

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON FAMILY WELFARE SERVICES AMONG ELIGIBLE COUPLES

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Abstract: BACKGROUND: Motherhood is full of joyfulness and it fulfills the reality of Life and family but sometimes the failure can happen because of abortion. The family Planning methods are recognized as the best and quickest way to reduce population growth rate. The small family norms says that it is a societal expectation that families have a limited number of children. "We will never meet human needs" on this infinite planet unless we stabilize human population. The objective of the present study is to assess the knowledge on family welfare services, to evaluate the effectiveness of structured teaching program among eligible couples and to find the association between knowledge with selected demographic variables among eligible couples.

METHODOLOGY: Quantitative research approach was used in this study and pre experimental one group pre test - post test design research study was conducted among eligible couples in urban area with 160 samples selected through convenience sampling technique. Data was collected by using structured knowledge questionnaire which was prepared by the researcher.

RESULTS: This study results shows that the pre-test 155(96.88%) had inadequate knowledge and 5(3.13%) had moderate level of knowledge. The post-test 149(93.13%) had adequate knowledge and 11(6.87%) had moderate level of knowledge on family welfare services among eligible couples with this the data was analyzed by using chi-square test to find the association between the pretest with the selected demographic variables, ($\chi^2=7.945$, $P=0.047$) and the post test with the selected demographic variables ($\chi^2=4.538$, $P=0.033$). The study finalized that the effectiveness of structured teaching programme on a family welfare services among eligible couples is more effective.

Key Words: Family Welfare Services, Structured Teaching Programme, Eligible Couples, Knowledge.

1. INTRODUCTION:

Motherhood is full of surprises and it fulfills the expectation of family, sometime the failure can happen due to abortion.

Emergency contraception also called: "post coital contraception", or "second chance" is a type of modern contraception which is used to unprotected sexual intercourse¹. These pills include combines emergency contraceptive pills containing estrogen and progestin, all types of ECPs can decrease the risk of unintended pregnancy by more than 75% which in turn helps to reduce unintended pregnancy and unsafe abortion overall contraceptive prevalence rate 54

to 67%. Knowledge mean 9.95% standard deviation 0.7% test 46.52%² Unprotected sexual intercourse and contraception failure lead to unintended pregnancies and unsafe abortions. Emergency contraceptives offer safe and effective emergency care intervention. More emphasis should be given to female education and empowerment in order to make them capable of taking decisions regarding their own reproductive health^{3,4}.

A Modern contraception improves health through adequate spacing of birth, avoiding pregnancy at high-risk maternal age and high parity. In India 52.2% (95% UI 37.8-66.1) Modern contraception can be broken down into barrier methods (condoms or cervical cap), hormonal methods (the pills), intrauterine devices and sterilization. The method chosen depends on the women's lifestyle modifications⁵. At national level, it increase from 21 to 24%. Modern contraception manager from 14.7% (8.9-22.3) for Manipur to 69.8% (65.8-73.5) for Andhra Pradesh Reducing pregnancies among adolescents is a global priority. Specifically, increasing contraceptive use in adolescents is a top priority for the International Family Planning 2020 initiative⁶.

The use of reversible, modern methods in order to postpone the birth of a first child or for spacing births is infrequent. Prevalence 67.5% So this present study is selected to find out differences in knowledge and attitudes towards use of emergency contraception among married women based on their residence. In India, attitude toward withdrawal and oral contraception use among withdrawal method users shown that worries about side-effects, need for medical advice, physical examination, daily use, and husband preferences keep women from changing to oral contraception's. 22.66% were using contraceptions 77.34% were not using contraception^{7,8}.

2. NEED FOR STUDY:

In **Iran** also, oral contraception's are the most popular and widely used method 18.4% of married women use the pills. Canada 85% United States 74% Central America 71%. A 17.8% of Indian couples continue to depend on withdrawal.

Most studies (83%) were graded as moderate, low or very low quality, with 17% achieving high quality. Relatively large between-study variance was identified for both between-group comparisons ([Formula: see text] $0.5 = 0.16$ [95% credible interval (CrI) 0.01-0.44] and [Formula: see text] $0.5 = 0.22$ [95% CrI 0.06-0.45]). Practically, as effects tended to be trivial and variable across studies⁹.

In **Maharashtra**, Use of modern contraceptives in 2017 prevented an estimated 308 million unintended pregnancies. 86.67% successfully carried out failure rate 13.33%. The unmet need for contraception was found to be 44.53% which is much higher than the NFHS-4 data for urban Maharashtra i.e. 11%.

