"A Quasi-Experimental Study To Assess The Effectiveness Of Educational Programme Regarding Selected Temporary Family Planning Methods Among Women Residing In Rural Community Area, Solan, Himachal Pradesh".

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ABSTRACT
Background: Pregnancy is a very joyful experience in a women life. It will be joyest experience only when the pregnancy is wanted by the women.
Aim: The aim of study was to improve the knowledge and to change the attitude regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area, Solan, Himachal Pradesh.
Methodology: A quantitative research approach with quasi-experimental research (one group pre-test post-test design) was selected for the present study. The sample size was 90 for final study and 10% i.e. 9 sample selected for pilot study from the total population. Non-probability purposive sampling technique was used to select the sample. Data was collected by using self-structured knowledge questionnaire to assess the knowledge & 3-point–likert scale to assess the attitude regarding selected temporary family planning methods. The setting selected for present study was rural community area, Solan, (H.P.), Khatta for Pilot study and Darlaghat was selected for final study. Educational Programme of 1 hour duration for 1 day was administered with the help of teaching AV-aids i.e. power-point presentation, chart & pamphlets.
Result: The findings of the study revealed that the overall mean post-test knowledge score i.e. 24.68 was significantly higher than the overall mean pre-test knowledge score i.e. 17.89 as evident by 't'-value i.e. 8.828 at 0.05 level of significance. Whereas overall mean post-test attitude score i.e. 45.08 was significantly higher than the overall mean pre-test attitude score i.e. 42.38 as evident by 't'-value 6.604 at 0.05 level of significance among women. There was significant correlation found between post-test knowledge and post-test attitude score with 'r' value=0.281, 'p' value=0.007. According to the association of knowledge score, there was significant association of pre-test knowledge score regarding selected temporary family planning methods among women with demographic variables such as Age (in years) with (χ^2 **value=21.054, df=6**), duration of using contraceptive methods with (χ^2 **value=24.598, df=8**), type of family with (χ^2 **value=13.567, df=4**). Whereas in post-test knowledge score, there was a significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables such as occupational status with (χ^2 **value=10.213, df=4**), contraception methods used with (χ^2 **value=18.601, df=10**). With regard to the association of attitude score, there was significant association of pre-test attitude score regarding selected temporary family planning methods among women with selected demographic variable such as type of family with (χ^2 **value=9.034, df=2**). Whereas in post-test attitude score there was a significant association of post-test attitude score regarding selected temporary family planning methods among women with demographic variable such as family monthly income (in rupees) with (χ^2 **value=8.687, df=3**).
Conclusion: The study concluded that Educational programme was found effective to improve the knowledge and to change the attitude regarding selected temporary family planning methods among women.

Key words: Assess, Effectiveness, Educational Programme, Temporary Family Planning Methods, Knowledge, Attitude, Women, Rural Community area.

1.1 INTRODUCTION

Pregnancy is a very joyful experience in a women life. It will be joyest experience only when the pregnancy is wanted by the women. A women has the full right to decide herself whether she has to conceive or not. When the pregnancy has occurred, it should be accepted by both the parents. It is necessary to maintain a small family. So that the born child will rear by the parents well. So it is very important to know about the methods which are available to prevent the unwanted pregnancy. Temporary contraception methods should be followed by the eligible couples. Whichever method is suitable, they can select, use the method and get benefited by preventing the unwanted pregnancy that only will be good for our home as well as to the nation.[2]
Reproduction means the act of reproducing or the condition or process of being reproduced.[3]

Reproductive process, a male sperm and a female egg provide the information required to produce another human being, conception occurs when these cells join as the egg is fertilized.[4]

Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide.[5]

Reproductive age means years of life between menarche and menopause, roughly from ages 12 to 49.[6]

– **By WHO**

Menstruation is the process in women of discharging blood and other materials from the lining of the uterus at intervals of about one lunar month from puberty until menopause, except during pregnancy.[7]

Conception is the successful joining of an egg and sperm. This process can occur in the hours to days after having sexua intercourse.[8]

Fertility means capability to produce offspring through reproduction following the onset of sexual maturity.[9]

Infertility means inability to conceive children or young.[10]

Fertilization means process of fertilizing an egg, female animal, or plant, involving the fusion of male and female gametes to form a zygote.[11]

Temporary family planning methods means temporary way of planning the family and child birth as responsible decision of individuals and couples to promote the family health by using certain methods.[12]

Permanent family planning methods means permanent way of stopping family planning chosen once the couple had children and have decided that their family is complete.[13]

Menstruation process in a woman of discharging blood and other materials from the lining of the uterus at intervals of about one lunar month from puberty until menopause, except during pregnancy.[7]

Menstrual cycle is the monthly series of changes a woman's body goes through in preparation for the possibility of pregnancy.[14]
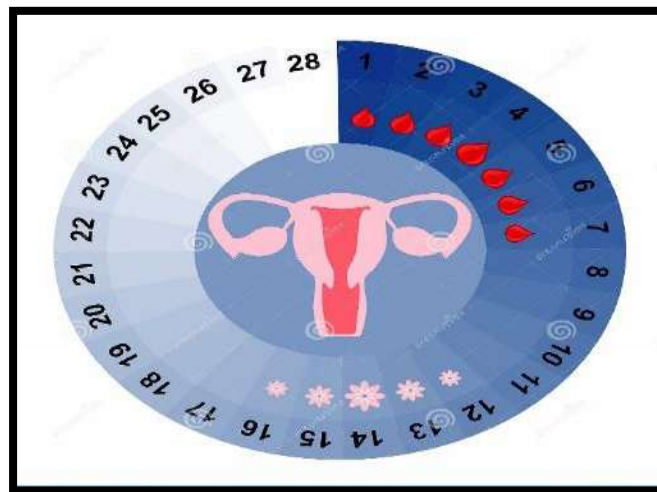
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Fig. 1.1 Depicts Menstrual Cycle

Family planning is a way of thinking and living that is adopted voluntarily upon the bases of knowledge, attitude, and responsible decisions by couples and individuals. Family planning refers to a conscious effort by a couple to limit or space, the number of children they have through the use of contraceptive methods. Family planning deals with reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases, and improving the quality of life of mother, fetus, and family as a whole. A woman can get pregnant if one of man's sperm reaches her egg (ovum). Contraception tries to stop this either by stopping egg production or by keeping the egg and the sperm apart or by stopping the implantation of the fertilized egg into the uterus. Contraception in the simplest terms is the prevention of pregnancy and contraceptive methods, by definition, are the preventive methods to help women to avoid unwanted pregnancies.[16]

According to the World Health Organization (WHO), family planning is defined as "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility". The importance of family planning is clear from its benefits to individuals, as well as to families, communities, and societies (AGI, 2003). Family planning serves three critical needs: it helps couples to avoid unintended pregnancies, it reduces the spread of sexually transmitted diseases (STDs), and by addressing the problem of STDs, it helps to the reduce rates of infertility.[17]

India was the first country in the world to have launched a National Programme for Family Planning in 1952. There occurred a gradual shift from clinical approach to the reproductive child health approach and further, the National Population Policy (NPP) in 2000 brought a holistic and a target free approach which helped in the reduction of fertility. Over the years, the programme has been expanded to reach every nook and corner of the country and has penetrated the

Primary Health Centres and Sub Centres in rural areas, Urban Family Welfare Centers and Post-partum Centers in the urban areas. Technological advances, improved quality and coverage for healthcare has resulted in a rapid fall in the Crude Birth Rate (CBR), Total Fertility Rate (TFR) and growth rate (2011 census showed the steepest decline in the decadal growth rate.). The objectives, strategies and activities of the family planning division are designed and operate towards achieving the family welfare goals.[18]

Menstruation is related with family planning because menstruation is integral to family planning and reproductive health. By teaching girls and women to be body literate and to understand their menstrual cycle, we could prevent misconceptions about the female body and family planning. By enabling those to better manage their menstruation, we could improve reproductive health and family planning outcomes. Women is suffering from various genital tract infections if menstrual hygiene is not maintained properly.[19]

According to the Centers for Disease Control and Prevention (CDC), family planning is one of the 10th great public health achievements of the twentieth century, on a part with such accomplishments as vaccination and advances in motor vehicle safety (CDC1999). The ability of individuals to determine their family size, timing and spacing of their children has resulted in significant improvements in health, social and economic well-being (IOM, 1995).[17]

The global population today stands at 8.0 billion in mid-November 2022 and is expected to reach 9 billion by the year 2045. Increasing population is a global problem today and India having one-fifth of the world population and a growth rate of 16 million each year. India is the second most populated country in the world. Uncontrolled population growth has been recognized as the most important impediment to our national development, despite the fact that India was the first country in the world to adapt a national population control program in 1952. So, it is important at global as well as national scale to ensure that all pregnancies are wanted or intended.[16]

According to the united-nations population division, countries experiencing below replacement fertility–lower than 2.1 children per women. Family planning 2030 (FP) partnership is global initiative for family planning providing a space for stakeholder to convene, align, share knowledge, broker, resources, advance the field.[17]

National incidences of total fertility rate is 2.1. In 2012, India's modern contraception prevalence rate among all women was 39.2 in 2017 it was 39.57, and in 2020 is predicted to rise to 40.87.[20]

Historical interesting facts of family planning shows that Shaw, MD, a clinical associate professor of Obstetric and Gynecology at Stanford, spoke and brought the history and evolution of contraception to center stage. Since the beginning of time, humans have engaged in sexual activity for purposes other than reproducing. Until the late 19th and 20th centuries, people used all kinds of home-made ancient birth control methods to prevent pregnancy. Crocodile dung was using probably the least hygienic ingredient used to prevent pregnancy, ancient Egyptians and Mesopotamians would mix crocodile dung with other ingredients to form a pessary-a block that was inserted in the vagina. Lemon was used in past, people assumed the citric acid in lemon possessed spermicidal qualities, making this fruit an effective form of ancient birth control. Women would soak sponges or cotton in lemon juice and insert them into their vagina. It would both act as a barrier to the cervix and as a spermicide.[21]

Religious family planning belief include various brief of people related to family planning. In Hinduism-Mahabharata mentioned that killing an embryo is a sin. Muslims are firmly against the adoption of family planning measures. The popular misconception i.e. children are blessing from God" influencing socio-cultural factors of contraceptive use. Sikh use contraception, as a matter for the couple concerned. Buddhism attitude towards contraception are based on the idea that it is wrong to kill for any reason. Judaism birth control has been considered only acceptable for use in certain circumstances, for example, when the couple already has two children or if they are both in school.[22]

People not use family planning methods in Himachal because they are suffering from major barriers like pro-natal social norms, pregnancy expectations early in marriage, to produce multiple sons, limited access to modern spacing contraceptives. Family resistance to adopt contraceptives, lack of husband's involvement on family planning issues, myths, misconceptions. Perceived side-effects and negative attitude towards specific misconceptions.[23]

Family planning awareness is important because there are various myths related to family planning so resolving these myths awareness regarding family planning is important. The myths and misconceptions are that family planning causes excessive bleeding and infertility. Belonged to a group of Nigerian women that believe it is God that gives children and provides for their upkeep, hence no faith in family planning. Some feel it will make their tummy protrude. Some believes it will cause un-stoppable vaginal bleeding. Some husbands believe some of these family planning methods will pinch them during sexual intercourse. Some believes it will delay the next child birth. Use of contraception prevents pregnancy-related health risks for women and children.[24]

