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A Study to Assess the Effectiveness of Video Assisted Teaching Programme on Knowledge Regarding Family Planning Methods among Married Women at Selected Community Area, Bangalore

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ABSTRACT

Family planning refers to practices that help individual and couple to attain certain objectives, to avoid unwanted birth, to bring about wanted births, to regulate the intervals between pregnancies, to control the time at which birth occur in relation to the ages of the parents and to determine the number of children in the family. Family planning has been recognized as a basic human right by United Nation in 1968. India was the first country in the world to start a national family planning programme, officially launched in 1951.[1]

Contraceptive methods are, by definition preventive methods to help women to avoid unwanted pregnancies. They include all temporary and permanent measures to prevent pregnancy resulting from coitus. The last few years have witnessed a contraceptive revolution that is, man is trying to interfere with the ovulation cycle. It is clear that contraceptive is safe, effective, acceptable, inexpensive, reversible, simple to administer, independent of coitus, long lasting enough to obviate frequent administration and requiring little or no medical supervision. However, the method which is suitable for one group is not suitable for another because of religious beliefs, and social economic milieu. According to the present approach, the programs offer all methods from which an individual can choose according to his needs and wishes to promote family planning as a way of life. The success of any Contraceptive method depends not only on its effectiveness in preventing pregnancy but on the rate of continuation of its proper use.

A study to assess the effectiveness of video assisted teaching programme on a study to assess the effectiveness of video assisted teaching programme on knowledge regarding family planning methods among married women in selected community area, Bangalore was undertaken by **Ms. Vandana** as a partial fulfilment of the requirement for the degree of Masters of Science in Nursing at Manjushree college of Nursing, RGUHS, Karnataka.

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KEYWORDS: *Family Planning, Unwanted Birth, Contraceptive, Pregnanancies*

NEED FOR THE STUDY:-

Our India is the second most populous country in the world having a rapidly growing population which is currently increasing at the rate of sixteen million each year. To slow down this growth rate, the national population policy was revised by the govt. of India in 2000, with the objective of bringing down the total fertility rate to the replacement level 2010. Despite of constant efforts by the medical field, unmet needs still remain. The reasons for these are unawareness, religious and cultural beliefs etc. Despite the provision of safe and affordable family planning services 120 million couples worldwide are not using any contraception to limit of space their family and many who use one or other method to conceive. According to national population policy 2000 adopted by the government of India has set an objective that bringing down total fertility rate down to replacement level by 2015. To reach this goal both urban and community people should be educated. Fertility regulation shall be made accessible to all so that

India's population in 2015 will be 1107 million instead of 1162 million. In addition to every year 1000 of women die during abortion to avoid unwanted child. To reduce the death rate among these women sufficient knowledge provision is necessary. It also helps to protect the women from sexually transmitted diseases, cervical cancer and also promotes reproductive health of the mother. Packages of essential family planning practices exist, which has proven impact on reducing maternal motility rate and can be implemented in low resource setting. However, the use of contraceptive practices is strongly related to cultural and religious practices. Successful implementation of the family planning programs requires in depth knowledge of the local context and tailored behaviour change communication[3].

A study about assessment knowledge and practice on emergency contraception among women seeking post abortion care, among the 417 women included in the study 59 (14.1%) reported as heard about emergency contraception. Whereas only 15(3.6%) of the women had used emergency contraception. The preferred sources of emergency contraceptives were reported to be public hospitals 243 (58%), health centres 295 (70.7%), pharmacies194 (46.5%), and private clinics 63(15.1%).[4]

A study was conducted to identify factors associated with contraceptive use in need living in the poorest areas, among women of childbearing age (15–49 years old). A random sample was selected of 30 households with women 15–49 years old or children under five. Field staff conducted computer-assisted personal interviews. Result shows that Women were very poorly informed about family planning methods. Concern about side effects was the main reason for nonuse. Contraceptive use was lower among the extremely poor. This study found the urgent need to improve services for people of indigenous ethnicity, low education, extreme poverty, the uninsured, and adolescents.[5]

A study was conducted on young adults' contraceptive knowledge, norms and attitudes: associations with risk of unintended pregnancy, by representative sampling method of 1,800 unmarried women and men aged 18–29 surveyed by telephone. More than half of young men and a quarter of young women received low scores on contraceptive knowledge, and six in 10 underestimated the effectiveness of oral contraceptives. This study concluded that programs to increase young adults' knowledge about contraceptive methods and use are urgently needed. given the demonstrated link between method knowledge and contraceptive behaviours, such programs may be useful in addressing risky behaviour in this population. [6]

By above all the finding researcher thought to improve women's knowledge on recent trends of family planning with effective video assisted teaching.

OBJECTIVES:-

The objective of the study is to

- To assess the knowledge on family planning methods among married women in a selected community area of Bangalore.
- To assess the effectiveness of video assisted teaching on knowledge regarding family planning methods with post-test level of knowledge.
- To find out the association between level of knowledge regarding family planning methods with selected socio demographic variables

Material and method: -

Research approach and design:- Pre experimental one group pretest, post-test design.

Setting of study:- Kavalabyrasandra, Bangalore.

Study population:- Married women from Kavalabyrasandra, Bangalore.

Accessible population:- The population of this study comprises married women in the age group of 21-50 years.

Sample size:- 60.

Sample technique:- Nonprobability convenient sampling technique.

Inclusion criteria

This study includes;

- Married women who can speak and communicate in English languages.
- Who are willing to participate in the study.
- Married women in the age group of 18 to 40 years.

Exclusion criteria

This study excludes;

- Unmarried women
- Children, Health personnel.
- Married women not available during the study.

Variables under study: -

Independent variable

Independent variable is the variable that stands alone and is not dependent on any other. It is an action for a change. In this study, video assisted teaching and the demographic data are the independent variable. The demographic variable in the study are of age in years, educational status, religion, number of siblings,

monthly income of the family, type of family, source of information regarding family planning methods.

Dependent variable:
Dependent variable is the outcome variable of interest, the variable that hypothesized too dependent on or be caused by another variable, the independent variable. In the present study, it refers to the change in knowledge of married women regarding family planning methods.

Description of the tool
The tool was organized in two sections. They are

Section –A: demographic data.
Section A consist of demographic variables of married women such as age in years, religion, educational status, number of siblings, monthly income of the family, type of family, and source of information regarding family planning methods.

Section- B: Knowledge items regarding family planning methods

It is divided into two parts
Part 1: General awareness regarding family planning methods -**23**

Part 2: Knowledge regarding family planning methods - **7**

TOTAL-30 items

Scoring key
A scoring key was prepared for section A by coding the demographic variables. For section B, 1(one) mark was awarded for correct answers and 0 (zero) mark for wrong answers in all categories. The maximum score of the tool was 30. The scores were allotted under knowledge aspect to interpret the level of knowledge and were distributed as follows:

Adequate: 23- 30(75-100%)

Moderately adequate: 15- 22(50-74%)

Inadequate: 01-14(1-49 %)

Data collection procedure
After obtaining written permission from the concerned authority of Kavalabyrasandra, Bangalore, the researcher performed the data collection during the month of February 2020 at Kavalabyrasandra, Bangalore. The researcher introduced herself and explained the nature and purpose of the study to married women from Kavalabyrasandra. Oral consent was obtained to participate in the study and confidentiality of their responses was assured.

