A community based interventional study to assess the expressed practices regarding contraceptive methods among women before and after the structured teaching programme in rural India.

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To assess and compare the expressed practices regarding contraceptive methods among women before and after the structured teaching programme in experimental and control group.
A community based interventional study to assess the expressed practices regarding contraceptive methods among women before and after the structured teaching programme in rural India.

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ABSTRACT

Research questions: To assess and compare the expressed practices regarding contraceptive methods among women before and after the structured teaching programme in experimental and control group.

Settings: Community based study.

Study design: Interventional study.

Participants: Women residing in two villages of district Ambala.

Methodology: The present study using pre-test post-test strategy was carried out in randomly selected two villages of district Ambala during December 2011. The sample comprised of 80 women selected through purposive sampling. Structured expressed practices questionnaire was used for data collection. Expressed practices were reassessed after imparting education to study subjects. Mean, standard deviations were calculated. T test was applied.

Results: Mean post test expressed practice score of women was significantly higher than the mean pre-test expressed practice score of women in experimental group.

Conclusions: The similar method can be adopted to improve the contraceptive practises under such communities as seen in present study.

Key words: Interventional study, contraceptives, women.
INTRODUCTION

Family planning a way of thinking and living that is adopted voluntarily on the basis of knowledge, attitude taken by and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country.\(^{(1)}\) Inadequate knowledge about contraceptive methods and incomplete or erroneous information about their use or where to procure them are the main reasons for not accepting family planning methods.\(^{(2)}\)

Family planning is a global concern. The world population is now at over 6 billion and growing rapidly. If current trends continue, one billion will be added to the world population every 13 or 14 years.\(^{(3)}\) Family planning programmes has failed worldwide miserably due to various reasons. Factors related to high fertility rates include low literacy, low educational attainment, low status of women, high mortality, fatalism, and religious beliefs.\(^{(4,5)}\)

The low female literacy rate has had a dramatically negative impact on family planning and population stabilization efforts in India.\(^{(6,7)}\) Therefore the present study was planned to assess and compare the expressed practices regarding contraceptive methods among women before and after the Structured teaching programme (STP) in experimental and control group.

MATERIALS AND METHOD

The present interventional study using pre-test post-test strategy was carried out in randomly selected two villages of district Ambala during December 2011. The sample comprised of 80 women selected through purposive sampling. Structured expressed practices questionnaire was used for data collection.

Structured Expressed Practice Questionnaire was prepared for the five contraceptive methods (condom, spermicidal, contraceptive pill copper-T and norplant). The respondents were asked to indicate their practice for the contraceptive method used by them. Every correct practice related to the specific method scored one whereas incorrect practice scored zero.

The broad content outline of Structured teaching programme included concept of conception and contraception, need of contraception, different types of contraceptive methods including their advantages and disadvantages, special consideration while using contraceptive methods and different belief of women regarding contraceptive methods. Expressed practices were reassessed after imparting education to study subjects.
The collected data was entered in Microsoft Excel. Coding of the variables was done. SPSS version 11.5 was used for analysis. Interpretation of the collected data was done by using appropriate statistical methods like mean, mean difference, standard error and t value. Pretest and Post test expressed practice score of women in experimental and control group were calculated.

RESULTS

Result of eighty study subjects was analysed. In experimental group 16 were condom users, 11 were contraceptive pill users and remaining 13 subjects were copper T users. In control group 18, 13 and 9 subjects used condoms, contraceptive pill and copper T respectively. There was generalised rise in post test scores in all the three categories. Maximum mean post test score (7) was observed among condom users which was found statistically significant. (Table I)
Table I: Mean, Mean difference, Standard Error and t value of mean Pretest and Post test expressed practice score of women in experimental and control groups.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Mean</th>
<th>MD</th>
<th>SD</th>
<th>SE_MD</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Condom N=34</strong></td>
<td></td>
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</tr>
<tr>
<td>Experimental Group (n=16)</td>
<td>Pretest</td>
<td>4.88</td>
<td>2.13</td>
<td>0.64</td>
<td>0.50</td>
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<tr>
<td>Posttest</td>
<td>7.0</td>
<td></td>
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<tr>
<td>Control Group (n=18)</td>
<td>Pretest</td>
<td>5.0</td>
<td>0.11</td>
<td>0.13</td>
<td>0.21</td>
</tr>
<tr>
<td>Posttest</td>
<td>5.11</td>
<td></td>
<td></td>
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<tr>
<td><strong>Contraceptive pill (N=24)</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Experimental Group (n=11)</td>
<td>Pretest</td>
<td>4.36</td>
<td>0.64</td>
<td>0.23</td>
<td>0.20</td>
</tr>
<tr>
<td>Posttest</td>
<td>5.0</td>
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<tr>
<td>Control Group (n=13)</td>
<td>Pretest</td>
<td>3.85</td>
<td>0.15</td>
<td>0.14</td>
<td>0.10</td>
</tr>
<tr>
<td>Posttest</td>
<td>3.69</td>
<td></td>
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<tr>
<td><strong>Copper-T (N=22)</strong></td>
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</tr>
<tr>
<td>Experimental Group (n=13)</td>
<td>Pretest</td>
<td>1.92</td>
<td>1.23</td>
<td>0.57</td>
<td>0.23</td>
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<tr>
<td>Posttest</td>
<td>3.15</td>
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<tr>
<td>Control Group (n=9)</td>
<td>Pretest</td>
<td>2.44</td>
<td>0.00</td>
<td>0.00</td>
<td>0.16</td>
</tr>
<tr>
<td>Posttest</td>
<td>2.44</td>
<td></td>
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</tbody>
</table>

"t'(15) = 2.13 p ≤ 0.05 level of significance *Significant

"t"(17) = 2.11 p ≥ 0.05 level of significance NS:- Non significant

"t"(12) = 2.23 p ≤ 0.05 level of significance *Significant

"t"(10) = 2.23 p ≤ 0.05 level of significance NS:- Non significant

"t" (12) = 2.31 p≤ at 0.05 level of significance *Significant

"t"(8)= 2.18 p≥ at 0.05 level of significance NS:- Non significant
DISCUSSION

Education has an impact on women’s reproductive desires and behaviors. Traditionally, it has been argued that women’s schooling may affect contraceptive use in a number of ways. \(^{[8,9]}\)

Another studies conducted in India reported that the higher fertility was attributed to universality of marriage, lower age at marriage, lower level of literacy, poor level of living, and limited use of contraceptive and traditional ways of life. \(^{[10-12]}\)

It was observed in the present study that mean post test expressed practice score of women was significantly higher than the mean pre-test expressed practice score of women in experimental group.

Similar findings were reported in other experimental studies to evaluate the impact of Family Planning Health Education on the knowledge and attitude among Yasoujian Women findings showed that the mean scores of respondents’ differed significantly before and after intervention among experimental group and mean difference was 5.70, while the knowledge score of control group were not significantly different compare to the baseline. \(^{[13]}\)

CONCLUSION

The present interventional study used pre-test post-test strategy and observed that the structured teaching programme was effective in terms of improving the practices of women regarding contraceptive methods. Similar teaching tools can play a vital role in improving the contraceptive practises under such communities.
REFERENCES