Family planning is achieved through contraception, defined as any means capable of preventing pregnancy, and through the treatment of involuntary infertility. The contraceptive effect can be obtained through temporary or permanent means. Only when people are aware that this can help them to escape poverty, does the question of how (use of contraceptives) arise. In doing so, we cooperate with national institutions, government authorities, health centres and motivate women and men that they use modern contraceptives and to take advantage of local services.[25]
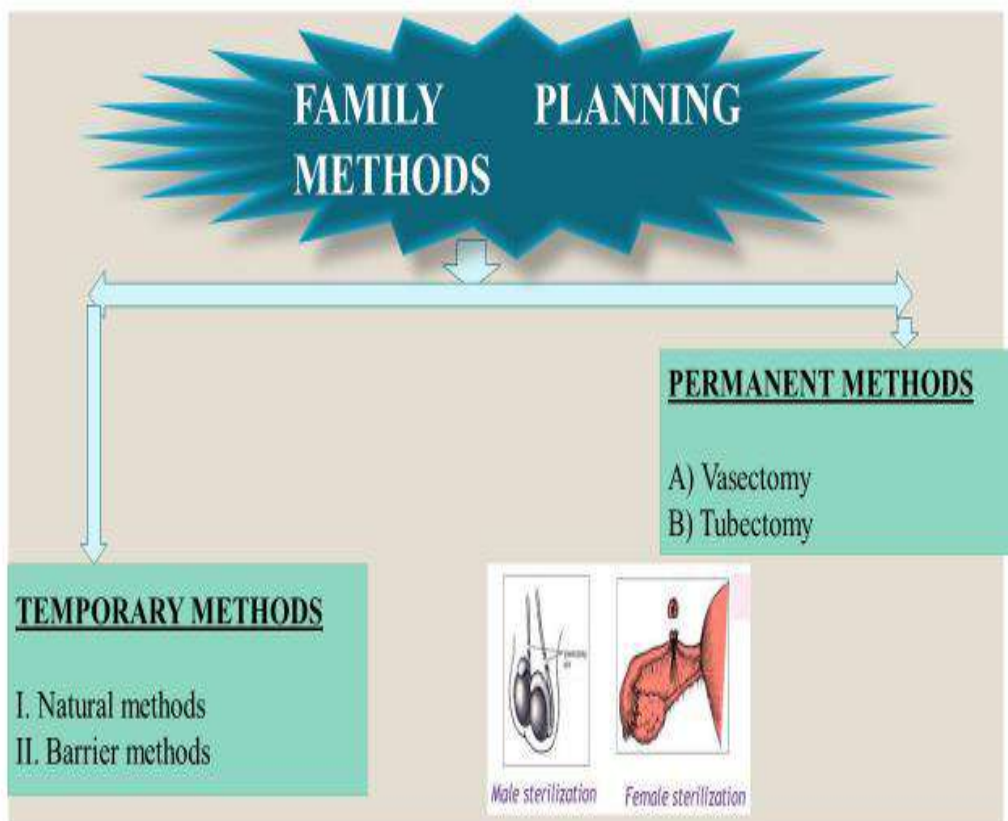
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Fig. 1.2 Depicts Family Planning Methods

Temporary family planning methods refers to a temporary way of planning the family and child birth as responsible decision of individuals and couples to promote the family health by using certain methods. E.g. IUD's, Oral pills, Emergency contraception, Female condoms, Breastfeeding, Patch, Injectable etc.
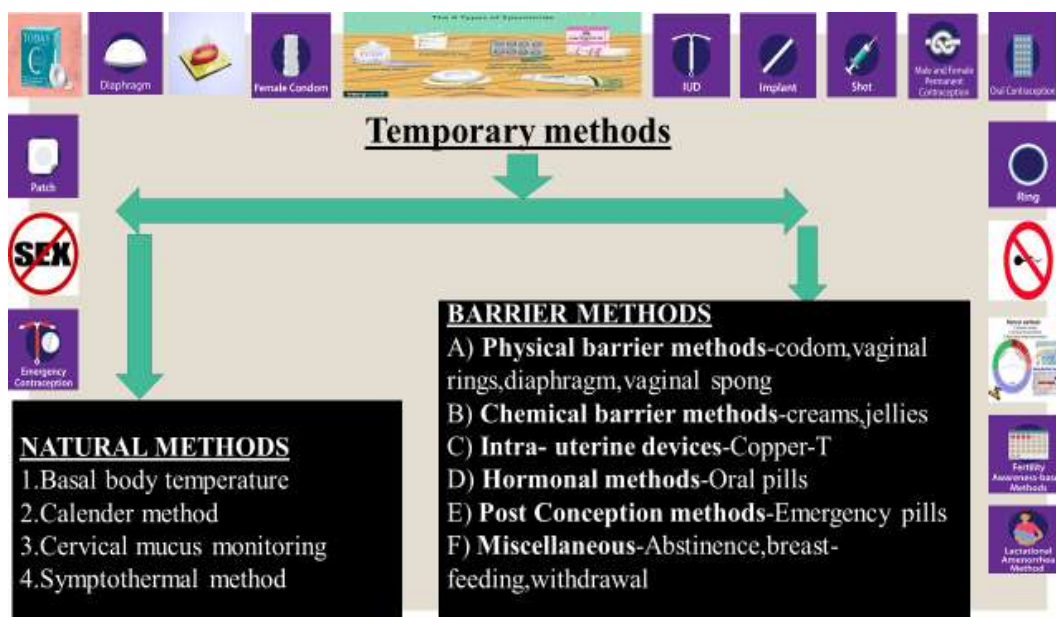
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Fig. 1.3 Depicts Temporary Family Planning Methods

IUD" stands for "intra-uterine device". Shaped like a "T" and a bit bigger than a quarter, a intra-uterine devices fits inside your uterus. It look like plastic tube with thread. It prevents pregnancy by stopping sperm from reaching and fertilizing eggs. Five types are available in the United States: Four Liletta, Kyleena, Mirena, and Skyla release small amounts of the hormone progestin (levonorgestrel) into your body. It's the same hormone used in many birth control pills. Recent

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guidelines for insertion of intra-uterine devices followed by the government of India is to insert intra-uterine devices within 3 days after delivery. Intra-uterine devices is ideal contraceptive for women. National family welfare programme use Copper-T 380A intra-uterine devices. After intra-uterine devices insertion sexual activity should be refrained up to 24 hrs. 10th day of menstruation is the most appropriate time during periods to insert intra-uterine devices. The effectiveness rate of IUDs is 99% and 1% is failure rate. It is highly effective, with a 98-99 percent success rate over five years of intra-uterine devices use.[28]

The birth control pill is a type of contraception that contains hormones that prevent pregnancy. People call it "the pill" because it comes in pill form. Women take the pill orally by mouth (once a day). The pill is most effective when you take it consistently at the same time each day. Mala-N oral pills are freely distributed by the government of India. 1st day of menses to 21st day than 7 day break is most appropriate time to take oral pills. Oral pills are the contraceptive of choice for irregular bleeding.[29]

Emergency contraception can prevent pregnancy after unprotected sex or if the contraception you have used has failed – for example, a condom has split or you have missed a pill. The emergency contraceptive pill – Levonelle or ella; one is also called morning after pills. We need to take the emergency contraceptive pill within 72 hrs (Levonelle) or 5 days (ella; one) of unprotected sex. It is effective the sooner you take it, the more effective it'll be. Emergency contraception freely distributed in sexual health or genito-urinary medicine (GUM) clinics, some young people's clinics, NHS walk-in centres and minor injuries unit's pharmacies.[30]

Female condom is a covering made of thin rubber worn by the woman during sexual intercourse, the female condom helps to keep sperm from getting into her body. It is packaged with a lubricant and is available at drug stores. There are different types of female condom available in market femidom, velvet etc. It can be inserted up to eight hours before sexual intercourse.[31]

Exclusive breastfeeding means exclusively breastfeed the baby at least every 4 hours during the day and every 6 hours during the night. Nothing to be given, not even water to the baby only give breast milk.[32]

Dr. Bharati Pravin Pawar, Union Minister of State for Health and Family Welfare as she chaired the National Family Planning Summit, 2022, the theme of the summit was "Sustaining efforts, Steering Partnerships, Shaping Vision in Family Planning–Sabka Saath, Sabka Vishwas, and Sabka Prayas & Sabka Vikas". Mission Parivar Vikas (MPV) 2016 has given further impetus to the National Family Planning Program. Under the scheme, innovative strategies like distribution of Nayi Pehel kits, Saas Bahu Sammelan and Saarthi vans are helping to reach out to community and initiate dialogues on Family Planning, healthy birth spacing and importance of small families. Family Planning 2030 vision document and launched the Medical Eligibility Criteria (MEC) Wheel application, E-Module of Family Planning Logistics Management System (FPLMIS) and digital archive on family planning under the category of digital intervention, inclusive services, they introduced the National Family Planning helpline manual, Community Health Officer (CHO) booklet, and ASHA brochure and leaflet (Family Planning). India has witnessed a paradigm shift from the concept of population control to population stabilisation to interventions being embedded towards ensuring harmony of continuum care. "A competent and properly trained workforce must be the foundation of our family planning effort.[33]

Mission Parivar Vikas" for improved access to contraceptives and family planning services in high fertility districts spreading over seven high focus states, the Ministry of Health and Family Welfare launched "Mission Parivar Vikas" in 2016. Providing more choices through newly introduced contraceptives: Injectable Contraceptive, MPA (Medroxy-progesterone acetate) under Antara program and Chaya (earlier). Emphasis on spacing methods like IUCD revitalizing postpartum family planning including PPIUCD in order to capitalize on the opportunity provided by increased institutional deliveries. Strengthening community-based distribution of contraceptives by involving ASHAs and availability of fixed day static services at all facilities. WHO's family planning handbook is the most widely used reference guide on the topic globally, with over a million copies distributed or downloaded to date.[34]

The updated recommendations in this handbook show that almost any family planning method can be used safely by all women, and that accordingly, all women should have access to a range of options that meet their unique needs and goals in life. Family planning services can be provided safely and affordably so that no matter where they live, couples and individuals are able to choose from safe and effective family planning methods. Experience from recent outbreaks shows that family planning services can be severely compromised during emergencies.[35]

The success of family planning programs can only be achieved by increasing the awareness of various contraceptives available. It is necessary that supplies of contraceptives are accessible, available and affordable to the general public with ease.[36]

Expanding and improving services to meet the needs of all women and girls in developing regions (an additional 214 million) for modern contraception would cost Rs 9,58,66,32,00 annually (including direct and indirect) or Rs154.18 per person per year. The average cost per person in developing regions for modern contraceptive services and maternal and newborn care is Rs 683.85 Rs 4,282.03 billion annually. Investing in both contraceptive, maternal and newborn services together results in a net savings of Rs 5, 51,23,13,40,000 compared with investing in maternal and newborn health care alone. If current trends in increased contraceptive use in 148 developing countries and territories continue, there will be a funding gap of Rs 25,720,555,000 in 2020 for commodities alone. If the FP2020 goal were fully achieved, the remaining funding gap between amounts spent on supplies in 2014 and 2020 would be Rs 43,21,91,91,600.[37]

To assess the 5-year contraceptive efficacy and safety of a levonorgestrel (LNG) 52-mg intrauterine system (IUS) from an ongoing 10-year phase 3 contraceptive trial. This LNG 52-mg IUS is highly effective and safe over 5 years of use in U.S. females.[38]

In the developing world, 74 million unintended pregnancies occur annually, of which 30% are due to contraceptive failure among women using traditional or modern contraceptive methods, a significant proportion of all unintended pregnancies. Detailed information on contraceptive failure rates is critical to inform improvements in provision of contraceptive information, supplies, and services, which can assist women and couples to use contraception correctly and consistently.[39] Future studies should assess what aspects of educational interventions are most effective, the extent to which it is necessary to include a healthcare provider or educator, and the extent to which educational interventions can impact behaviors. It was assumed that education is a critical component, but all steps in the counseling process are needed to impact behavioral outcomes, including contraceptive use.[40]

1.2 NEED FOR THE STUDY
"Knowledge of birth control is essentially moral its general, through prudent, practice must lead to a higher individuality and ultimately to cleaner race".[41]
-Margaret Sanger
The family planning refers to the use of techniques by which the number of children in the family is determined, in addition to the ability to control the timing of their birth, which brings many benefits to the health of the mother, and to secure the basic needs of children, especially in light of high prices, and to preserve the health of children, in this article, we will talk about the most important methods used in family planning. Contraceptives or birth control pills contain the hormones progesterone and estrogen, as they prevent the secretion of the ovarian hormones, and can be considered one of the most safe methods, as they prevent pregnancy by 99% if used correctly, 92% if used by known methods, and are characterized by their benefits to the body; such as: prevention of ovarian and uterine cancer, but it must be avoided during breastfeeding.[37]

Roy Nitai, Amin Md, Sarker Bibhuti, Aktarujjaman Md, Hossain Ekhtear (2021), conducted a cross-sectional study related to prevalence and factors associated with family planning during covid-19 pandemic in Bangladesh. Results revealed that 24.42% of the respondents were using oral contraceptive pills (OCP) which is lower than before pandemic data (61.7%). The study concluded that unobserved factors that contributed to a reduction in FP use and identifies impediments to FP methods use in Bangladesh during the COVID-19 epidemic. This research further adds to our understanding of FP usage by revealing the scope of the COVID-19 pandemic's impact on FP use in Bangladesh rural and urban area.[42]

Now in the era of modernization, countries are developed day by day in each perspective, but if we inspect in India some of the rural community people who are far away from the era of modernization. Researcher personally observed that the reproductive age group women (15-49 years) having less knowledge regarding temporary family planning methods and its use. They feel shy and uncomfortable even to discuss the topic of contraception. Most of women have wrongly setup their mind that contraceptives are not beneficial for reproductive health and further difficult to plan a pregnancy. By this belief, researcher wanted to make aware the rural community women regarding consequences of not using appropriate family planning methods and make them more comfortable to discuss about the related doubts. Further researcher wanted to improve the knowledge and to change the attitude regarding selected temporary family planning methods and its use.

