (41.7%) and lowest numbers of females were in age group 39 – 45 years (6.7%). The maximum numbers of children were two (55%) and minimum numbers of children were three (10%). The maximum number of women were up to Primary (47%) and minimum number of women were illiterate (1.7%). The maximum numbers of husband were educated up to graduation (35%), and minimum were illiterate (1.7%). The maximum number of women were having onset of menarche at the age of 13 years (36.6%) and minimum number of women were having onset of menarche at age of ≤ 12 years (15%). The maximum numbers of women were housewives (85%) and minimum number of women were doing government job (5%). The maximum number of husbands were businessman (23.3%) and minimum number of husbands were belonging to government job (31.7%). The maximum number of women belongs to income group 5001 – 10,000 (50%) and minimum number of women belongs to income group ≥ 15000 (5%). The maximum number of women were belonging to nuclear family (80%) and minimum number of women were belonged to extended family (1.7%). The maximum figure of female acquires details from mass media (30%), minimum figure of female acquires details from family or relatives (21.7%). Table 2: reveals that, in pre-test, majority of women (78.3%) had average knowledge, 13.3% of them had below average knowledge and 8.3% of them had good knowledge. In Post-test, maximum number of women (91.7%) possesses quality comprehension score and 8.3% of them had average knowledge score on family planning methods. Table 3: manifest that knowledge score for the mean pre-test was (18.58) and knowledge score for post-test was (25.22).

DISCUSSION

Analysis of the pre-test and post-test knowledge score reveal that the higher post-test mean knowledge score among women of reproductive age group (18-45 years) on family planning methods. In present study maximum numbers of women (41.7%) were in age group 25-31 years in group, maximum numbers of women (55.0%) were having two children, maximum numbers of women (47%) were educated up to primary, maximum numbers of husband (35%) were educated up to graduation, maximum numbers of women (36.6%) were having onset of menarche at the age of 13 years, maximum numbers of women (85%) were housewives, maximum numbers of husband (33.3%) were businessman, maximum numbers of women (50%) were belonged to income group 5001-10,000, highest figures of females (80%) belonged into nuclear family, maximum numbers of women (30%) got information from mass media.

CONCLUSION:

Structured teaching programme are the best method to impart knowledge.

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