As the part of the study, demographic variables were assessed and then a pretest was conducted to the group of married women using structured knowledge questionnaire. After pretest, video assisted teaching programme on knowledge regarding family planning methods was administered. Doubts were clarified after the teaching session. Post test was conducted with the same in the same manner as pretest was conducted.

Limitations: -

- The sample size was 60 married women. Hence it cannot be generalized to larger population.
- The research design was limited to pre-experimental one group pre-test post-test.

SECTION I: Description of selected demographic variables of married women

Table-1: Frequency and percentage distribution of samples according to their age in years

N= 60

SL. No	Age in years	Frequency(f)	Percentage (%)
1	21-30	31	51.66
2	31-40	16	26.67
3	41-50	13	21.67
	TOTAL	**60**	**100**

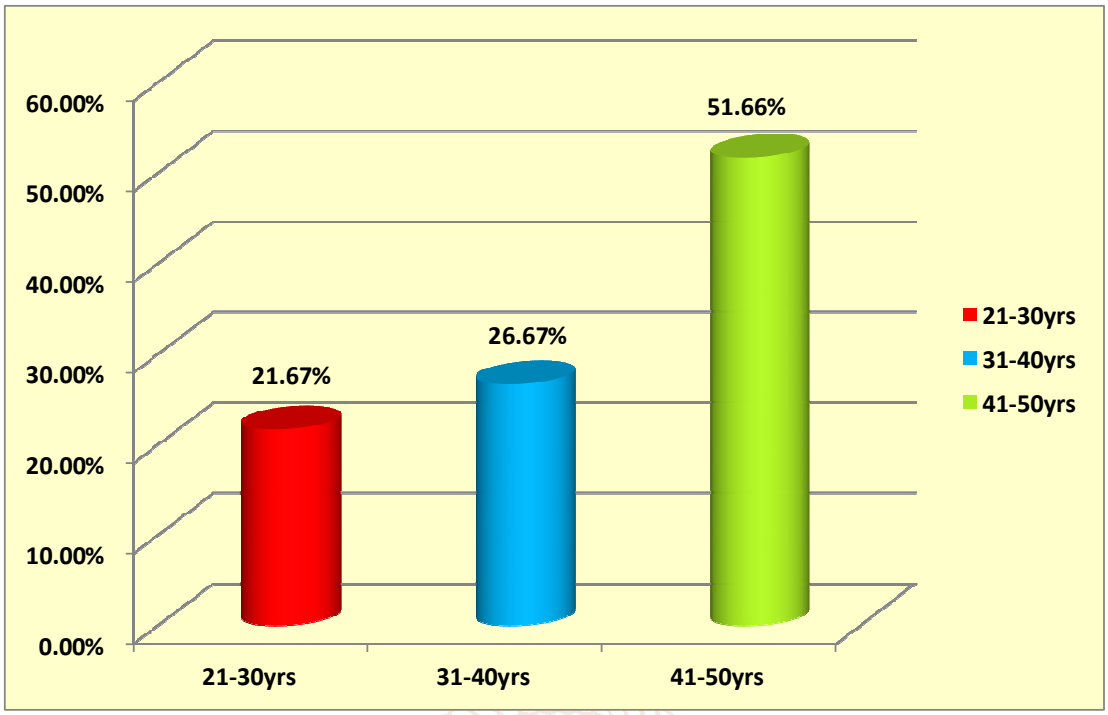

Fig.3. Percentage distribution of samples according to their age in years

The data presented in the table 1 and figure 3 illustrates the distribution of age in years of the samples. 31(51.66%) married women belonged to the age group of 41-50years, 16(26.67%) with the age of 31-40years and 13(21.67%) samples belonged to the age group of 21-30. Hence it can be interpreted that majority of the samples 31(51.66%) were in the age group of 41-50years.

Table 2: Distribution of samples according to their religion

N=60

Sl. No.	Religion	Frequency (f)	Percentage (%)
1	Hindu	43	71.67
2	Muslim	6	10.00
3	Christian	11	18.33
4	Any other	0	0.00
	TOTAL	**60**	**100**

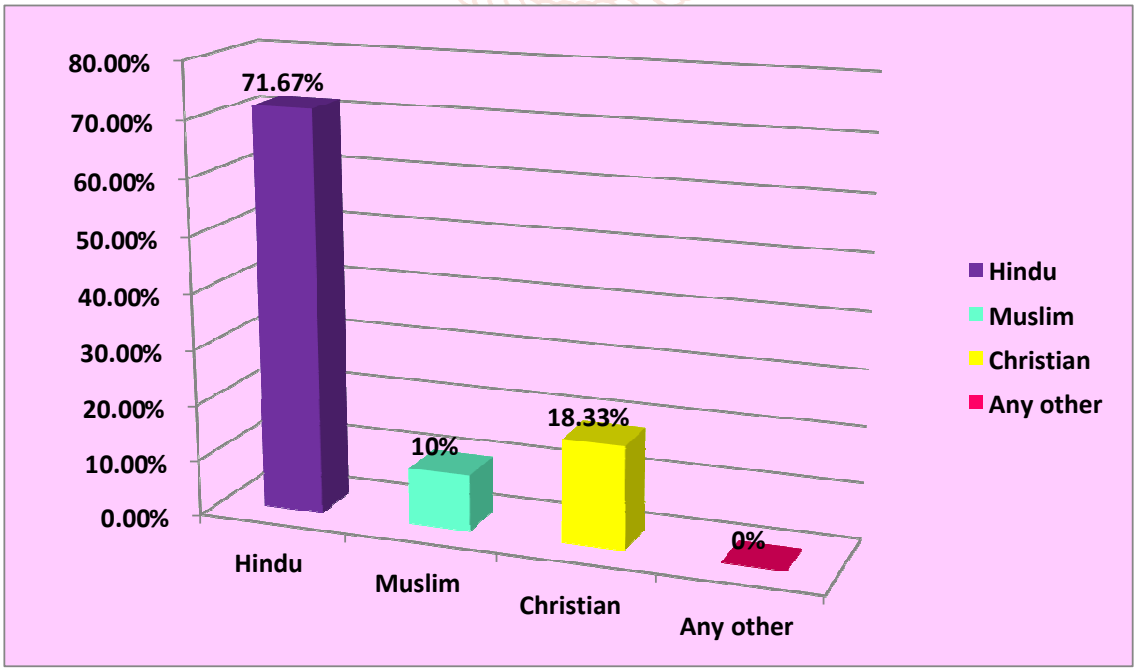

Fig.4. Percentage distribution of samples according to their religion

The data presented in the above table 2 and figure 4 shows the frequency and percentage distribution of samples according to religion. Majority of samples 43(71.67%) were Hindus, six (10.00%) were Muslims and 11(18.33%) were Christians. Hence it can be interpreted that majority of the samples 43 (71.67%) were Hindus.