Shukla Mansi, Fonseca Malika, Deshmukh Prasad (2017), conducted a cross-sectional study to assess the knowledge and attitude regarding family planning methods and contraceptive practices among women of reproductive age group (15-45) years, attending a tertiary care hospital in Mumbai. The study results revealed that more than a third of these women (26.8%), resort to barrier contraception as a contraceptive method of choice for spacing and to prevent an unwanted pregnancy. Only 17% women used oral contraceptive pills as a contraceptive method. Though 59.4% of the women knew about IUCDs, only 3.5% were actually using IUCD. Most of the women were in the younger age group of 21-30 years (62%) and already had one or two children. The study concluded that ignorance regarding use and side-effects of various contraceptive methods is the reason for inadequate knowledge, attitude and practices of family planning methods. There should be emphasis on focused awareness programs, based on bridging the knowledge gaps among the women in reproductive age group.[43]

Based on the above research evidences it was found that women residing in rural community have fair knowledge and unfavorable attitude regarding selected temporary family planning methods. Thus the researcher decided to conduct the present study to assess the effectiveness of Educational Programme regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area. Moreover lesser number of studies was conducted in Indian rural setting on the effectiveness of Educational Programme regarding selected temporary family planning methods. Therefore, researcher was interested to conduct the present study.

1.3 PROBLEM STATEMENT
"A Quasi-experimental study to assess the effectiveness of Educational Programme regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area, Solan, Himachal Pradesh".

1.4 AIM
The aim of the study was to improve the knowledge and to change the attitude regarding selected temporary family planning methods among women residing in rural community area, Solan, Himachal Pradesh.

1.5 OBJECTIVES

1. To assess the pre-existing knowledge regarding selected temporary family planning methods among women residing in rural community area, Solan (H.P.).

2. To assess the attitude regarding selected temporary family planning methods among women residing in rural community area.

3. To develop and administer Educational Programme regarding selected temporary family planning methods among women residing in rural community area.

4. To evaluate the effectiveness of Educational Programme regarding selected temporary family planning methods among women residing in rural community area.

5. To determine the relationship between knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area.

6. To find out the association of knowledge score regarding selected temporary family planning methods among women residing in rural community area with demographic variables.

7. To find out the association of attitude score regarding selected temporary family planning methods among women residing in rural community area with demographic variables.

1.6 OPERATIONAL DEFINITIONS

1. Assess: In this study, assess refers to evaluate (or) determine knowledge and attitude regarding selected temporary family planning methods among women living in rural community area by using self-structured knowledge questionnaire to assess the knowledge and 3-point-likert scale to assess the attitude.

2.Effectiveness: In this study, effectiveness refers to the capability of producing a desired result. For the effectiveness of study, researcher developed an educational programme regarding selected temporary family planning methods for the duration of 1day & 1hour by using teaching aids i.e. (Power-Point Presentation, Pamphlets & Chart).

3.Educational programme: In this study, Educational Programme refers to a systematically designed need based educational material to improve the knowledge and to change the attitude regarding selected temporary family planning methods with the help of teaching aids (Power-Point Presentation, Pamphlets & Chart) i.e. for the duration of 1day & 1hour in rural community area, Solan. The area selected for intervention was: for pilot study-Khatta & for final study-Darlaghat, Solan.

4.Selected Temporary Family planning methods: In this study, selected temporary family planning methods refers to a way of planning the family as responsible decision of individuals and couples to promote the family health by using certain selected methods e.g. Female condoms, IUDS, Oral pills, Emergency contraception, Breast-feeding etc.

5.Knowledge: In this study, knowledge refers to ability of women to understand & respond correctly regarding the use of selected temporary family planning methods. The knowledge score was interpreted as fair knowledge, good knowledge & very good knowledge.

6.Attitude: In this study, attitude refers to the actual opinions or feeling of women regarding selected temporary family planning methods as measured by 3-point-likert scale. The attitude score was interpreted as unfavorable attitude, moderately favorable attitude and favorable attitude.

7.Women: In this study, women refers to an adult female person that is typically capable of bearing young or producing eggs i.e. of age group 15-49 years.

8.Rural Community Area: In this study, rural community area refers to the area of community which does not comes under municipal boundaries. For present study the researcher selected the rural community area, Solan i.e. for pilot study-Khatta & for final study-Darlaghat.

1.7 HYPOTHESIS

The following hypothesis was tested at 0.05 level of significance:

H₁: There will be significant difference between mean pre-test and post-test knowledge scores regarding selected temporary family planning methods among women residing in rural community area, Solan.

H₂: There will be significant difference between mean pre-test and post-test attitude scores regarding selected temporary family planning methods among women residing in rural community area, Solan.

H₃: There will be significant co-relation between knowledge and attitude score regarding selected temporary family planning methods among women residing in rural community area, Solan.

H₄: There will be significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables.

H₅: There will be significant association of attitude score regarding selected temporary family planning methods among women with demographic variables.

1.8 ASSUMPTION(S)

➢ Women age group: 15-49 yrs. may have fair knowledge regarding selected temporary family planning methods.

➢ Women may have unfavorable attitude regarding selected temporary family planning methods.

➢ Educational Programme may help to improve the knowledge and to bring favorable change in attitude among women regarding selected temporary family planning methods.

1.9 DELIMITATION(S)
The study was delimited to:
➢ Women of reproductive age group 15-49 yrs.
➢ Women residing in rural community area, Solan.

1.10 CONCEPTUAL FRAMEWORK
Ernestine Widenbach was born in August 18, 1900, in Hamburg, Germany. She died on March 8th, 1998 at the age of 97. She created the Conceptual Model, "The Helping Art of Clinical Nursing" in 1964. She further refined her theory in "Nurses" wisdom in nursing theory, published in 1970 by American Journal of Nursing and then revised in 1990. The present study was based on Helping Art of Clinical Nursing Model by Ernestine Widenbach (1990 year). [44]

The present study was based on Helping Art of Clinical Nursing Model by Ernestine Widenbach (1990). This model explains that nursing is the practice of identifying patient's need for help of some kind (care, teaching or advice) through observation exploration and identifying the symptoms and determines the patient's ability to resolve the discomfort or if patient has a need for help from the nurse or other health care professionals. Main goal of the theory was to identify the patient's need for help.[45]

This theory includes following components as per knowledge and attitude regarding selected temporary family planning methods among women i.e., central purpose, realities, ministration, goal and validation

Central purpose: Refers which the practioner recognizes as essential to the particular disciplines.[46]
In the present study, the central purpose was to assess the knowledge & further improve the knowledge and to change the attitude regarding selected temporary family planning methods among women.

Realities: The realities in the immediate situation that influence the central purpose (Physical, Social, Emotional, Psychological situations).[44]
In this study, reality refers to all the immediate situations that influences the central purpose i.e. Physical, Social, Emotional, Psychological situations. Physical includes: restlessness, fatigue, Social includes: shyness, lack of involvement, Emotional includes: anxiousness, nervousness, Psychological includes: lack of attention, lack of consciousness.

In this study the 5 realities were:
1. **Agent:** Refers to practicing nurse or her delegate. The nurse is the propelling force that moves her practice toward its goal.[44]
In this study, researcher was the agent.
2. **Recipient:** Is the one on whose behalf that action is taken. Who is vulnerable, dependent on other for help, and risk losing individuality, dignity, worth and autonomy.[47]
In this study, reproductive age group women (15-49 yrs.) was the recipient.
3. **Goal:** Refers to desired outcome that nurse wishes to achieve end result to be attained by the nursing action.[44]
In this study, Goal refers to improve the knowledge and to change the attitude regarding selected temporary family planning methods among women.
4. **Means:** Refers to skills, techniques, procedures and devices that may be used to facilitate nursing practice.[48]
In this study, Educational programme was used for improving the knowledge and changing the attitude by using different teaching aids i.e. Power-point presentation, Pamphlets & Charts i.e. for duration of 1day & 1hour in rural community area, Solan.
5. **Frame work:** Framework consists of the human, environmental, professional and organizational facilities composed of all extraneous factors and facilities in the situation that affects the nurse's ability to obtain the desired results.[47]
In this study, framework includes the women residing in rural community area, Solan i.e. for pilot study at Khatta & for final study at Darlaghat, Solan, (H.P.).

CONCEPTS:
According to Ernestine Wiedenbach, nursing is nurturing and caring for some in a motherly fashion. Nursing is a helping service that is rendered with compassion, skills and understanding to those in need for care and confidence in the area of health. Nursing practices consists of identifying a patient's need for help, ministration of the needed help, and validation of need for help was met and coordination of help.[49]

1) IDENTIFICATION:
According to theorist, within the identification component there are four distinct steps. First, the nurse observes the patient, looking for an inconsistency between the expected behaviour of the patient and the apparent behaviour. Second, she attempts to clarify what the inconsistency means. Third, she determines the cause of inconsistency. Finally she validates with the patient that her help is needed.[44]
In the present study, identification represented demographic variables: Age (in years), Educational status, Occupational status, Number of children, Religion, Type of family, Family monthly income (in rupees), Socio-economic status,

Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The assessment was done by using self-structured knowledge questionnaire for assessing the knowledge and 3-point-likert scale for assessing the attitude regarding selected temporary family planning methods among women.

2) MINISTRATION:
Refers to attending the needs of the patients. The nurse may give advice or information, make a referral, apply a comfort measure or carry out the therapeutic procedure.
 In the present study, ministration represented Educational Programme based on educational material to improve the knowledge and to change the attitude regarding selected temporary family planning methods with the help of teaching aids (Power-Point Presentation, Pamphlets & charts) i.e. for duration of 1day & 1hour in rural community area, Solan.

3) VALIDATION:
After the help has been administered, the nurse validates that the action was indeed helpful evidence must come from subject, that the purpose of nursing action has been fulfilled.[44]
In the present study, validation evaluated the knowledge and attitude regarding selected temporary family methods among women residing in rural community area by using self-structured knowledge questionnaire to assess the knowledge and 3-point-likert scale to assess the attitude. The researcher evaluated the mean post-test knowledge score i.e. 24.68 was significantly higher than the mean pre-test knowledge score i.e. 17.89 as evidenced by 't' value i.e. 8.828 at 0.05 level of significance among women. Whereas the mean post-test attitude score i.e. 45.08 was significantly higher than the mean pre-test attitude score i.e. 42.38 as evidenced by 't' value 6.604 at 0.05 level of significance among women.
Hence, the educational programme was found effective to improve the knowledge and to change the attitude regarding selected temporary family planning methods.
Positive outcome represented the good knowledge & favorable attitude regarding selected temporary family planning methods among women residing in rural community area. In this study, the positive outcome was majority i.e. 49 (54.4%) women had good knowledge & 74 (82.2%) women had favorable attitude.
No negative outcome of the present study was found related to knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area.

