

A descriptive study to assess the knowledge regarding contraceptive methods among married women living in Bhucho Kalan

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Abstract

Background: Women are the primary caretaker of children and elders in every country of the world. International studies demonstrate that when the economy & political organization of a society change, women take the lead in helping the family to adjust to new realistic and challenges. They are likely to be the prime initiator of outside assistance and play an important role in facilitating change in family life.¹

Now a days, women health is decreased due to malnutrition, poverty, low status of women, having many children, unwanted pregnancy, problem during pregnancy. Most prevalent health problem caused by having too many children because they have no knowledge about contraceptive methods.²

Objective: To assess the knowledge regarding contraceptive methods among married women living in Bhucho Kalan.

Materials and methods: The research approach adopted for this study was descriptive research approach. The study was conducted in village Bhucho Kalan. The sample of 60 rural married women of age 18-45 years was selected by using convenience sampling technique. The data was collected by using self structured knowledge questionnaire.

Results: On the whole, out of 60 married women, 77% rural married women had adequate knowledge, 23% had moderate knowledge and no one had inadequate knowledge.

Keywords: Knowledge, Contraceptive methods, Married women

Introduction

“Birth control is the blessing that will save the world.”

Contraception is defined as the intentional prevention of conception through the use of various devices sexual practices, chemical, drugs. In any social content effective contraception allows to enjoy a physical relationship without fear of an unwanted pregnancy and ensure enough freedom to have children when desired.

Now a days, women health is decreased due to malnutrition, poverty, low status of women, having many children, unwanted pregnancy, problem during pregnancy. Most prevalent health problem caused by having too many children. Because they have no knowledge about contraceptive methods.²

Contraceptive are classified into two types that are permanent and temporary method except from it emergency contraceptive are also available in market which has to use

within 72 hours after unprotected sex. Permanent method are further classified into two types – Male sterilization (vasectomy) and Female sterilization (tubectomy). Temporary methods are condom, diaphragm, intrauterine devices, contraceptive pills (Mala-N, Mala-D), copper-t, cervical cap.³

But now a days unwanted pregnancies, mortality and morbidity rate are more seen in rural and slum areas due to inadequate knowledge regarding contraceptive methods and their availability. Unwanted pregnancies raise many health problems such as anaemia, maternal malnutrition and low birth weight babies. Use an effective family planning methods can reduce maternal mortality and morbidity rate. According to world bank data the maternal morbidity rate in India was 174 per 100,000 live births in 2015, which has been increased to 189 per 100,000 live births in 2017.⁴

Objective of the study

To assess the knowledge regarding contraceptive methods among the married women in Bhucho kalan.

Research methodology

Research Design-

The descriptive research design was adopted for this study.

Variables :

Demographic variables: It consists of age, religion, education, occupation, family income, type of house, duration of marriage, no of children, source of health information.

Setting of the study-

The study was conducted at Bhucho Kalan.

Target Population:

Rural Married women of age 18-45 years were selected for the study.

Sample size:

It consists of 60 rural married women living in Bhucho Kalan.

Sampling technique:

Convenience sampling technique was used for the present study.

Inclusive and Exclusive criteria :

Inclusion criteria :

1. Rural married women who were willing to participate in the study.
2. Rural married women who can understand Punjabi and English.
3. Rural married women who were above 18 years below 45 years are included in this study.

Exclusion criteria:

1. Rural married women using contraceptives who were not willing to participate in the study.
2. Rural married reproductive women who were less than 18 years and more than 45 years of age.

Description of the data collection instrument-

Structured questionnaire used for data collection. It was organized in two parts.

Part-1

Demographic Variables:

It consists of age, religion, education, occupation, family income, type of house, duration of marriage, no of children, source of health information.

Part-2

Self- Structured Knowledge Questionnaire:

Structured knowledge questionnaire was prepared to assess the knowledge regarding the use of contraceptive married women. It contains 25 items.

Measurement Criteria :

- <50% (0-13) - Inadequate knowledge.
- 51-74% (14-21) - moderate knowledge.
- >75% (above 22)- adequate knowledge

Analysis and interpretation

Part-A:

Section-1: Frequency and percentage distribution of married women age 18-45

years according to their demographic variables.