Table 3: Distribution of samples according to their educational status

N= 60

Sl. No	Educational status	Frequency(f)	Percentage (%)
1	Primary Education	29	48.3
2	P.U.C	18	30 .0
3	Graduation and above	13	21.7
	Total	60	100

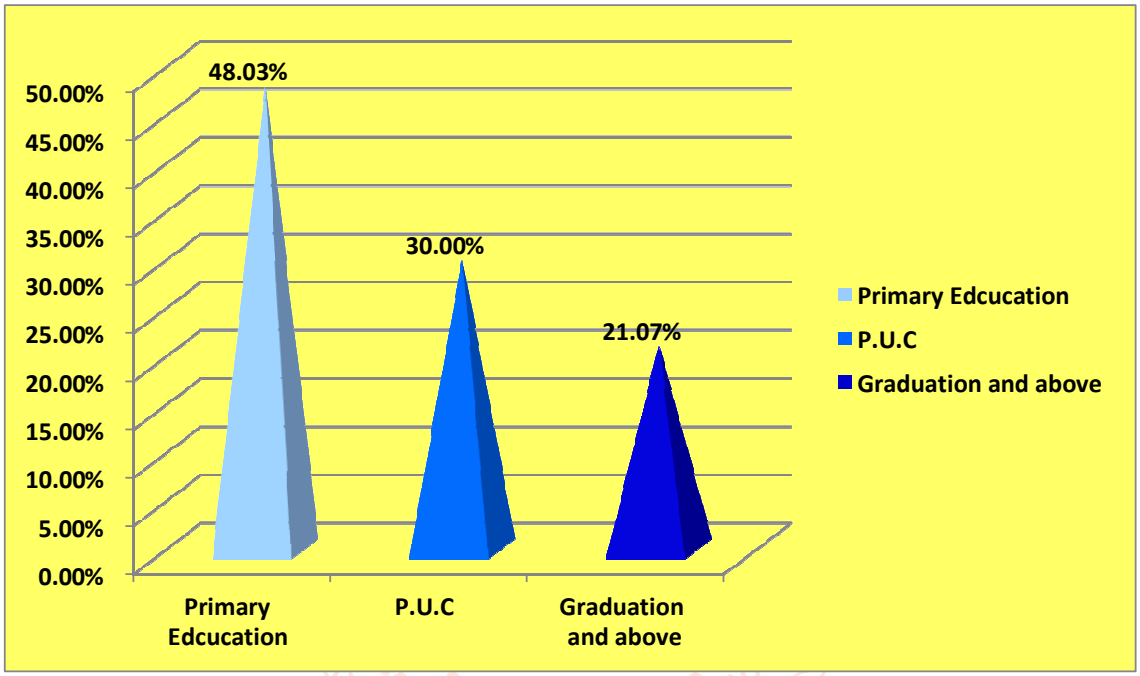

Fig.5: Percentage distribution of samples according to educational status

The data presented in the table 3 and figures 5 demonstrate the frequency and percentage distribution of the samples according to their educational status. It showed that 29(48.3.0%) samples were studied in Primary education, 18(30.0%) samples were studied P.U.C, and 13(21.7.0%) were studied Graduation and above. Hence it can be interpreted that majority of the samples 29(48.3%) studied Primary education.

Table 4: Distribution of samples according to their Habits

N=60

Sl. No.	SIBLINGS	FREQUENCY (f)	PERCENTAGE (%)
1	No siblings	0	0.00
2	One	32	53.3
3	Two	28	46.7
	Total	60	100

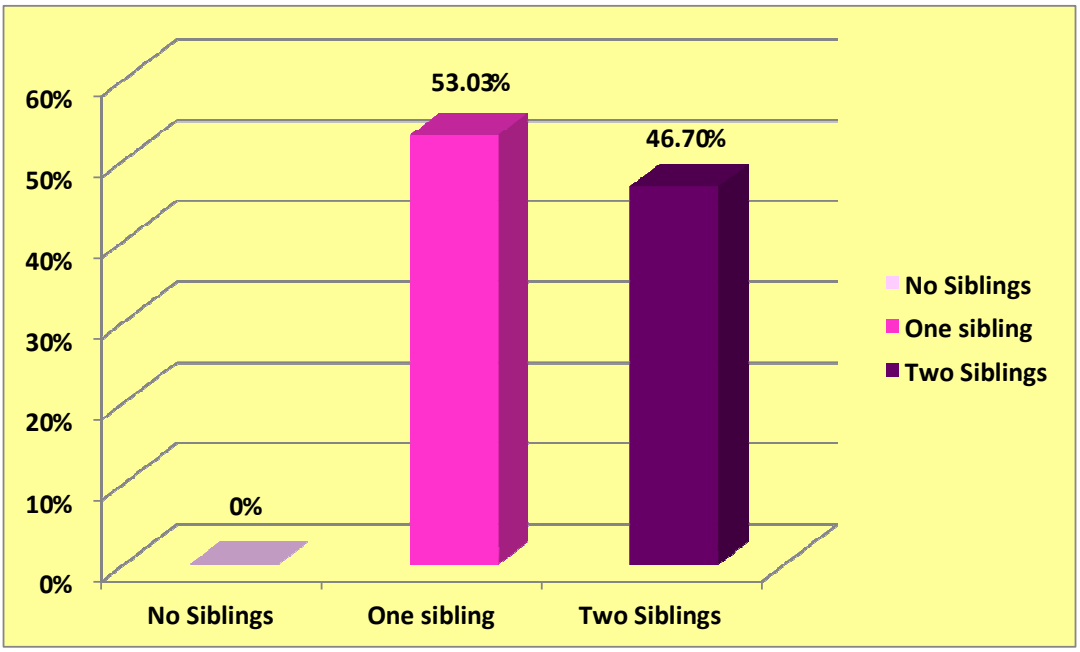

Fig.6: Percentage distribution of samples according to number of siblings

The data presented in the above table 4 and figure 6 shows the frequency and percentage distribution of samples according to number of siblings. It showed that most of them were having siblings, 32(53.3%) were having the one sibling and 28(46.7%) were having two siblings. Hence it can be interpreted that majority of the samples 32(53.3%) were having one sibling.

Table 5: Distribution of samples according to monthly income of their family (in Rupees.)