4) COORDINATION: According to theorist, it refers to reporting, consulting and conferring.[44]
In the study, researcher consulted with the college authority i.e. (Principal of Shimla Nursing College), Pardhan of rural community area, study subjects i.e. women age (15-49 years). The outcome of study was improved knowledge and attitude regarding selected temporary family planning methods among rural community area women. In terms of co-operation, the study subjects i.e. women of community rural area was co-operated during the process of data collection.
According to Ernestine Widenbach, nursing practices consists of identifying patient's need for help, ministration of needed help, validation of need for help met, co-ordination of help was found effective.
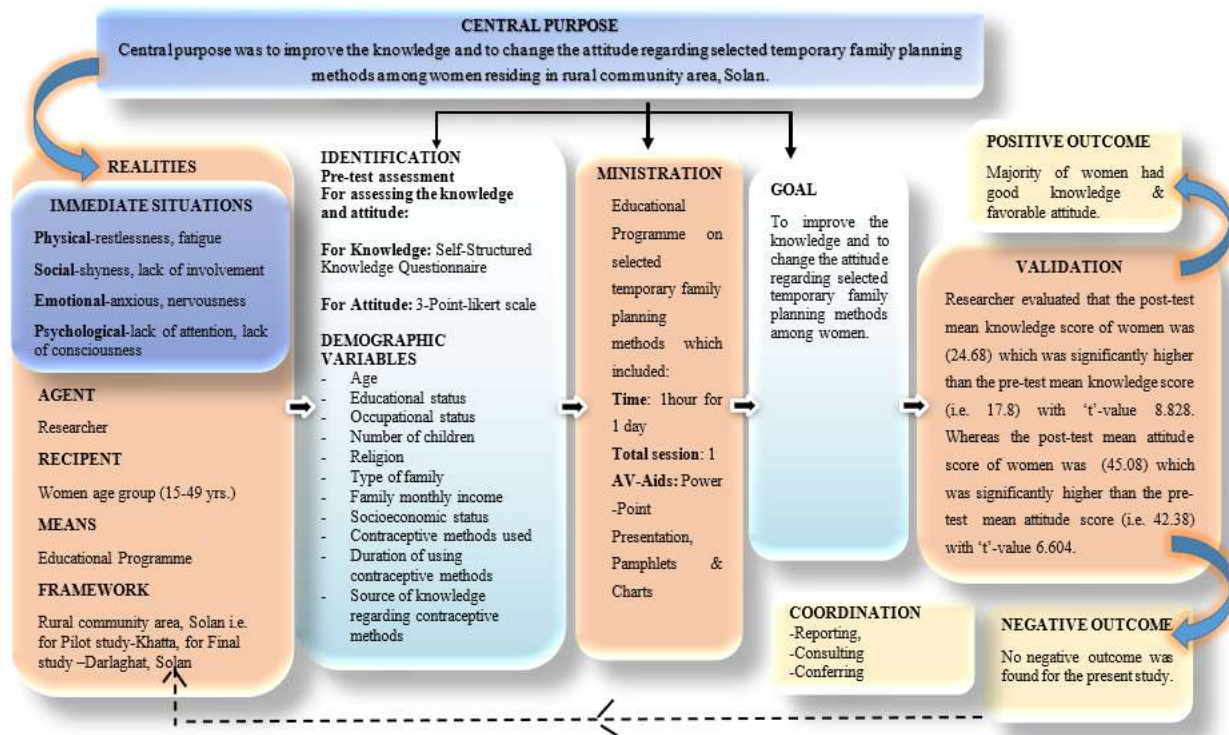Hence, the co-ordination was reporting, consulting and conferring with the Principal of Shimla Nursing College, Pardhan, community health workers of community area, study subjects.
So, the researcher used this model for the central purpose i.e. to improve the knowledge and to change the attitude regarding selected temporary family planning methods among women. After intervention the outcome of the study included good knowledge and favorable attitude regarding selected temporary family planning methods among women.

SUMMARY
This chapter dealt with introduction, background, need of study, problem statement, aim, objectives, operational definitions, hypothesis, assumptions, delimitations, and conceptual framework.

Plan for the next chapter: Next chapter deals with the literature reviews. The literature reviews of the research study were divided into two sections i.e. section-A and section B.

FIG.1.4 Depicts conceptual frame work based on helping art of clinical nursing model by Ernestine Wiedenbach (year 1990)

– – – – – – – Dotted line was not the part of study

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REVIEW OF LITERATURE

A literature review is an essential step to get knowledge of what has been done with regard to the problem under study. Literature review can be done through available journals, books, magazines, articles & research papers. Literature which is relevant to the study are present in this chapter.

Research is a scientific, systemic, controlled, orderly, objective investigation to develop, refine, and expand body of knowledge.[50]

LITERATURE RELATED TO PRESENT STUDY ARE DIVIDED INTO FOLLOWING PARTS

2.1 SECTION A: Literature related to knowledge and attitude regarding selected temporary family planning methods.
2.2 SECTION B: Literature related to Educational Programme regarding selected temporary family planning methods.

SECTION A: LITERATURE RELATED TO KNOWLEDGE AND ATTITUDE REGARDING SELECTED TEMPORARY FAMILY PLANNING METHODS

Roy Nitai, Md. Bony Amin, Sarker Bibhuti, Aktarujjaman Md, Hossain Ekhtear, Talukdar Gourango et.al (2021), conducted a cross-sectional study related to prevalence and factors associated with family planning methods during Covid-19 pandemic in Bangladesh. Purposive sampling technique was used to select the sample. The size of the sample was 423 women. Data was collected by using structured knowledge questionnaire. The study results revealed that the prevalence of FP use among currently married 15–49 years aged women was 36.03% suggesting a 23% (approximately) decrease compared to before pandemic data. It showed that 24.42% of the respondents were using oral contraceptive pills (OCP) which is lower than before pandemic data (61.7%). Multivariate regression analysis provided broader insight into the factors affecting FP use. The study concluded that unobserved factors that contributed to a reduction in FP use and identifies impediments of family planning use in Bangladesh during COVID-19 epidemic.[42]

Deliverance Brotobor, Constance O. Izekor, Rosemary Ngozi Osunde, Tovia Odion Francis (2021), conducted a descriptive cross-sectional study to assess the knowledge and attitude of women towards the acceptance of family planning residing in Ujoelen community in southern part of Nigeria. Multistage sampling technique was used to select the sample. The size of sample was 288 women. Data was collected by using structured knowledge questionnaire and likert scale. The study results revealed that pregnant women were aware of at least one method of family planning. Almost all women surveyed 97.2% had a positive attitude towards the practice of family planning methods, and 70.1% reported having used any of the contraceptive methods. The study concluded that knowledge and attitude of mothers towards acceptance of family was good. Therefore, in order to achieve the desired outcome for the goal of family planning, there is a need to

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sustain health education on family planning and investigate other factors contributing to population overgrowth in Nigeria.[51]

Shakya Sujyoti , Shrestha Sweta , Shrestha Rojeena Koju , Giri Usha,Shrestha Sunil (2020), conducted a cross-sectional study to assess the knowledge, attitude and practices of emergency contraceptive pills among community pharmacy practitioners working in Kathmandu Valley, Nepal. Convenience sampling technique was used to select the sample. The size of sample was 227 CPPs community pharmacies. Data was collected by using validated structured knowledge questionnaire, five-point likert scale. The study results revealed that 65.6% of respondents had a good knowledge and good practice on dispensing ECPs, and 70% of them counselled all the users, whereas majority of repondent's i.e. 93.4% have positive attitude. The significant association was obtained between the dispensing practice of respondents and their knowledge level with (p-value< 0.05). The study concluded that training and proper counselling strategies should be a foot to refine the delivery of service by CPPs.[52]

Dhakal U, Shrestha RB, Bohara SK, Neupane S (2020), conducted a descriptive cross-sectional study to assess the knowledge, attitude and practices on family planning among married Muslim women of reproductive age group living in Gulariya Municipality, Uttar-Pradesh. Systematic random sampling was used to select the sample. The size of the sample was 164 households. Data was collected by using interview method and 4-point likert scale. The study results revealed that the percentage of women who have knowledge on family planning methods was found 94.5%. On the means of contraception, most of the women 73.2% knew about Depot. The attitude of the respondents was seen positive. Whereas no significant association was found between all socio-economic and demographic factors with knowledge of family planning methods at 0.05 level of significance. The study concluded that majority of women have knowledge on family planning, but still lack knowledge on few method like condom. Due to language barrier seems to be influencing knowledge, attitude of family planning.[53]

Yadav Sushma (2019), conducted a descriptive study to assess the knowledge regarding Family Planning Methods among eligible couple in selected area of greater Noida Prakash College of Nursing, Uttar-Pradesh. Purposive sampling technique was used to select the samples. The size of the sample was 100 eligible individuals. Data was collected by using structured interview schedule. The study results revealed that majority of eligible couple i.e. 8 (65%) had poor knowledge, followed by 16 (32%) had average knowledge and least of i.e. 20 (3%) had good knowledge. The overall mean knowledge score of the study of respondents was 5.95 (SD=5.28). There was no significant association of knowledge level of eligible couple and demographic variables. The study concluded that the eligible couples had less knowledge regarding family planning method.[54]

Qazi Mahavish, Saquib Najmus, Gupta Sachin (2019), conducted a cross-sectional study to assess the knowledge, attitude and practices of family planning among women of reproductive age group attending out-patient department in a tertiary centre of Northern India ASCOMS, Jammu and Kashmir. Purposive sampling technique was used to select the samples. The size of sample was 200 women. Data was collected by pre-designed knowledge questionnaire and likert scale. The study results revealed that maximum respondents belong to age group of 21-25 years (75.6%), most of the contraceptive non-users belongs to age below 20 years (62.5%). Majority of the respondents were Hindu (70.37%), maximum studied up to secondary level education (84.61%), 70.30% were house wives and 56.58% belongs to middle class. In 45% of respondents, media was the main source of information. Preferred spacing method was condom in 85% of cases. 68% women had knowledge of female sterilization. According to most women, family planning methods are meant for limitations of birth (43%) and 36% meant for spacing of birth. 80% women had positive attitude towards contraceptive usage. 50% experienced side effects with the use of contraceptives. The most common side effect was menstrual irregularities in 25% of cases. Most common reason for not using contraceptive methods among non-respondents were lack of knowledge in 50% of cases. The study concluded that inspite of having good knowledge, utilization of contraceptives were less because of large family norm, religious myth, cultural and political barriers.[55]

M.B. Sunil, Dr. Nagarajappa (2019), conducted a descriptive study to assess the knowledge and attitude of married women of reproductive age group regarding emergency contraception in selected urban area, Bathinda. The size of sample was 55 married women in reproductive age group. Data was collected by using self-administrative survey including demographics, likert scale, and knowledge based questionnaire. The study results revealed that majority of women i.e 49 (89.09 %) had inadequate knowledge, followed by 6 (10.90%) women had moderate knowledge and least i.e. 0 (0%) had adequate knowledge on emergency contraception. The study concluded that improvement of women knowledge about specific details of the contraceptive methods and timely utilization of emergency contraception is still required.[56]

Parthasarathy K, Prasath R, Krishnaraj P (2019), conducted a descriptive study to assess the knowledge regarding temporary family planning method among primi-postnatal mothers at Kovilpalayam Coimbatore, Tamil Nadu. Purposive sampling technique was used to select the sample. The size of sample was 30 primi postnatal mothers. Data was collected by using structured interview schedule. The study results revealed that majority of primi-postnatal mothers i.e. 13 (43.3%) had moderately adequate knowledge, followed by 10 (33.3%) primi-postnatal mothers had inadequate knowledge and least of i.e. 7 (23.3%) primi-postnatal mothers had adequate knowledge. There was significant association of post-test knowledge score with demographic variable such as education of the mother with (χ^2 value= 4.8, df= 29).The study concluded that the need of health education regarding importance of family planning methods.[57]

Gnanasironmani Helen Indrani (2018), conducted a study to assess the knowledge and attitude of temporary family planning methods among Post-natal mothers admitted in inpatient ward at institute of obstetrics and gynaecology and Government Hospital for women and children at Chennai. Purposive sampling technique was used to select the sample. The size of sample was 60 primi postnatal mothers. Data was collected by using semi-structured Knowledge questionnaire

and five point Likert attitude scale. The study results revealed that majority of the mothers (86.67%) have inadequate knowledge, followed by (13.33%) have moderately adequate knowledge and least of i.e. (0.00%) have adequate knowledge whereas in attitude score (70.00%) had poor attitude, followed by (30.00%) had moderate attitude and least of i.e. (0.0%) had Good attitude. There were significant positive moderate correlation between knowledge and attitude score with 'r' value=0.44, 'p' value=0.001. The study concluded that the need of imparting knowledge through group teaching and giving booklet.[58]

Shukla Mansi, Fonseca Malika, Deshmukh Prasad (2017), conducted a cross-sectional study to assess the knowledge and attitude regarding family planning methods and contraceptive practices among women of reproductive age group (15-45) years, attending a tertiary care hospital in Mumbai. The size of sample was 547 women. Data was collected with pre-designed semi-structured knowledge questionnaire and attitude scale. The study results revealed that more than a third of these women 26.8%, resort to barrier contraception as a contraceptive method of choice for spacing and to prevent an unwanted pregnancy. Only 17% women used OC Pills as a contraceptive method. Though 59.4% of the women knew about IUCDs only 3.5% were actually using IUCD. Most of the women were in the younger age group of 21-30 years (62%) and already had one or two children. The study concluded that ignorance regarding use and side-effects of various contraceptive methods is the reason for inadequate knowledge, attitude and practices of family planning methods. There should be emphasis on focused awareness programs, based on bridging the knowledge gaps among the women in reproductive age group.[45]