Table-1: Distribution of respondents according to their demographic variables. (N= 60)

Sr. No.	Demographic variables	Number	Percentage%
1	Age (in years)		
a.	18-23	3	5%
b.	23-27	18	30%
c.	27-35	12	20%
d.	>35	27	45%
2	Religion		
a.	Hindu	22	37%
b.	Muslim	2	3%
c.	Sikh	36	60%
d.	Christian	0	0%
3	Education		
a.	No formal education	1	2%
b.	Primary	11	18%
c.	Higher secondary	40	67%
d.	Post graduate	8	13%
4	Occupation		
a.	Housewife	56	93%
b.	Professional	1	2%
c.	Non professional	1	2%
d.	Private employee	0	0%
e.	Farmer	3	5%
f.	Daily wages	0	0%
5	Family income		
a.	2000-2999	8	13%
b.	3000-3999	2	3%
c.	4000-4999	19	32%
d.	>5000	31	52%
6	Type of family		
A	Nuclear family	48	80%
b.	Joint family	12	20%
7	Duration of marriage (years)		
a.	1-3 years	16	27%
b.	4-6 years	11	18%
c.	6-9 years	14	23%
d.	>9 years	19	32%
8	Number of children		
A	1	16	27%
B	2	28	47%
C	3	14	23%
D	> 4	2	3%
9	Source of information		

A	Health care profession	3	5%
B	Friends and relatives	2	3%
C	Television	45	75%
D	Newspapers and magazines	9	15%
E	Journals	1	2%

The table1 shows that:

According to age the majority of women 45% were between age group of >35 years, 30% were of 23-27 years of age group , 20% were of 27-35 years age group. And 5% were 18-23 years age group.

According to education majority of women 60% were of Sikh religion, 37 % were of Hindu religion, and 3% were of Muslim religion. According to majority of women 67% were secondary educated, 18% were primary educated,13% were post graduate and 2% were no formal education.

According to occupation majority of women 93% were housewife, 5% were doing farming, and 2% were professional and 2% were non-professional.

According to income majority of women 52% family income lies >5000Rs, 32% family income lies between 4000-4999 Rs,13% family income lies between2000-2999 Rs, and 3% family income lies between 3000-3999.

According to type of family majority of women 80% lives in nuclear family, 20% lives in joint family.

According to age of marriage majority of women 32% were married from above 9 years, 27% were married from 1-3 years, 23% were married from 6-9 years,and 18% were married from 4-6 years .

According to number of children majority of women 47% were having 2 child, 27% were having 1 child, 23% were having 3 child and 3% were having above 4 children.

According to source of information majority of women 75% were getting information from television , 15% were getting information from newspaper / magazines , 5% were getting information from health care personnels,3% were getting information

from friends and relatives , and 2% were getting information from journals .

Part-B :

Objectives : To assess the knowledge regarding contraceptive methods among the married women in Bhucho kalan.

Table 2: Level of knowledge among married women in age group 18-45 years. (N=60)

Sr. No.	Knowledge Score	Frequency	Percentage
1	Adequate Knowledge	46	77%
2	Moderate Knowledge	14	23%
3	Inadequate Knowledge	0	00%

The table- 2 shows that 77% rural married women had adequate knowledge, 23% had moderate knowledge and no one had inadequate knowledge.

Table 3: Mean and standard deviation of level of knowledge. (N=60)

Sr. No.	Level Of Knowledge	
1.	Mean	20.25
2.	SD	2.63

Summary and conclusion

The essences of any research project are based on study finding limitations, interpretation of result and recommendation that incorporate the study implication. It also gives meaning to the result obtained in the

study and the presents conclusion drawn, implications, limitation, suggestions and recommendation.

Summary

The present study was conducted to assess the knowledge regarding contraceptives among rural married women of age 18-45 years of village Bhuchokalan.

The objective of study was-

1. To assess the knowledge regarding contraceptive methods among the married women in Bhuchokalan.

The research approach adopted for this study was descriptive research approach. The study was conducted in village Bhuchokalan. The sample consist of 60 rural married women of age 18-45 years and convenience sampling technique was used to select the sample.

The tool developed and used for data collection was structured knowledge questionnaire. The validity of the tool was determined by experts and reliability was checked.

Implication of study

The findings of the study have implication in nursing education, nursing service, nursing research.

Nursing education

As a nurse educator, helps to make the students skillful in improving education regarding contraceptive methods. It prepares the student to utilize teaching materials according to the need of community.

Nursing services

Nurse play important role in adopting contraceptives among rural married women. Nurse should make the women aware about benefits of contraceptives.

Recommendations

Based on the findings of present study the following recommendations were made:

- The study can be replicated by using a large sample to validate the findings on the generalization.
- A similar study can be conducted to compare the adaption for the new method and old method of contraceptive programmes.
- The study can be done on the quality of life of rural married women.

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