N=60

Sl. No.	Monthly income of the family (in Rupees)	Frequency (f)	Percentage (%)
1	Below10000	5	8.33
2	10001-15000	9	15.00
3	15,001-20000	33	55.00
4	20001-25000	13	21.67
5	Above 25001	0	0.00
	TOTAL	**60**	**100**

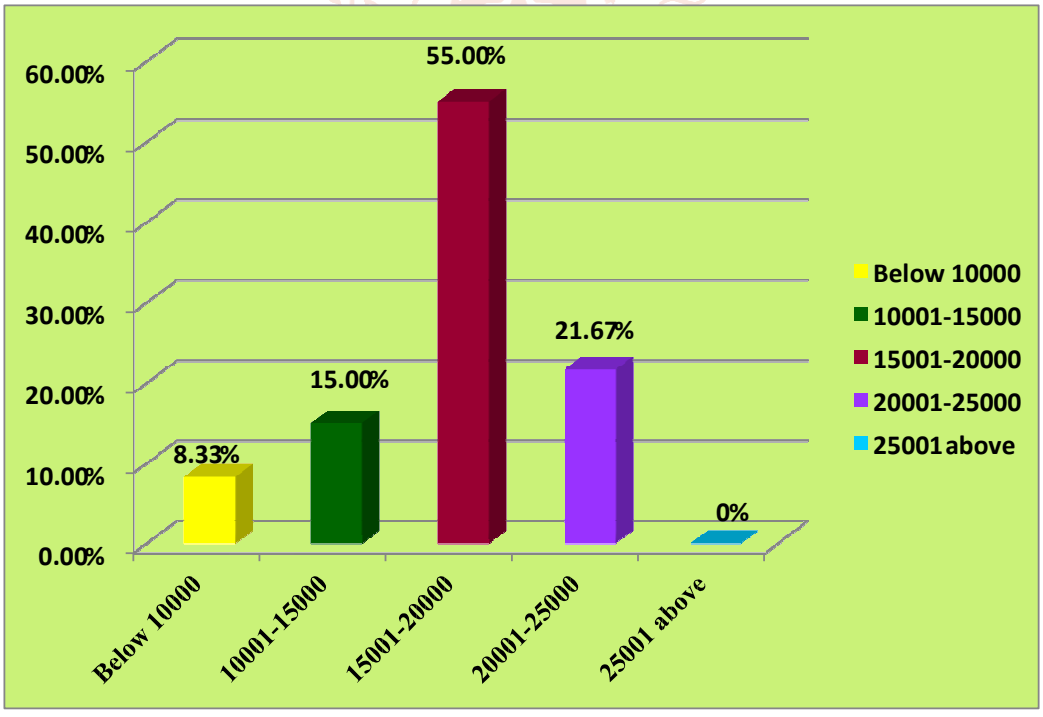

Fig.7: Percentage distribution of samples according to monthly income of the family

The above table 5 and figure 7 shows the frequency and percentage distribution of samples according to monthly income of the family. With regard to monthly income of the family, five (8.33%) samples had family income less than 10000, nine (15.00%) samples had family income between10001-15000, 33(55.00%) samples had family income between15001-20000, 13(21.67%) samples had family income between20001-25000 and 0(0.00%) samples had family income of 25001 and above. Hence it can be interpreted that majority of samples family income per month was between15001-20000.

Table 6: Distribution of samples according to their type of family

SI. No	Type of family	Frequency(f)	Percentage (%)
1	Nuclear family	52	86.67
2	Joint family	8	13.33
	Total	60	100

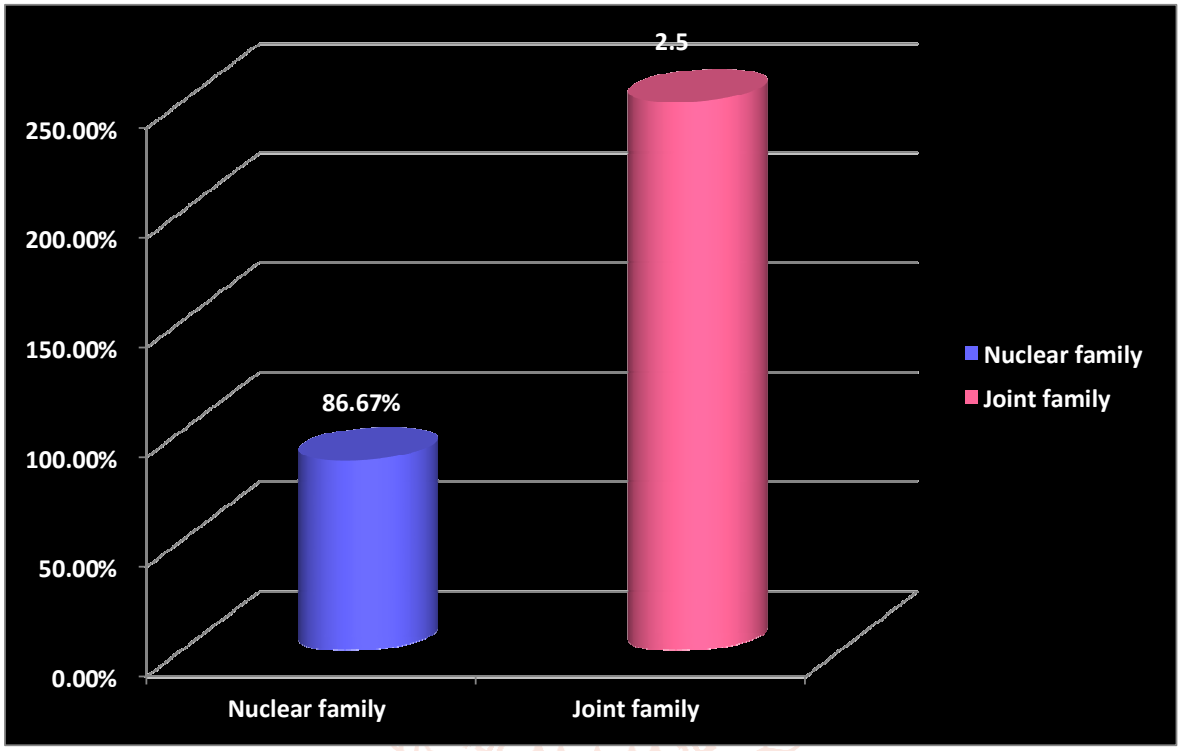

Fig.8: Percentage distribution of samples according to type of family

The above table 6 and figures 8 demonstrate the frequency and percentage distribution of samples according to type of family. It showed that 52 (86.67%) samples belonged to nuclear family, eight (13.33%) belonged to joint family. Hence it can be interpreted that majority of samples 52(86.67%) belonged to nuclear family.

Table 7: Distribution of samples according to source of information regarding family planning methods

N=60

Sl. No	Source of information	Frequency(f)	Percentage (%)
1	Family	2	3.33
2	Media	4	6.67
3	Health personnel	2	3.33
4	No information	52	86.67
	Total	60	100