Jay Lincoln, Masoud Mohammadnezhad and Sabiha Khan (2017), conducted a cross-sectional study to assess the knowledge, attitude, and practices of family planning among women of reproductive age in Suva, Fiji, Australia. Random sampling technique was used to select the sample. The size of sample was 325 reproductive age group women. Data was collected by using structured knowledge questionnaire and 5-point likert scale. The study results revealed that less than half i.e. (45.5%) of the participants had a good level of knowledge towards family planning whereas (53.5%) of them had a moderate level of knowledge of family planning. The majority of the participants i.e. (54.2%) had high level of attitudes towards family planning and least i.e. (3%) of the respondents showed poor level of attitude towards family planning. The study concluded that provides a useful source of empirical information to policy makers to achieve the desired goals in family planning. These findings of the study will help health care providers promote family planning in fiji.[59]

Mrs. Shilpa. N. Kugali, Mr. Praveen, S. Pateel (2017), conducted a comparative study to assess the knowledge, attitude and practice regarding family planning methods among married women residing in selected rural and urban areas of Bagalkot District, Karnataka. Purposive sampling technique was used to select the sample. The size of sample was 60 married women, 30-rural and 30 urban women at reproductive age. Data was collected by using structured knowledge questionnaire, 3-point likert scale. The study results revealed that levels of knowledge regarding family planning methods among rural and urban women reveals that, most of rural people (54%) had poor knowledge, followed by (13%) of them had average knowledge and least of i.e. (33%) of them had very poor knowledge and none of them were having very good and good knowledge. Where as in urban area majority (53%) of the women had very good knowledge, (27%) of them had good knowledge, (20%) of them had average knowledge and there were no women who had poor and very poor knowledge regarding family planning methods. Assessment of levels of attitude regarding family planning methods among rural and urban women reveals that, most of rural women (60%) had disagreed attitude, (13%) of them had strongly disagreed attitude, (20%) of them had uncertain attitude and only (7%) of them had agreed attitude. Where as in urban women (50%) had strongly agree attitude, (40%) of them had agreed attitude, (10%) of them had uncertain attitude and none of them were having strongly disagree and disagreed attitude. The study results concluded that positive correlation between knowledge, attitude and practice regarding family planning methods among rural and urban married women.[60]

Bhilwar Meenakshi, Lal Panna, Sharma Nandini, Bhalla, Kumar, Ashok (2016), conducted a cross-sectional study to assess the prevalence of induced abortions and contraceptive use among married women in an urban slum India North East District of Delhi. Systematic random sampling was used to select the samples. The size of sample was 200 married women of aged 15-49 years. Data was collected by using semi-structured knowledge questionnaire. The study results revealed that married women i.e. 284 (35.4%) reported at least one spontaneous or induced abortion, 196 (24.4%) reported induced abortions. Unsupervised medical termination was reported by 78 (27.5%) of the 284 women. The overall married women i.e. 207 (25.8%) women practiced any type of contraception. Predominant decision maker regarding contraception was the husband for 95 (45.9%) women and the mother-in-law for 78 (37.7%). The study concluded that need for focused community-based education to address specific issues, particularly regarding the dangers of unsafe abortion and choosing a method of contraception in consultation with a health care practitioner.[61]

Johnson, Ofonime, Ekong, Ikobong (2016), conducted a cross-sectional descriptive study to assess the knowledge, attitude and practices (KAP) of family planning (FP) among women of child bearing age in a community in south-Nigeria. Random sampling technique was used to select the sample. The size of sample was 358 reproductive age group women (15-45years). Data was collected by using semi-structured knowledge questionnaire & attitude scale. The study results revealed that about 45.9% of the respondents were aged 15-25 years, 136 (40.2%) were married and 17 (5.0%) had no form of formal education. Majority, 299 (88.5%) had heard of FP and the commonest source of information was clinic, 112 (37.5%). The most commonly mentioned FP were injectable, 134 (44.8%) and pills, 81 (27.1%) respectively. Up to 114 (33.8%) had a negative attitude towards FP. A total of 143 (42.3%) respondents used a FP method. The commonest were pills, 39 (27.3%) and injectable, 36 (25.2%). Fear of side-effect was the most frequently given reason by 89 (45.6%) for non-use of FP. There was a significant positive association between educational qualification

and use of FP methods (<0.05). The study concluded that knowledge of family planning methods was high among the women in this study, their use was relatively poor. Adequate health education should be carried out by health workers to dispel fears and encourage higher contraceptive use among women of child bearing age.[62]

Kaur Amandeep, Kaur Baljinder, Gupta Abhishek (2015), conducted a descriptive study to assess knowledge and attitude regarding use of contraceptive methods among woman at selected rural area, Ambala, Haryana, India. Purposive sampling technique was used to select the sample. The size of sample was 200 reproductive age group women. Data was collected by using attitude scale i.e. 3-point-likert scale. The study results revealed that majority of women i.e. 44 (44%) respondent had moderately favorable attitude, followed by 37 (37%) had unfavourable attitude and least i.e. of 19 (19%) had favourable attitude regarding use of contraceptive methods. The study concluded that there was a need to create awareness among women of reproductive age group regarding contraceptive methods.[63]

M Malini, Bhattathiry and Narayanan Ethirajan (2015), conducted a cross-sectional study to assess the unmet need for contraception among married women in an urban area of Puducherry, India. Probability sampling technique was used to select the sample. The size of sample was 267 married women. Data was collected by using pre-tested knowledge questionnaire. The study results revealed that 27.3% had unmet need for contraception, unmet need for spacing was 4.9 to 22.5% was limiting use, 50% reported related risk (shyness, lack of knowledge). This study concluded that high unmet need for contraception in the study area indicating towards necessity to address user perspective to meet the contraception needs.[64]

M Chavan, B Waghachavare Vivek, S Chavan Manohar, M Chavan Vishwajeet, D Gore Alka, Dhumale Girish B (2014), a cross-sectional study was conducted to assess the knowledge, attitude and practices regarding contraceptive services among health workers in Sangli district of Maharashtra, India. Random sampling technique was used to select the sample. The size of sample was 150 health workers. Data was collected by pre-designed self-administered knowledge questionnaire & attitude scale. The study results revealed that the mean scores for knowledge and attitude regarding contraceptive services were respectively (12.29%) and (9.58%). Considering age there was no significant difference in knowledge of those under 35 yrs. and those above it; but there was statistically significant difference in attitude and practices regarding contraceptive services. The study concluded that the health workers fared well in knowledge, attitude and practices regarding contraceptive services, there is room for further improvement.[65]

Lavanya Kumari Sarella, N.S.L. Prasanna (2014), conducted a descriptive study to assess the knowledge, attitude and practices regarding temporary family planning methods among reproductive age group women attending government general hospital Kakinada, Andhra Pradesh. The size of sample was 500 women. Data was collected by using predesigned interview questionnaire & attitude scale. The study results revealed that 96.8% were aware of contraception (both tubectomy & vasectomy) 84.9% were aware of (male condoms), 21.9% know about oral contraceptive pills and only 17.3% know about IUCD, 3.5% women were aware of safe period, 67.7% source of knowledge is mostly through social circle, 14% got awareness through health personnel, 18.18 got awareness through media, 3.2% does not know about any type of contraception and least of the women know more than one method. Whereas, 53.6% approved the use of contraceptive methods, 38% women had positive attitude towards practice of family planning, 15.6% women had neutral responses. The study concluded that lack of knowledge regarding the various method of contraception is the reason for not practicing family planning methods against women having knowledge about them.[66]

Marwah Imad Al Ameen (2014), conducted a cross-sectional study to assess the knowledge, attitudes and practices of family planning among women attending primary health care centers in Al-Karkh, Baghdad. Random sampling technique was used to select the sample. The size of sample was 1000 reproductive age group women (15-49 years). Data was collected by using structured interview questionnaire and attitude scale. The study results revealed that, the mean age of women was 31.8 ± 8.9 years, one third of the sample were married before their 18th birthday. More than one fourth (27.4%) of the studied sample had good family planning knowledge, nearly half (49.1%) had negative attitudes toward family planning. Half (49.6%) of the respondents were currently users, the most commonly used method were contraceptive pills (32.4%). Most of the socio-demographic characteristics showed statistically significant association with knowledge, attitudes and practices of family planning. The study concluded that demonstrated a need for health education campaigns and make use of every possible contact of women with health care providers to disseminate family planning information and dislodge misconceptions.[67]

Christopher Ngwu (2014), conducted, a cross-sectional study to assess the awareness and attitude of family planning among rural women of Nsukka Local Government area of South East Enugu State. Simple random sampling technique was used to select the sample. The size of sample was 240 females. Data was collected by using structured knowledge questionnaire. The study results revealed that younger women (55.2%) were more knowledgeable about family planning than the older women (44.8%). The study concluded that education should be employed to improve people's knowledge on sexuality and to curtail the ugly trends in family planning practices in nigeria.[68]

Shabana Anjum, P. M., Durgawale, Mahadeo Shinde (2014), a longitudinal/ cohort interventional study conducted to assess the knowledge of contraceptives methods and appraisal of health education among married women at Jabalpur city. Random sampling technique with one group pre-test post-test design was used to select the sample. The size of sample was 1200 married women at Jabalpur city. Data was collected by using structured knowledge questionnaire. The study results revealed that majority 42.5% of sample were from the age group of 28-37 years, 64.7% were had age at marriage was18-25 most of them were having more than one child while 53.8% and more than half of them were housewife 52.9% and among them maximum had high school education 23.8%. Majority of women knew about female sterilization 93.6% followed by the chemical method (oral pills) 72% and mechanical method of family planning (loop and condoms 48.3%.

After the health education married women knowledge was improved to 100% about female sterilization followed by condom 99%, skin implants 86%, oral pills 85% and emergency contraceptives 85%.The study concluded that sociodemographic variable were significantly associated with existing knowledge and level of married women specially age at marriage, age at first child, occupation, income, education.[69]

Ugal, David Betelwhobel, David Betelwhobel and Ashipu, Bernard and Obi, Peter A., et.al (2013), conducted a survey study to assess the attitude of rural women towards family planning and fertility in Obudu Local Government Area of Cross River State, Nigeria. Random sampling technique was used to select the sample. The size of sample was 120 rural women. Data was collected by using structured knowledge questionnaire. The study results revealed that 105 respondents with 87.5% agreed that religious belief affect family planning while 15 respondents with 12.5% disagreed. The study concluded that rural women cannot adopt family planning because of the need to satisfy their husbands, while other beliefs that family planning is expensive and have adverse side effect on child bearing.[70]

SECTION B: LITERATURE RELATED TO EDUCATIONAL PROGRAMME REGARDING SELECTED TEMPORARY FAMILY PLANNING METHODS IN TERMS OF KNOWLEDGE AND ATTITUDE AMONG WOMEN

Esther Juhi Lodge (2022), conducted a pre-experimental research study (one group pre-test post-test design) to assess the effectiveness of structured teaching programme on knowledge regarding temporary contraceptive methods among primi-gravida women attending antenatal OPD at selected hospital, Lucknow. The size of sample was 30 primi-gravida women. Data was collected with knowledge interview questionnaire. The study results revealed that pre-test mean knowledge score of women was 13.33 (43%) and post-test mean knowledge score was 17.73 (57%). Hence, the structured teaching programme on temporary contraceptive methods was found effective. The study concluded that there was a significant enhancement of knowledge among the primi-gravida women attending antenatal OPD after proper administration of STP.[71]