A cross-sectional study was carried out in a maternity hospital and 12 primary health care (PHC) centers in Hail City between December 1st, 2019, and May 30, 2020. Most participants (83.0%) desired to have >3 children, which indicates that the main purpose of family planning was child spacing rather than limitation. Success rate 31.6% medical concerns 48.4%¹⁰.

This study aimed to identify the association between country-level Gender Inequality and Health Expenditure with demand for family planning satisfied by modern contraceptive methods (DFPSm) in Latin American sexually active women. 14.9 and 14.4% respectively in other countries Columbia 85.6, Cuba 85.1%, Haiti 41.8% 27% higher odds. Our analyses included data from the most recent (post-2010) Demographic and Health Survey or Multiple Indicator Cluster Survey from 14 LAC countries. DFPSm ranged from 41.8% (95% CI: 40.2-43.5) in Haiti to 85.6% (95% CI: 84.9-86.3) in Colombia, with an overall median coverage of 77.8%¹¹.

In **Australia**, conducted a cross-sectional study using self-administered questionnaire was conducted. A sample of 170 health staff were surveyed. 96.7% response rate 96.0% favouring family planning contraceptive success rate-85.3 failure rate 14.7%. The mean age of respondents was 30.6±5.1. Overall 6.5% of participants had poor knowledge, 25.2% moderate knowledge, 68.3% good knowledge about EC. Half of participants had positive and half had negative attitude towards emergency contraception¹².

3. STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of structured teaching programme on family welfare measures among eligible couples.

4. OBJECTIVES OF THE STUDY :

- To assess the pre-test knowledge on family welfare measures among eligible couples in urban area.
- To assess the effectiveness of structured teaching program on family welfare measures among eligible couples in urban area.
- To find the association between pre-test knowledge scores on family welfare measures with selected demographic variables among eligible couples.

5. RESEARCH METHODOLOGY:

A quantitative research study with pre-experimental study under pre and post test method was used for the research. The study was conducted among eligible couples in urban area at Ariyankuppam, Puducherry. It was located in the distance of 8.5km away from our college. The sample were selected for study among eligible couples 21- 45 years in urban area and who are full filling the inclusion criteria with total 160 samples. The research questionnaire was constructed under demographic and self-administrative tool to assess the knowledge questionnaire. After pretest, structured teaching programme was given with health education, pamphlets and handouts regrading the conceptive methods. Then post test was conducted after 7 days. Further it proceeds to descriptive and inferential statistics for data analysis.

6. RESULTS AND DISCUSSION:

Regarding the demographic variables, most of the eligible couples, 68(42.5%) were aged between 22 – 25 years, 97(60.6%) were female, 113(70.6%) were Hindus, 42(26.2%) were degree holders, 60(37.5%) were private employees, 61(38.1%) had monthly income of Rs.5,001 – 10,000, 85(53.1%) belonged to nuclear family, 78(48.7%) had media as source of information on family welfare measures, 111(69.4%) were non-vegetarian and 83(51.9%) had one child.

According to the first objective to assess the pre-test knowledge on family welfare measures among eligible couples in urban area.

With level of knowledge which shows that in the pretest among eligible couples, 155(96.88%) had inadequate knowledge and 5(3.13%) had moderate level of knowledge and in the post test, 149(93.13%) had adequate knowledge and 11(6.87%) had moderate level of knowledge on family welfare measures among eligible couples. (Table 1). **Karabi Deka, Hemeswari Bhuyan and Kaberi Saikia et al., (2021)¹¹** stated that a descriptive study on assess the knowledge, attitude and practice regarding adoption of contraceptive methods among married women under Sonapur Block PHC, Assam. A total of 150 married women were selected by using multistage random sampling. The data were collected by structured knowledge interview schedule. The results showed that 74% had moderately adequate knowledge on contraceptive methods

According to second objectives to assess the effectiveness of structured teaching program on family welfare measures among eligible couples in urban area

The pretest mean score of knowledge was 39.76 ± 4.09 and the post test mean score was 80.16 ± 2.81 . The mean difference score was 40.4. The calculated paired ‘t’ test value of $t = 106.842$ was statistically significant at $p < 0.001$ level.

According to the third objectives to find the association between pre–test knowledge scores on family welfare measures with selected demographic variables among eligible couples.