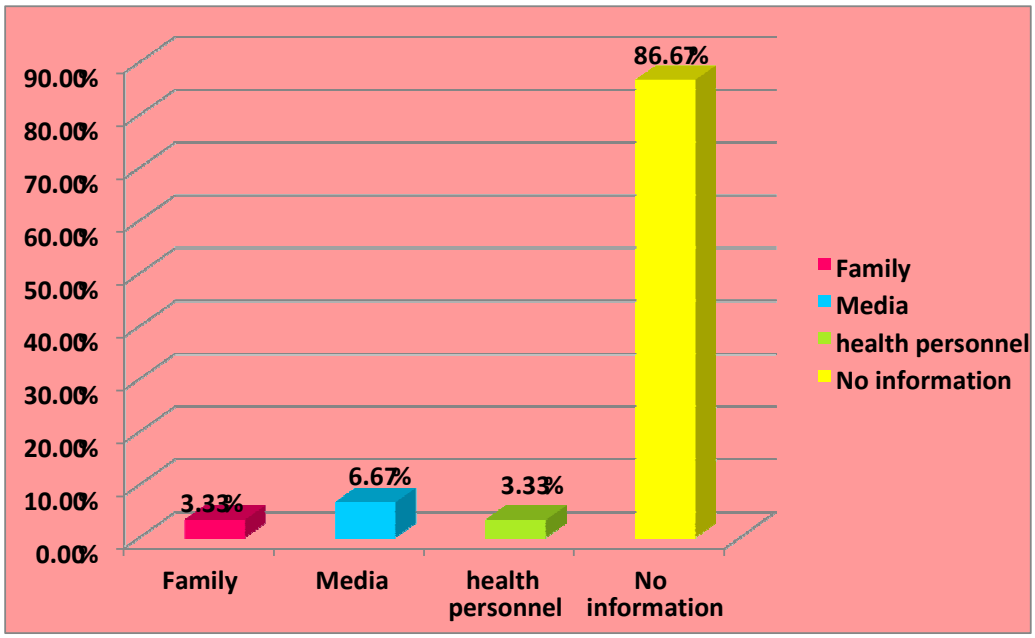

Fig.9: Percentage distribution of samples according to source of information regarding family planning methods

The data presented in the table 7 and figures 9 demonstrate the frequency and percentage distribution of the samples according to the source of information regarding family planning methods. It showed that 52(86.67%) had no information, four (6.67%) obtained information from media, two (3.33%) obtained information from health personnel and 2(3.33%) obtained information from family. Hence it can be interpreted that majority of the samples, 52 (86.67%) had no information regarding family planning methods.

Section II: Assessment of pretest knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

Table 8: Frequency and percentage distribution of pre-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore

Knowledge level	Score (%)	Frequency(f)	Percentage (%)
Inadequate	1- 49	56	93.3
Moderate	50—74	4	6.7
Adequate	75-100	0	0
Total		**60**	**100**

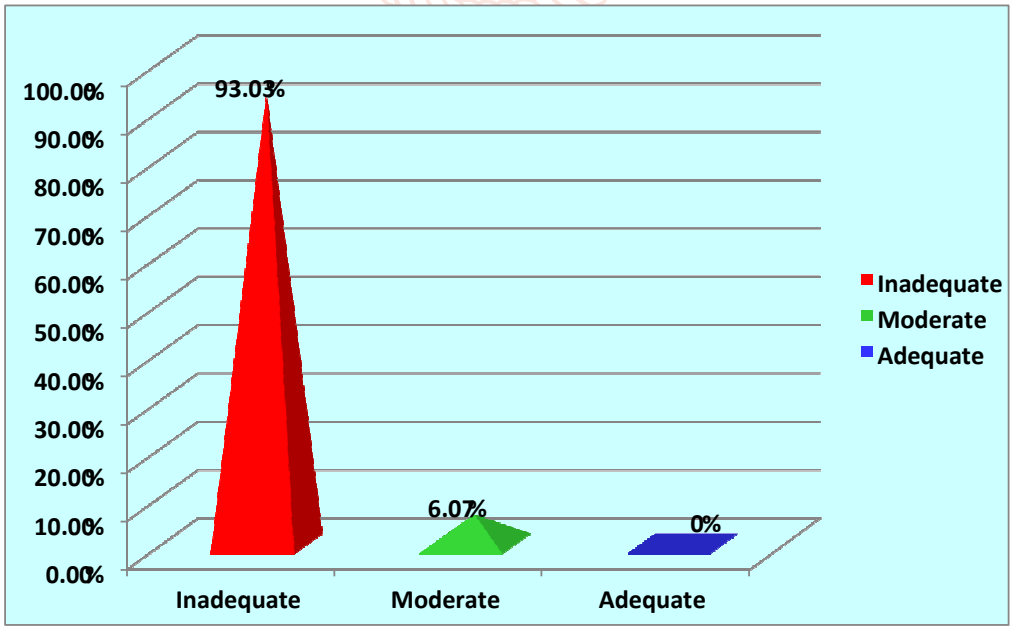

Fig.10: Percentage distribution of pre-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore

The above table 8 and figure 10 shows the distribution of pretest knowledge scores regarding family planning methods among married women in selected community area, Bangalore. It revealed that in pre-test, level of knowledge regarding family planning methods among married women in selected community area, Bangalore. 56(93.3%) had inadequate knowledge and 4(6.7%) married women had moderate knowledge regarding family planning methods.

Table 9: Distribution of Mean, Standard deviation and Mean percentage score of pretests knowledge scores regarding family planning methods

N=60

Aspect knowledge wise	Max Statement	Max Score	Mean	SD	Mean%
General awareness regarding family planning methods	23	23	2.85	2.73	12.40%
Knowledge regarding family planning methods	7	7	0.43	1.39	6.14%
Overall	30	30	3.28	2.48	10.93%

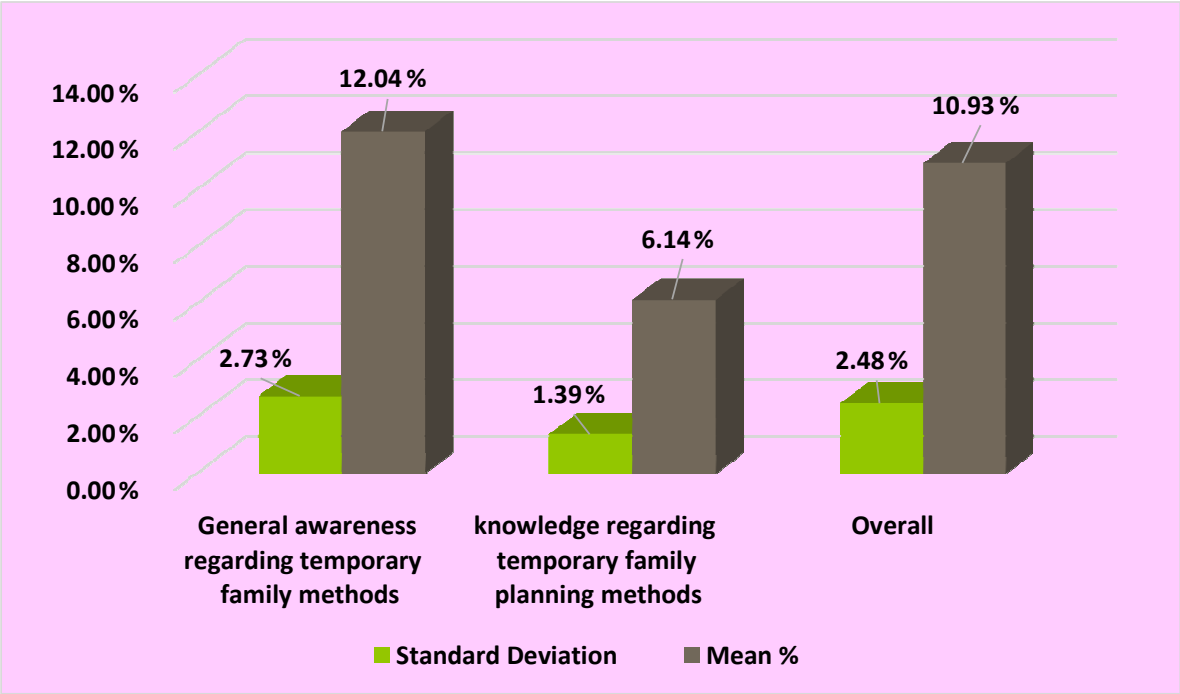

Fig.11: Mean percentage score distribution of pretest knowledge scores among married women

The above table 9 and figure 11, shows the mean, standard deviation and mean percentage score of the pre-test knowledge regarding family planning methods among married women in selected community area, Bangalore. On determining the general awareness regarding family planning methods with the maximum score of 23, the mean score was 2.85 with SD of 2.73 and the mean percentage was 12.40%. On assessing the knowledge about family planning methods with the maximum score of seven, the mean score was 0.43 with SD of 1.39 and the mean percentage was 6.14%.