Dhital A D, Badhu B P, Paudel R K, Uprety D K (2022), conducted an experimental study to assess the effectiveness of structured teaching programme in improving knowledge and attitude of school going adolescents on reproductive health Kathmandu University, Nepal. The sample size was 200 adolescent girls. Data was collected by structured knowledge questionnaire & attitude scale. Pre-test & post-test control group design was carried out in four selected schools with similar settings in Dharan town of Nepal. All the subjects were divided into two groups: experimental and control, each comprising of two sub-groups of 50 boys and 50 girls. Structured teaching program consisting of information on human reproductive system was used as a tool of investigation for the experimental group, whereas conventional teaching method was used for the control group. The study results revealed that the mean pre-test knowledge score of the experimental group on of reproductive health was 39.83 and of the control group was 39.47. The same of experimental group after administration of the structured teaching program mean post-test knowledge was 84.60 and of the control group with conventional teaching method was 43.93 was whereas pre & post test mean attitude score of experimental group was 37.6 and pre & post test mean attitude score of control group was 3.71 at (p<0.001). The study concluded that the knowledge of adolescent school students on reproductive health was inadequate. The use of structured teaching program was effective in improving knowledge and attitude of the adolescents on reproductive health.[72]

Nagar Kailash, Patel Prachi, Patel Dinsha (2022), conducted a pre-experimental study (one-group pre-test and post-test design) to assess the effectiveness of Educational Package regarding knowledge, attitude and utilization of selected contraceptive methods among post-natal mothers at selected PHC of Kheda District, Gujarat. Non-probability convenience sampling technique was used to select the sample. The size of the sample was 60 postnatal mothers. Data was collected by structured knowledge questionnaires & attitude scale. The study results revealed that the mean pre-test knowledge score was 9.80 & post-test knowledge score was 15.71 with 't' value 15.14.Whereas the mean pre-test attitude score 39.55 & post-test attitude score was 47.18 with 't' value 9.26. Hence, there was positive correlation between knowledge, and attitude with (r = 0.65, p=0.05).There was significant association of post-test knowledge score regarding selected contraceptive methods among postnatal mothers with demographic variable such as history of abortion with (χ^2 value=4.329, df=1), source of information with (χ^2 value=10.153, df=3),the significant association of post-test attitude score with demographic variable such as age with (χ^2 value=7.899, df=3), duration of marriage with (χ^2 value=7.930, df=3). Whereas no significant association of post-test knowledge & post-test attitude with other demographic variables such as religion, educational status of mother, educational status of husband, occupation of mother, family monthly income, age of marriage, no of live children. The study concluded that there was significant effectiveness on level of knowledge, and attitude before and after administration of educational package among postnatal mothers.[73]

Monisha U, Indu Balakrishnan (2020), conducted a study to assess the effectiveness of Video-Assisted Teaching Program on knowledge and attitude regarding temporary Family Planning Methods among postnatal mothers admitted in ward and attending family planning OPD of Govt. T.D. Medical College Hospital, Alappuzha, Kerala. Purposive sampling technique was used to select the sample. The size of the sample was 50 postnatal mothers. Data was collected by using structured questionnaire and modified likert scale. The socio personal variables were gathered by self-reporting. The study results revealed that mean pre-test knowledge score was 7.2 and mean post-test knowledge score was 24.50 with 't' value 20.49. Whereas mean pre-test attitude score was 64.20 and pre-test attitude score was 85.12 with 't' value 12.11 at p< 0.001. So, there was a significant difference in the level of knowledge and attitude among postnatal mothers after video-assisted teaching program. The study concluded that video-assisted teaching program had a significant effect in improving

the level of knowledge and attitude regarding temporary family planning methods among postnatal mothers.[74]

Eittah HA, Amer HM (2019), a quasi-experimental study conducted to assess the Effectiveness of an educational program in raising women's knowledge and awareness about family planning methods in a rural area Shebin Elkom district, Egypt. Convenience sampling technique with one group pre-test post-test was used to select the sample. The size of sample was 150 married women of reproductive age group. Data was collected by using interviewing structured knowledge questionnaire. The study results revealed that mean pre-test knowledge was 9.23 and mean post-test knowledge score was 12.69 with 't' value 17.198 at "p" value 0.000. The significant correlation of total knowledge score with demographic variable with 'r' value=-0.1900, 'p' value=0.020. There was a significant correlation and statistically significant difference in the women's total score and their ages at P value less than 0.05. Furthermore, there was a positive correlation between the total knowledge score of the women studied and their educational level. The study concluded that educational program significantly helps in improved knowledge and awareness of women about all types of contraceptive methods.[75]

Tiwari Neha (2018), conducted a pre-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding importance of temporary family planning methods among primi-gravida mothers attending in antenatal opd of selected maternity hospitals at greater Noida Uttar-Pradesh. Non-probability sampling technique was used to select the sample. The size of sample was 100 primi-gravida mothers. Data was collected by using self-administered structured knowledge questionnaire. One group pre-test post-test design was used for current study. The study results revealed the post-test mean knowledge scores of adolescent was 20.31 with standard deviation 3.05 which is higher than the pre-test knowledge scores of (11.33%) with standard deviation (2.12%). The obtained mean difference is (8.98%), while the "t" value (18.74%) which was significant at the table value is (1.96%). The study concluded that multifactorial prevention programmes that address social norms, gender role, image, religion, family, school and incorporated drug policy would be more effective and would have better protective outcomes.[76]

Mamata Devi Akoijam, Komal, Manisha (2017), conducted a quasi-experimental study to assess the effectiveness of planned teaching programme on knowledge regarding temporary family planning methods among womens residing in Gurgaon district Haryana. Convenience sampling technique was used to select the sample. The size of sample was 60 womens (30 in experimental and 30 in control group). Data was collected by using structured knowledge questionnaire. The study results revealed that the mean pre-test knowledge of experimental group was 9.9 and mean post-test knowledge of experimental group was 18.76. Whereas mean pre-test knowledge of control group was 9 and mean pre-test knowledge of control group was 9.5 't' value 14.29. The significance association of post-test knowledge score of experimental group with demographic variable i.e contraceptive methods of family planning at (χ^2value=8.25, df=3). There was no significant association of post-test knowledge score of experimental group with other demographic variables such as age, occupation, education, number of children, in control group no significant association of post-test knowledge with other demographic variables such as age, occupation, education, number of children & contraceptive method of family planning. The study concluded that educational programme was effective to improve the knowledge regarding temporary family planning methods among women's.[77]

Lalitha, R. Pushpamala, R. Jamuna Rani (2014), conducted a study to assess the effectiveness of health education on knowledge, attitude regarding temporary family planning among mothers in selected area at Guntur district, Andhra Pradesh. Purposive sampling technique was used to select the sample. The size of sample was 50 primi mother. Data was collected by using structured knowledge questionnaire for knowledge & knowledge on attitude. The study results revealed that frequency and percentage distribution regarding condom usage, majority of the mothers 37 (74%) were answered correctly, very few of them 13 (26%) gave wrong answers, type of intrauterine device, majority of mothers 42 (84%) gave correct answer and minority of mother 8 (16%) gave wrong answer, mechanism of action of IUD, majority of mothers 38 (76%) answered incorrectly, minority of mothers 17 (24%) answered correctly, side-effects of IUD, majority of mothers 35 (70%) answered correctly,15 (30%) were answered incorrectly. Whereas frequency and percentage distribution of attitude, hormonal contraceptive causes weight gain, majority of the mothers 30 (60%) gave right answer and few of them 20 (40%) gave wrong answer. PHC supplies Nirodh free of cost, majority of mothers 34 (68%) answered correctly, and minority of mothers 16 (32%) gave wrong answer. Regarding anti fertility effect of copper –T, majority of mothers 40 (80%) answered correctly and few of them 10 (20%) answered wrongly. Condom was available over the counter, majority of mothers 38 (76%) were answered correctly and minority of mothers 12 (24%) were answered incorrectly. IUD require regular tail check-up majority of mothers 37 (74%) answered correctly and 13 (26%) were answered wrong, most of the mothers had inadequate knowledge and negative attitude regarding temporary family planning. The study concluded that the structured questionnaire was effective as a method to improve knowledge and to change the attitude among mothers.[78]

SUMMARY

This chapter dealt with review of literature, discussed the review of literature section wise.

Plan for next Chapter: Next chapter deals with the research methodology. The plan for this chapter includes, research approach, research design, variables under the study, setting, population and sample, sample size, sampling technique, inclusion and exclusion criteria for sample selection, development and description of the tool validity, reliability of the tool, ethical consideration, pilot study and procedure for the data collection.

RESEARCH METHODLOGY

Research methodology is a collective term for the structured process of conducting research. There are many different methodologies used in various types of research and the term is usually considered to include research design, data gathering, and data analysis. Research methodology seeks to inform: Why a research study has been undertaken, how the research problem has been defined, in what way and why the hypothesis has been formulated, what data have been collected and what particular method has been adopted, why particular technique of analyzing data has been used and a host of similar other questions are usually answered when we talk of research methodology concerning a research problem or study.[79]

3.1 RESEARCH APPROACH

Quantitative Research Approach

3.2 RESEARCH DESIGN

Quasi-Experimental Research Design

- One-group pre-test & post-test design was be used to assess the knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area, Solan.

Table 3.1: Depicts symbolic representation of research design

GROUP	PRETEST	INTERVENTION	POST-TEST
NR	$O_{K1} O_{A1}$	X_{EP}	$O_{K2} O_{A2}$

KEY:

NR_1: Non-randomized experimental group

$O_{K1} O_{A1}$: Assessed the knowledge and attitude among women regarding selected temporary family planning methods before administration of Educational Programme.

X_{EP}: Administration of Educational Programme regarding selected temporary family planning methods among women.

$O_{K2} O_{A2}$: Reassessment of knowledge and attitude regarding selected temporary family planning methods among women after administration of Educational Programme.

Table 3.2: Depicts Description of research design

GROUP	DAY 1	DAY 2	ONE WEEK AFTER INTERVENTION
Experimental Group	**Pre-test**	**Intervention**	**Post-Test**
Women (15-49 years)	To assess the knowledge and attitude regarding selected temporary family planning methods.	Administered Educational Programme on selected temporary family planning methods using structured knowledge questionnaire and 3-point-likert scale. • Duration of programme- for 1 day 1 hour • AV-aids were used such as pamphlets, chart & power-point-presentation.	Re-assessment of knowledge and attitude regarding selected temporary family planning methods after one week of administration of Educational Programme by using same tool.

3.3 VARIABLES

Variables can be defined in terms of measurable factors through a process of operationalization.[80]

The variables identified in this study was:

a) Demographic variables
b) Independent variables
c) Dependent variables
d) Extraneous variables.

a) **Demographic variables:** Age (in years), Educational status, Occupational status, Number of children, Religion, Type of family, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Duration of using Contraceptive methods, Source of knowledge regarding contraceptive methods.

b) **Independent variable:** Educational Programme regarding selected temporary family planning methods among Women.

c) **Dependent variable:** Knowledge and attitude regarding selected temporary family planning methods among Women.

d) **Extraneous variable:** Extraneous variables could be previous knowledge on temporary family planning methods and certain personality traits like shyness, lack of attention, lack of co-operation and lack of comprehension.

3.4 RESEARCH SETTING

The selection of setting for the study was done on the basis of co-operation of authority, availability of subjects for the study. This study was conducted at rural community area, Solan, Himachal Pradesh. Rationale for selecting the setting for the study was feasibility of conducting the study, availability of sample, economy of time, money and resources etc.

For pilot study

The pilot study was conducted at rural community area i.e. Khatta, Solan (H.P.).

Khatta village is located in Darlaghat tehsil of Solan district in Himachal Pradesh, India.It is situated 84 km away from district headquarter Darlaghat. Darlaghat is the sub-district headquarter of Khatta village. As per 2009 stats, Mangoo is the gram panchayat of Rauri village. The total geographical area of village is 52 hectares. There are about 11 houses in Khatta village. Khatta village is administrated by a Pardhan who is the elected representative of village by the local elections. As per 2019 stats, Khatta village comes under Arki assembly constituency & Shimla parliamentary constituency. Arki is nearest town to Khatta village for all major economic activities.[81]

[82]

Fig.3.1 Depicts the setting for pilot study i.e. Khatta village Solan (H.P.)

[83]

Fig.3.2 Depicts the setting for final study i.e. Darlaghat village Solan (H.P.)

For Final study:

The final study was conducted at rural community area Darlaghat, Solan (H.P.).