Regarding the association in pretest demographic variable religion ($\chi^2=7.945$, $p=0.047$) had shown statistically significant association with pretest level of knowledge on family welfare measures among eligible couples at $p < 0.05$ level and the other demographic variables had not shown statistically significant association with pretest level of knowledge on family welfare measures among eligible couples. (Table 2). Regarding the association of demographic variable gender ($\chi^2=4.538$, $p=0.033$) had shown statistically significant association with posttest level of knowledge on family welfare measures among eligible couples at $p < 0.05$ level and the other demographic variables had not shown statistically significant association with posttest level of knowledge on family welfare measures among eligible couples.

Table 1: Frequency and percentage distribution of pretest and post test level of knowledge on family welfare measures among eligible couples.

N = 160

Level of Knowledge	Pretest		Post Test	
	No.	%	No.	%
Inadequate ($\leq 50\%$)	155	96.88	-	-
Moderate (51 – 75%)	5	3.13	11	6.87
Adequate ($> 75\%$)	-	-	149	93.13

Table 2: Association of pretest level of knowledge on family welfare measures among eligible couples with their selected demographic variables.

N = 160

Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square Value
	No.	%	No.	%	No.	%	
Age in years							$\chi^2=1.437$ d.f=3 p = 0.697 N.S
18 – 21	15	9.4	1	0.6	-	-	
22 – 25	66	41.2	2	1.2	-	-	
26 – 29	49	30.6	2	1.2	-	-	
30 and above	25	15.6	0	0	-	-	
Gender							$\chi^2=0.001$ d.f=1 p = 0.977 N.S
Male	61	38.1	2	1.2	-	-	
Female	94	58.8	3	1.9	-	-	
Others	-	-	-	-	-	-	
Religion							$\chi^2=7.945$ d.f=3 p = 0.047 S*
Hindu	112	70.0	1	0.6	-	-	
Christian	27	16.9	2	1.2	-	-	
Muslim	14	8.8	2	1.2	-	-	
Others	2	1.2	0	0	-	-	
Educational status							$\chi^2=2.220$ d.f=4 p = 0.695 N.S
No formal education	17	10.6	0	0	-	-	
Primary school education	38	23.8	1	0.6	-	-	
High school education	37	23.1	2	1.2	-	-	
Higher secondary education	23	14.4	0	0	-	-	
Degree	40	25.0			-	-	
Occupation							$\chi^2=0.992$ d.f=3 p = 0.803 N.S
Homemaker	38	23.8	2	1.2	-	-	
Daily wages	50	31.2	1	0.6	-	-	
Private employee	58	36.2	2	1.2	-	-	
Government employee	9	5.6	0	0	-	-	
Monthly income in rupees							$\chi^2=2.987$ d.f=4 p = 0.560 N.S
Below 5,000	36	22.5	0	0	-	-	
5,001 – 10,000	58	36.2	3	1.9	-	-	
10,001 – 15,000	44	27.5	1	0.6	-	-	
15,001 – 20,000	12	7.5	1	0.6	-	-	
20,001 and above	5	3.1	0	0	-	-	
Type of family							$\chi^2=2.065$ d.f=2 p = 0.356 N.S
Nuclear family	83	51.9	2	1.2	-	-	
Joint family	64	40.0	2	1.2	-	-	
Extended family	8	5.0	1	0.6	-	-	
Sources of information on family welfare measures							$\chi^2=1.001$ d.f=2
Relatives and friends	63	39.4	1	0.6	-	-	

Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square Value
	No.	%	No.	%	No.	%	
Media	75	46.9	3	1.9	-	-	p = 0.606
Health care workers	17	10.6	1	0.6	-	-	N.S
Dietary habits							$\chi^2=0.214$
Vegetarian	47	29.4	2	1.2	-	-	d.f=1
Non-vegetarian	108	67.5	3	1.9	-	-	p = 0.644
							N.S
Distribution of number of children							$\chi^2=0.823$
1	80	50.0	3	1.9	-	-	d.f=3
2	53	33.1	2	1.2	-	-	p = 0.844
3	20	12.5	0	0	-	-	N.S
Above	2	1.2	0	0	-	-	

*p<0.05, S – Significant, N.S – Not Significant

7. CONCLUSION:

The study concluded that out of 160 samples each couples had a adequate awareness when compared to their pretest score pretest among eligible couples, 155(96.88%) had inadequate knowledge and 5(3.13%) had moderate level of knowledge and in the post test, 149(93.13%) had adequate knowledge and 11(6.87%) had moderate level of knowledge on family welfare measures among eligible couples.

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