On an overall, pre-test knowledge regarding family planning methods among married women, with the maximum score 30, the mean was 3.28with SD 2.48 and mean percentage of 10.93%. The data showed that there was not sufficient knowledge in most of the aspects.

Section III: Assessment of post-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

Table 10: Frequency and percentage distribution of post-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

N=60

Knowledge level	Score (%)	Frequency(f)	Percentage (%)
Inadequate	1-49	0	0
Moderate	50-74	42	70.00
Adequate	75-100	18	30.00
Total		**60**	**100**

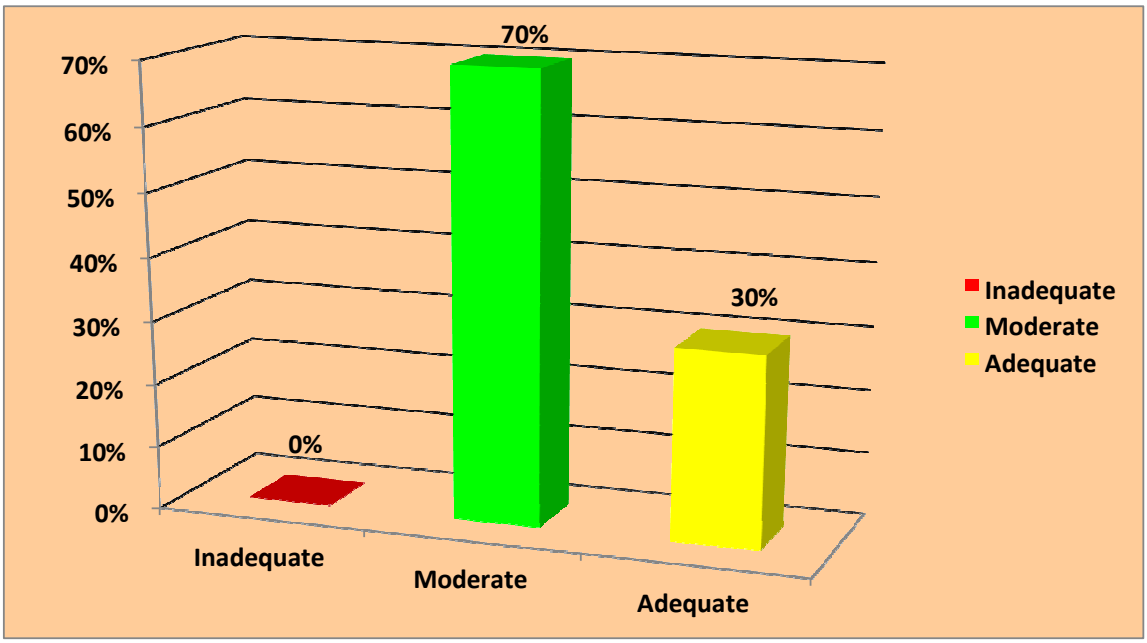

Fig.12: Percentage distribution of post-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

The above table 10 and figure 12 represents distribution of post-test knowledge regarding family planning methods. It revealed that in post-test, majority of the married women 42(70.00%) had moderate level of knowledge and 18(30.00%) had adequate level of knowledge regarding family planning methods. Hence it can be interpreted that none of the samples had inadequate knowledge regarding family planning methods.

Table 11Distribution of Mean, Standard deviation and Mean percentage scores of post-test knowledge regarding family planning methods among married women in selected community area, Bangalore.

N=60

Sl. No.	Aspects wise knowledge	Max Question	Max Score	Mean	SD	Mean%
1	General awareness regarding family planning methods	23	23	15.85	2.94	69%
2	Knowledge regarding family planning methods	7	7	5.15	1.47	73.57%
	Overall	30	30	21	5.85	70%

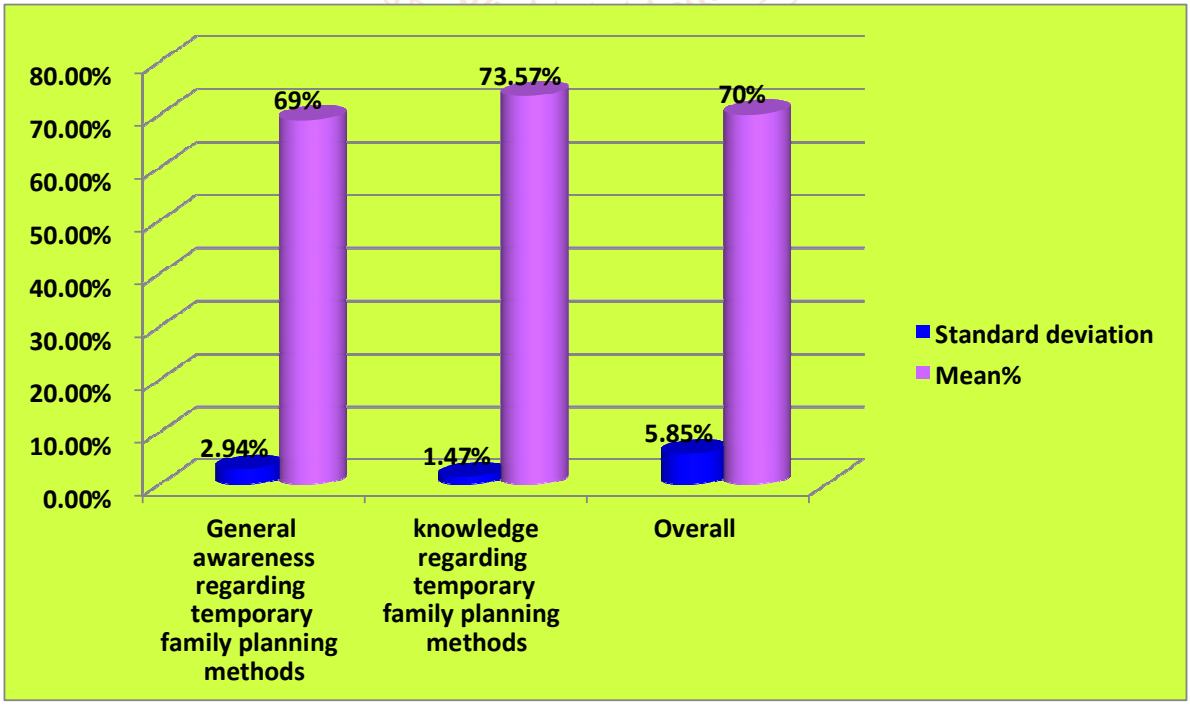

Figure 13: Mean percentage score distribution of post-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

The above table 11 and figure 13, shows the mean, standard deviation and mean percentage score of the post-test knowledge regarding family planning methods among married women**.** On determining the general awareness regarding family planning methods, with the maximum score of 23, the mean score was 15.85 with SD of 2.94 and the mean percentage was 69%.On assessing the knowledge about family planning methods, with the maximum score of seven, the mean score was 5.15 with SD of 1.47 and the mean percentage was 73.57%.