Darlaghat is famous for its Ambuja Cement plant. It is situated on Darlaghat mountain ranges of Arki at an altitude ranging from 1,800–2,000 metres (5,900–6,600 ft.). Shimla-Bilaspur-Kangra national highway passes from center of the village. Its name is derived from a fruit called as Daru (wild sour pomegranate). Daru grows naturally in the vast tract of mid Himalayan hill slopes of Jammu and Kashmir, Himachal Pradesh and Uttarakhand.[84]

Darla village is located in Darlaghat tehsil of Solan district in Himachal Pradesh, India. It is situated 80 km away from district headquarter Darlaghat. Darlaghat is the sub-district headquarter of Darla village. As per 2009 stats, Darla village is also a gram panchayat. The total geographical area of village is 64.9 hectares. As per 2019 stats, Darla village comes under Arki assembly constituency & Shimla parliamentary constituency. Arki is nearest town to Darla village for all major

economic activities.[85]

3.5 POPULATION
Target population:
Women of selected rural community area, Solan.

Accessible population:
Women of reproductive age group 15-49 years residing in rural community area, Solan.

3.6 SAMPLE SIZE
The sample size was 90 women.

3.7 SAMPLING TECHNIQUES
Non-probability purposive sampling technique was used to select the samples.

3.8 CRITERIA FOR SAMPLE SELECTION
Inclusive criteria
➢ Women residing in rural community area, Solan Darlaghat.
➢ Women who were available at the time of data collection.
➢ Women who were willing to participate in the study.

Exclusive criteria
➢ Women with age group above 49 yrs. & below 15 years of age.
➢ Women who were not available at the time of data collection.
➢ Women who were not interested, busy in education and job work.

3.9 DEVELOPMENT AND DESCRIPTION OF TOOL(S):
Draft-1: First rough draft was prepared with consultation of guide, co-guide, researcher's experience, by thorough review of books, literature, national and international journals and web research.
Draft-2: Second draft was prepared after content validation of tool(s) by giving tool(s) to 11 experts which included 3 associate professors and 1 professor of obstetrics and gynaecological nursing department, 1 cardiologist, 4 senior residents, 1 senior & 1 associate consultant of obstetrics and gynaecology department. The suggested changes were incorporated in tool(s) by the researcher in the final draft of the tool.
Draft-3: Third draft was made after the feasibility assessment through pilot study.
Description of tool(s):
The tool(s) were developed to assess the effectiveness of Educational Programme on knowledge and attitude regarding selected temporary family planning methods among women. With the extensive review of literature from internet, journals, books, guidance of guide, co-guide and discussion with the experts and experienced professionals, self-structured knowledge questionnaire and 3-point-likert scale was developed and blue print was proposed.

The research tool(s) for data collection was of 4 sections:
Section 1: Demographic variables
Section 2: Self-structured knowledge questionnaire regarding selected temporary family planning methods
Section 3: 3-Point-likert scale to assess attitude regarding selected temporary family planning methods
Section 4: Intervention- Educational programme

Section 1:- Demographic variables
This section deals with the demographic variables i.e. Age, Educational status, Occupational status, Number of children, Religion, Type of family, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods.

Section 2:- Self-structured knowledge questionnaire regarding selected temporary family planning methods
Self-structured knowledge questionnaire was developed by the researcher with consultation of guide, co-guide, researcher's experience, by thorough review of books, literature, national and international journals and web research. The tool was consisted of total 36 multiple choice questions (MCQ) regarding knowledge of selected temporary family planning methods among women. Each questionnaire had four options and women selected single correct option as an answer. For each correct answer one mark was given and for each incorrect answer zero mark was given. The score was interpreted as very good knowledge, good knowledge and fair knowledge.

The Interpretation of score:

Table 3.3: Depicts Interpretation of Knowledge Score

Sr. No.	Level of knowledge	Range of score	Percentage (%)
1.	Very good knowledge	25-36	66.7-100%
2.	Good knowledge	13-24	33.4-66.6%
3.	Fair knowledge	0-12	0-33.3%

Minimum Score=0   **Maximum Sore=36**

Table 3.4: Depicts Blueprint of the knowledge questionnaire on selected temporary family planning methods

Sr.no.	Content areas	Weightage in terms of %	Knowledge items	Understanding items	Application items	Total no. of items	Maximum score
1.	Introduction			1		1	
2.	Specific terminologies		2			1	
3.	Definition		3,4			2	
4.	Historical interesting facts of family planning				5	1	
5.	Types of family planning methods		6,8,9	7		4	
6.	IUDS		10,11,12,16		13,14,15,	7	
7.	Oral pills		17,18,19,20,21,22,23			7	
8.	Emergency pills		24,25,26,27			4	
9.	Female condom		28,29,32		30,31	5	
10.	Exclusive breast-feeding		35	33	34	3	
11.	Family planning programme by ministry of health and family welfare		36			1	
	Total items		**26**	**3**	**7**	**36**	
	Percentage %		**72.2%**	**8.33%**	**19.4%**	**100%**	

Section 3: 3-Point-likert scale regarding attitude on selected temporary family planning methods

The researcher formulated the tool in the form of 9 positive and 9 negative attitude statements regarding selected temporary family planning methods among women. The total number of statement were 18. The positive statements included 2, 4, 6, 8, 10, 12, 14, 16, 18 statements and negative statements included 1, 3, 5, 7, 9, 11, 13, 15, 17 statements. For each positive statement 3 agree, 2 neutral and 1 disagree scoring was given. For each negative statement 1 agree, 2 neutral and 3 disagree scoring was given. The score was interpreted as favorable attitude, moderately favorable attitude and unfavorable attitude.

Table 3.5: Depicts Interpretation of Attitude Score

Sr. No.	Level of attitude	Range of score	Percentage (%)
1.	Favorable attitude	43-54	77.8-100%
2.	Moderately favorable attitude	31-42	55.6-77.7%
3.	Unfavorable attitude	18-30	0-55.5%

Minimum Score=18   **Maximum Sore=54**

Section 4: Intervention: Educational Programme regarding selected temporary family planning methods

Educational programme was prepared by researcher in the form of educational material through extensive review of literature such as books, journals, internet and discussion with the guide, co-guide and experts to enhance the knowledge and to change the attitude regarding selected temporary family planning methods. Administration of education programme with the help of teaching aids i.e. Power-Point Presentation, Charts and Pamphlets. The educational programme was for 1 day for 1 hour of duration.

Aim: To improve the knowledge and to change the attitude regarding selected temporary family planning methods among women residing rural community area Solan (H.P.).

Philosophy: The ethical state of contraceptives and methods of birth control was primarily obtained from the wider procreative theory of human sexuality. Precisely, the moral hindrance of contraception was associated with the stand of the Christian Churches more particularly the Catholic Church which supports a more restrictive view of sexual ethics and especially reproductive freedom. However, the views on contraceptives that were set out in the Humanae Vitae Encyclical

Letter of Pope Paul VI (1968) and defended by sages of the Catholic philosophers for example Joseph Boyle, Germain Grisez, William May, John Finnis, Anscombe and Smithare the main target of our questioning (Grisez et al. 1988, May (1989), Smith 2000, and 2010, Pope Paul VI 1968, Finnis 1970, Anscombe 1975, 1981). Even though the general view on procreative freedom was specified in the words that each and every single married couple must be open towards creating life (Smith, 2010), natural methods of birth control (NFP) or the rhythm methods of fertile and infertile days were allowed. Every act whose intention is to prevent the coming of a new life is forbidden, this included both barrier and chemical methods of preventing conception because they all directly contradict the moral and natural order which according to them was established by God (Grisez et al. 1988, Pope Paul VI 1968, Smith 2000 and Anscombe 1981).[86]

Objectives:
After the completion of educational programme the group of women was able to:
- Explain about the pregnancy.
- Pin-point the specific terminologies.
- Define family planning cycle and family planning.
- Explore the incidences of family planning i.e. National and Global.
- Describe the historical interesting facts related to family planning.
- Highlight the religious belief related to family planning.
- Enumerate why people not using family planning methods in Himachal Pradesh.
- Explain why family planning awareness is important.
- Explore the types of family planning methods.
- Describe about the family planning programme under Mission Parivar Vikas.

3.10 CONTENT VALIDITY OF TOOL(S)
Content validity of tool(s) were obtained by giving tool(s) to 11 experts which included 3 associate professors and 1 professor of obstetrics and gynaecological nursing department, 1 cardiologist, 4 senior residents,1 senior & 1 associate consultant of obstetrics and gynaecology department. The suggested changes were incorporated in tool(s) by the researcher.

3.11 RELIABILITY OF TOOL(S)
Reliability of tool was evaluated by using split-half method. The 'r' value was calculated by using the Karl Pearson's correlation coefficient formula:

$$r = \frac{\Sigma(x - \bar{x})(y - \bar{y})}{\sqrt{\Sigma(x - \bar{x})^2(y - \bar{y})^2}} \,[87]$$

For reliability of entire tool formula was: $r_{tt} = 2r/l + r$, hence the 'r_{tt}' value for knowledge was=0.7 and 'r_{tt}' value for attitude was =0.83.
Hence, the tool was considered reliable for preceding the final research study.

3.12 ETHICAL CONSIDERATIONS
- The actual study was conducted after the approval from the Principal, research and ethical committee of Shimla Nursing College, Shurala, Shimla (H.P.).
- Formal written permission was obtained from the Pardhan of rural community area, Solan.
- Written consent was taken from the women of rural community area, Solan.
- The purpose and details of the study was explained to the women.
- Written consent was taken from the sample and confidentiality was maintained.

3.13 DATA COLLECTION PROCEDURE FOR PILOT STUDY
The pilot study was conducted from consecutive period i.e. 21st February 2023 to 28th February 2023. The pilot study was conducted at selected rural community area i.e. Khatta, Solan (H.P.). The researcher obtained formal written permission from Principal, research and ethical committee of Shimla Nursing College to proceed with research study. After that formal written permission was obtained from Pardhan of selected rural community area, Khatta, Solan. The researcher personally met with women and explained the aim and purposes of research study. Purposive sampling technique was used to select the study samples. Researcher selected 10% i.e. of (9 women) sample from total population for pilot study.

For data collection necessary arrangements were made i.e, Anganwadi hall, time schedule etc by the researcher. Further the women were assembled in Anganwadi hall by prior permission. Self-introduction and introduction regarding research study was given to community women so as to get maximum co-operation in the procedure of data collection. The purpose of study was explained to the community women and confidentiality of responses were assured. After that written consent was taken from the rural community women and attendance performa was filled.

Researcher collected the data in following three phases:
Phase 1: Pre-test assessment
Phase 2: Administration of educational programme
Phase 3: Post-test assessment

Phase 1: Pre-test assessment: Pre-test was conducted on 21st February 2023, researcher administered the self-structured knowledge questionnaire for knowledge and 3-point-likert scale to assess the attitude regarding selected temporary family planning methods. The tool was given at 1:00 PM and collected at 1:30 PM. It took approximately 30 minutes for each women to complete the entire tool.

Phase 2: Administration of educational programme: On 22nd February 2023, researcher administered the "Educational Programme" on knowledge and attitude regarding selected temporary family planning methods among women of rural community area i.e. Khatta , Solan. The training programme was conducted for 1 day 1 hour duration at 1:00 PM to 2:00 PM & AV-aids used were power-point presentation, chart and pamphlets.

Phase 3: Post-test assessment: Post-test was conducted on 28th February 2023 after one week of Educational Programme by administering the same tool. The tool was given at 10:30 AM and was collected at 11:00 AM. Women took about 30 minutes to complete the structured knowledge questionnaire and attitude scale. After completion of tool, feedback performa was filled by women. Researcher was thankful to women for the participation and co-operation. At the end, researcher was highly thankful to Pardhan of rural community area, Khatta, Solan for their co-operation and collaboration. After analyzing the collected data, researcher revealed that "Educational Programme" was effective in improving the knowledge and to change the attitude among women regarding selected temporary family planning methods. Findings of the study also revealed that it was feasible and practicable to conduct the final study at rural community area, Solan and intervention i.e. "Educational Programme" was found effective and results were significant.

3.14 DATA COLLECTION PROCEDURE FOR FINAL STUDY
The final study was conducted from consecutive period i.e. 14th March 2023 to 21st March 2023. The final study was collected at selected rural community area i.e. Darlaghat, Solan (H.P.). The researcher obtained formal written permission from Principal, research and ethical committee of Shimla Nursing College. After that formal written permission was obtained from Pardhan of selected rural community area, Darlaghat, Solan. The researcher personally met with women and explained the aim and purposes of research study. Purposive sampling technique was used to select the study samples. Researcher selected 90 women sample from total population for final study. For data collection necessary arrangements were made i.e. Anganwadi hall, time schedule etc by the researcher. Further the women were assembled in Anganwadi hall by prior permission. Self-introduction and introduction regarding research study was given to community women so as to get maximum co-operation in the procedure of data collection. The purpose of study was explained to the community women and confidentiality of responses were assured. After that written consent was taken from the rural community women and attendance performa was filled.