As an overall, post-test knowledge regarding family planning methods among married women, with the maximum score 30, the mean was 21 with SD 5.85 and mean percentage of 70%.

Section IV: Assessment of the effectiveness of video assisted teaching on knowledge regarding family planning methods among married women in selected community area, Bangalore.

Table 12: Distribution of Pre and post-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

N=60

Knowledge level	Pre test		Post test	
	f	%	f	%
Inadequate (1-49%)	56	93.3	0	0
Moderate (50-74%)	4	6.7	42	70.00
Adequate (75-100%)	0	0	18	30.00
Total	**60**	**100**	**60**	**100**

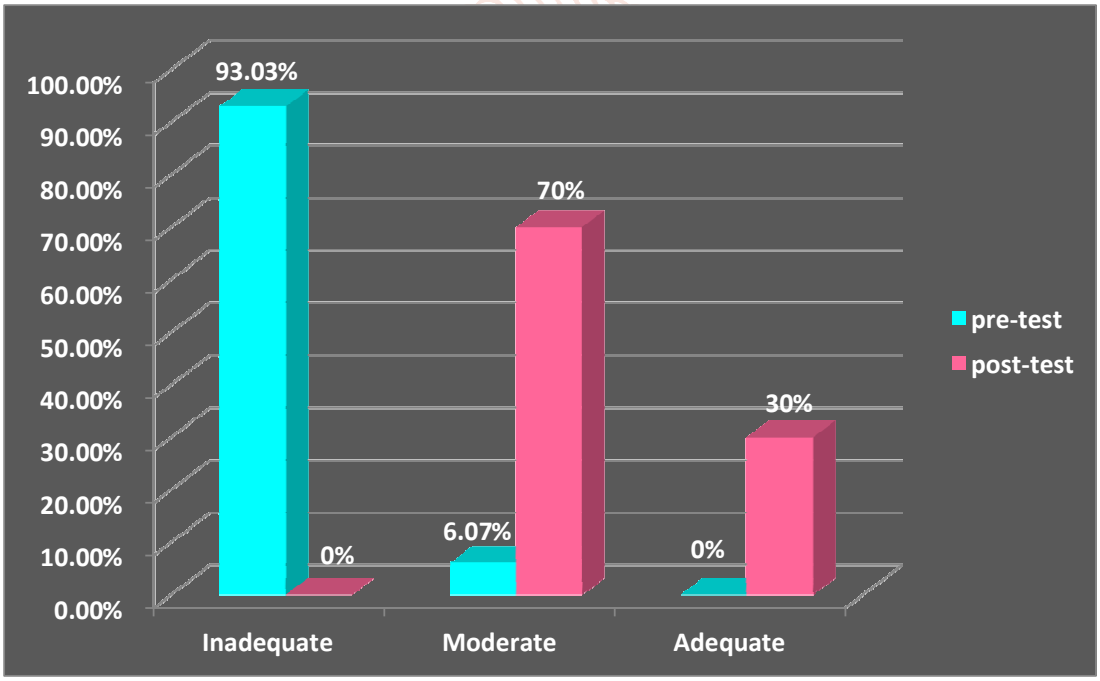

Figure 14: Distribution of pretest and post-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

The data presents in the table 12 and fig 14 are scores regarding family planning methods among married women. Majority 56(93.3%) of the married women had inadequate knowledge, 4(6.7%) had moderate knowledge and none of them had adequate level of knowledge in the pretest phase. After post-test majority 42(70.00%) of married women had moderate knowledge, 18(30.00%) samples had adequate knowledge and none of them have inadequate level of knowledge regarding family planning methods.

Hence it can be interpreted that there was a marked gain in the knowledge regarding family planning methods among married women after the video assisted teaching.

Table 13: Mean Standard Deviation and mean percentage of pre and post-test knowledge scores regarding family planning methods among married women in selected community area, Bangalore.

N=60

Aspects wise knowledge	Pre test			Post test		
	Mean	SD	Mean%	Mean	SD	Mean%
General awareness regarding family planning methods	2.85	2.73	12.40%	15.85	2.94	69%
Knowledge on family planning methods	0.43	1.39	6.14%	5.15	1.47	73.57%
Overall	3.28	2.48	10.93%	21	5.85	70%

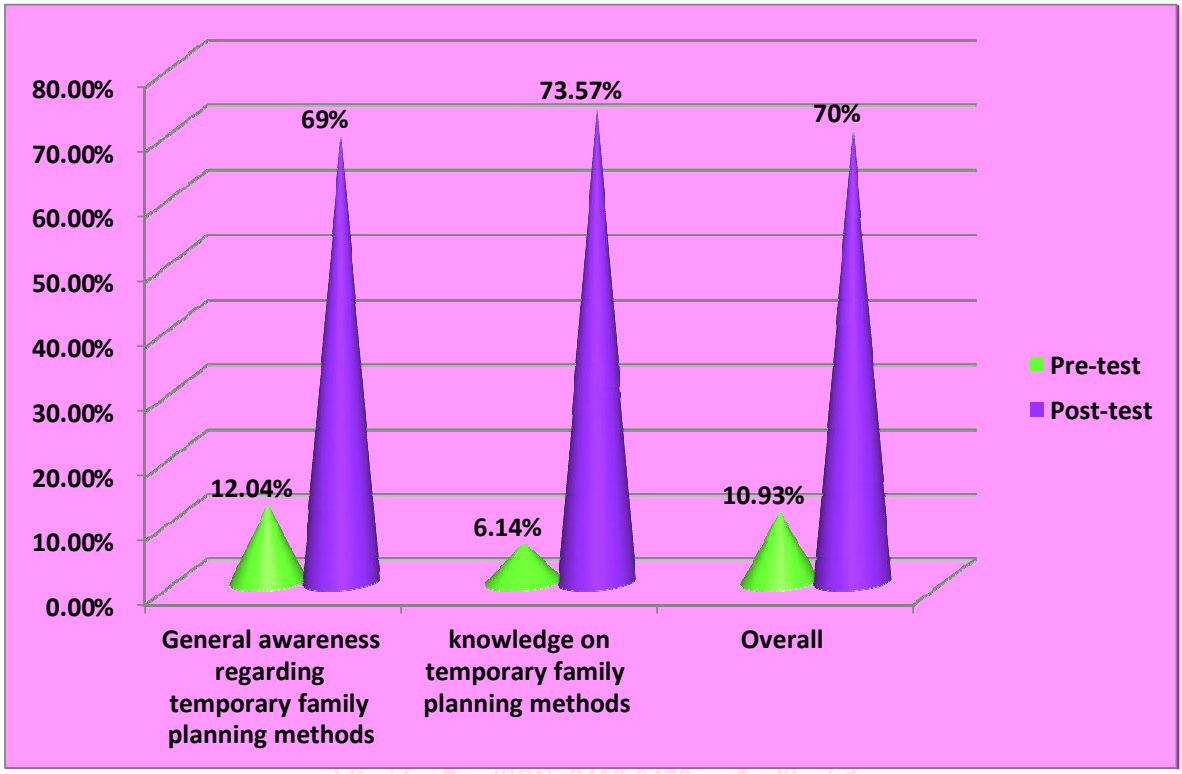

Fig.15: Distribution of aspect wise pre-test and post-test knowledge scores among married women in selected community area, Bangalore

The above table 13 and figure 15 show mean standard deviation and mean percentage score in pre-test and post-test and the gain in knowledge regarding family planning methods among married women in selected community area, Bangalore

In point of view to the knowledge regarding general awareness regarding family planning methods, the mean score was found to be 2.85 in pre-test, 15.85 in post-test and the gain was 13, with standard deviation of 2.73 in pre-test and 2.94 in post-test and the gain was 0.21, the mean percentage score was 12.40% in pre-test, 69% in post-test and the gain in knowledge was 56.6%.

In regard to knowledge regarding family planning methods, the mean score was found to be 0.43 in pre-test, 5.15 in post-test and the gain was 4.72, with standard deviation of 1.39 in pre- test and 1.47 in post-test and the gain was 0.08 and the mean percentage score was 6.14 % in pre -test, 73.57 % in post-test and the gain in knowledge was 67.43%

On identifying the overall knowledge regarding family planning methods, the mean score was found to be 3.28 in pre-test, 21 in post-test and the gain was 17.72, with standard deviation of 2.48 in pretest and 5.85 in post-test, the gain was 3.37, the mean percentage score was 10.93 % in pre-test, 70 % in post-test and the gain was 59.07%.

Table 14: Evaluation of effectiveness of video assisted teaching programme regarding family planning methods among married women.

N=60

Aspect wise knowledge assessment	Max score	Pre test		Post test		Paired t value P < 0.05
		Mean	SD	Mean	SD	
Knowledge regarding general awareness regarding family planning methods	23	2.85	2.73	15.85	2.94	23.3^{S} 59 df (table value 2)
Knowledge regarding family planning methods	7	0.43	1.39	5.15	1.47	17.2^{S} 59 df (table value 2)
Overall	30	3.28	2.48	21	5.85	25.8^{S} 59 df (table value 2)

NS- Not Significant S- Significant

The above table 14 represents the comparison of the mean, standard deviation of pretest and post-test knowledge and paired' test value regarding family planning methods among married women in selected community area, Bangalore.

On determining the knowledge regarding general awareness regarding family planning methods, out of maximum score of 23, the mean score was 2.85 in pre-test and 15.85 in post-test, with SD of 2.73 in pre-test and 2.94 in post-test and the paired 't' test value was 23.3 at the level of P< 0.05.

With regard to the knowledge regarding family planning methods, out of maximum score of 7, the mean score was 0.43 in pre-test and 5.15 in post-test, with SD of 2.48 in pretest and 1.47 in post-test and the paired' test value was 17.2 at the level of P< 0.05.

On an overall, gain in knowledge regarding family planning methods, out of maximum score of 30, the mean score was 3.28 in pretest, 21 in post-test, with SD of 2.48 in pretest, 5.85 in post-test, and the paired' test value was 25.8 at the level of P< 0.05.

The paired t' test was carried to examine the difference in the knowledge level, it was found invariably significant at p<0.05 level. Hence the research hypothesis H_1 was accepted and it is evident that the video assisted teaching was significantly effective in improving the knowledge of married women regarding family planning methods.

Section V: Association between post-test knowledge of married women regarding family planning methods

Table 15: Determination of association between post-test knowledge of married women regarding family planning methods with their selected demographic variables such as age in years, religion, educational status and habits N=60

Sl. No	Demographic variables	F	%	Chi square
1.	**Age in years**			
	21-30yrs	13	21.67	df 21.68 NS (Table value 5.991)
	31-40yrs	16	26.67	
	41-50yrs	31	51.66	
2.	**Religion**			
	Hindu	43	71.67	df 2 0.721^{NS} (Table value 5.991)
	Muslim	6	10.00	
	Christian	11	18.33	
	Any other, specify	0	0	
3.	**Educational status**			
	Primary education	29	48.3	df 2 2.91^{NS} (Table value 5.991)
	P.U.C	18	30.0	
	Degree and above	13	21.7	
4.	**Siblings**			
	No siblings	0	0	df 1 18.4^{S} (Table value 3.841)
	One sibling	32	53.3	
	Two siblings	28	46.7	

N.S- Not Significant at p>0.05S- Significant at P< 0.05 level

The data presented in the table 15 determines the association between knowledge regarding family planning methods among married women in selected community area, Bangalore with their selected demographic variables such as age, religion, educational status and number of siblings. It was analysed by chi- square test, which revealed that there was no significant association between knowledge and the selected demographic variable such as age, religion and educational status. The obtained χ2values were 1.68, 0.721 and 2.91 respectively. It is less than the table value 5.991, 5.991 and 5.991 respectively so it is not significant.

It was analysed by chi- square test, which revealed that there was a significant association between knowledge and selected demographic variable such as habits. The obtained χ^2 value was 18.4. It is more than the table value 3.841 at P<0.05 level of significance.

So, it is significant.

Table 16: Determining association of post-test knowledge of married women regarding family planning methods with their selected demographic variables such as monthly income of the family, and type of family.

N=60

S. No	Demographic variables	F	%	Chi square
5.	**Monthly income of the family in Rupees**			df 3 20.8^S (Table value 7.815)
	Below Rs. 10000	5	8.33	
	Rs.10001-Rs.15000	9	15.00	
	Rs.15001-Rs.20000	33	55.00	
	Rs.20001- Rs.25000	13	21.67	
	Above Rs.25001	0	0	
6.	**Type of family**			df 1 8.90^S (Table value 3.841)
	Nuclear	52	86.67	
	Joint	8	13.33	

N.S- Not Significant at p>0.05S- Significant at P< 0.05 level

The data presented in the table 16 depicts the association between knowledge regarding family planning methods among married women with their selected demographic variables such as monthly income of the family, and type of family. It was analysed by chi- square test, which revealed that there was a significant association between knowledge and the selected demographic variable, monthly income of the family and type of family, the obtained χ2values were 20.8 and 8.90respectively. It is more than the table value 7.815 and 3.841 respectively so it is significant. It was analysed by chi- square test, which revealed that there was no significant association between knowledge and the selected demographic variable. The obtained χ2value was 0.47. It is less than the table value 3.841 at P<0.05 level of significance. So, it is not significant.

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