Researcher collect the data in following three phases:
Phase 1: Pre-test assessment
Phase 2: Administration of educational programme
Phase 3: Post-test assessment

Phase 1: Pre-test assessment: Pre-test was conducted on 14th March 2023, researcher administered the self-structured knowledge questionnaire for knowledge and 3-point-likert scale to assess the attitude regarding selected temporary family planning methods. The tool was given at 2:00 PM and collected at 2:30 PM. It took approximately 30 minutes for each women to complete the entire tool.

Phase 2: Administration of Education Programme: 15th March 2023, researcher administered the "Educational Programme" on knowledge and attitude regarding selected temporary family planning methods among women of rural community area, Darlaghat, Solan. The training programme was conducted for 1 day 1 hour duration at 1:00 PM to 2:00 PM & AV-aids used were power-point presentation, chart and pamphlets.

Phase 3: Post-test assessment: Post-test was conducted on 21st March 2023 after one week of Educational Programme by administering the same tool. The tool was given at 11:00 AM and was collected at 11:30 AM .Women took about 30 minutes to complete the structured knowledge questionnaire and attitude scale. After completion of tool, feedback performa was filled by women. Researcher was thankful to women for the participation and co-operation. At the end, researcher was highly thankful to Pardhan of rural community area, Darlaghat, Solan for their co-operation and collaboration.

3.15 PLAN FOR DATA ANALYSIS
The collected data was analyzed by using suitable descriptive statistics and inferential statistics and was presented in the

form of suitable graphs and tables.

SUMMARY
The chapter dealt with the research methodology adopted for the study. It included the research approach, research design, variables under the study, research setting, target and accessible population, sample, sample size, sampling techniques, inclusion and exclusion criteria for sample selection, development and discussion of the tool, validity, reliability of the tool, pilot study, ethical consideration, procedure for the data collection and plan for data analysis.

Plan for next chapter: Next chapter deals with the analysis and interpretation of the research study. The analysis and interpretation includes the descriptive statistics which are frequency, percentage, mean, standard deviation and median whereas the inferential statistics includes the Paired 't'-test , Karl Pearson coefficient of correlation method & chi square test .
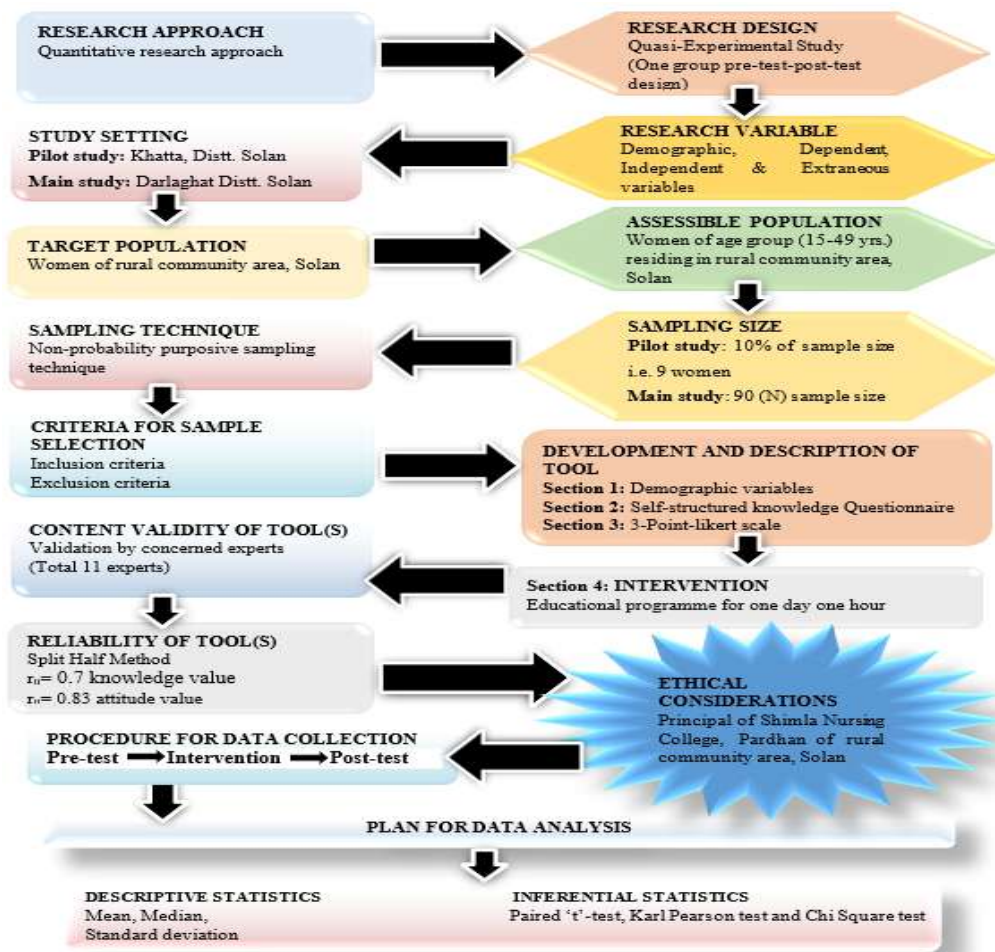

Fig 3.3 Depicts schematic representation of Research Methodology

ANALYSIS AND INTERPRETATION OF DATA
The chapter dealt with the analysis and interpretation of data to assess the effectiveness of Educational programme regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area, Solan, Himachal Pradesh. The data findings had been tabulated and interpreted according to plan for analysis.

The data collected from study participants was analyzed by using descriptive and inferential statistics. The data was analyzed by calculating the score in terms of frequency, percentage, mean, standard deviation, median, paired 't'- test, Karl Pearson's test & chi- square test.

4.1 OBJECTIVES
1. To assess the pre-existing knowledge regarding selected temporary family planning methods among women residing in rural community area, Solan (H.P.).
2. To assess the attitude regarding selected temporary family planning methods among women residing in rural community area.
3. To develop and administer Educational Programme regarding selected temporary family planning methods among

women residing in rural community area.
4. To evaluate the effectiveness of Educational Programme regarding selected temporary family planning methods among women residing in rural community area.
5. To determine the relationship between knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area.
6. To find out the association of knowledge score regarding selected temporary family planning methods among women residing in rural community area with demographic variables.
7. To find out the association of attitude score regarding selected temporary family planning methods among women residing in rural community area with demographic variables.

4.2 RESEARCH HYPOTHESIS
The following hypothesis was tested at 0.05 level of significance

H_1: There will be significant difference between mean pre-test and post-test knowledge scores regarding selected temporary family planning methods among women residing in rural community area, Solan.

H_2: There will be significant difference between mean pre-test and post-test attitude score regarding selected temporary family planning methods among women residing in rural community area, Solan.

H_3: There will be significant co-relation between knowledge and attitude score regarding selected temporary family planning methods among women residing in rural community area, Solan.

H_4: There will be significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables.

H_5: There will be significant association of attitude score regarding selected temporary family planning methods among women with demographic variables.

4.3 PLAN FOR DATA ANALYSIS

Table: 4.1 Depicts the plan for data analysis

Descriptive statistics	Inferential statistics
• Frequency and percentage distribution was used to analyze the demographic variables among women. • Mean, Standard deviation, Median was used to assess the pre-test and post-test knowledge and attitude score among women.	• **Paired 't'-test** was used to evaluate the effectiveness of educational programme and to analyze the difference between pre-test and post-test knowledge and attitude score regarding selected temporary family planning methods among women. • **Karl Pearson coefficient of correlation method** was used to determine the correlation between knowledge and attitude score regarding selected temporary family planning methods among women. • **Chi Square test** was used to analyze the association of knowledge and attitude score regarding selected temporary family planning methods among women with demographic variables.

4.4 ORGANIZATION AND PRESENTATION OF DATA
The data was analyzed and interpreted by using descriptive and inferential statistics according to the objectives of the study. Analyzed data was organized according to the objectives and presented under the following sections:

Section 1: Findings related to description of frequency and percentage distribution of demographic variables among women

Section 2: Findings related to assessment of pre-test and post-test knowledge and attitude scores regarding selected temporary family planning methods among women

Section 3: Findings related to comparison of pre-test and post-test knowledge and attitude scores regarding selected temporary family planning methods among women to determine the effectiveness of educational programme

Section 4: Findings related to correlation between knowledge and attitude score regarding selected temporary family planning methods among women

Section 5: Findings related to association of knowledge and attitude score regarding selected temporary family planning methods among women with demographic variables

SECTION 1: FINDINGS RELATED TO DESCRIPTION OF FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES AMONG WOMEN
This section described the demographic variables of the study samples under study. The data obtained described the characteristics pertaining Age (in years), Educational status, Occupational status, Number of children, Religion, Type of family, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods.

"A Quasi-Experimental Study To Assess The Effectiveness Of Educational Programme Regarding Selected Temporary Family Planning Methods Among Women Residing In Rural Community Area, Solan, Himachal Pradesh".

Table: 4.2 Depicts frequency and percentage distribution regarding selected temporary family planning methods among women as per demographic variables N=90

Sr. No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	**Age (in years)**		
	a) 15-23 Years	15	16.7%
	b) 24-32 Years	32	35.6%
	c) 33-41 Years	30	33.3%
	d) 42-50 Years	13	14.4%
2.	**Educational status**		
	a) No formal Education	0	0.0%
	b) Primary Education	32	35.6%
	c) Secondary Education	37	41.1%
	d) Higher Secondary	15	16.7%
	e) Graduate	6	6.7%
	f) Others	0	0.0%
3.	**Occupational status**		
	a) Government Job	7	7.8%
	b) Private Job	12	13.3%
	c) Homemaker	71	78.9%
	d) Others	0	0.0%
4.	**Number of children**		
	a) None	2	2.2%
	b) One	12	13.3%
	c) Two	60	66.7%
	d) Three	14	15.6%
	e) More than three	2	2.2%
5.	**Religion**		
	a) Hindu	90	100.0%
	b) Muslim	0	0.0%
	c) Sikh	0	0.0%
	d) Others	0	0.0%
6.	**Type of family**		
	a) Nuclear family	35	38.9%
	b) Joint family	53	58.9%
	c) Extended family	0	0.0%
	d) Blended family	2	2.2%
7.	**Family monthly income (in rupees)**		
	a) Less than 5000 Rs.	19	21.1%
	b) 5001-10,000 Rs.	39	43.3%
	c) 10,001-20,000 Rs.	21	23.3%
	d) More than 20,000 Rs.	11	12.2%
8.	**Socio-economic status**		
	a) Upper class	7	7.8%
	b) Upper Middle class	33	36.7%
	c) Lower Middle class	45	50.0%
	d) Lower class	5	5.6%
9.	**Contraception methods used**		
	a) Condom	11	12.2%
	b) Intrauterine devices	6	6.7%
	c) Oral pills	34	37.8%
	d) Emergency pills	13	14.4%
	e) Breastfeeding	5	5.6%
	f) Safe method	21	23.3%
10.	**Duration of using contraceptive methods**		
	a) Less than 1 Year	10	11.1%
	b) 1 Year	16	17.8%
	c) 2 Years	16	17.8%
	d) 3 Years	19	21.1%
	e) More than 3 Years	29	32.2%
11.	**Source of knowledge regarding contraceptive methods**		
	a) Friends	10	11.1%
	b) Books	17	18.9%
	c) Multimedia	26	28.9%
	d) Health care personnel	37	41.1%
	e) Others	0	0.0%

Table 4.2: Findings revealed the frequency and percentage distribution of demographic variables among women such as

Age (in years), Educational status, Occupational status, Number of children, Religion, Type of family, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods.

With regard to Age (in years), majority of women i.e 32 (35.6%) were in the age group of 24-32 years, followed by 30 (33.3%) women were in the age group of 33-41 years, 15 (16.7%) women were in the age group of 15-23 years and least of i.e. 13 (14.4%) women were in the age group of 42-50 years. According to Educational status, majority of women i.e. 37 (41.1%) had secondary education, followed by 32 (35.6%) women had primary education, 15 (16.7%) women's educational status was higher secondary, least of i.e. 6 (6.7%) women had graduated & none i.e. 0 (0.0%) had no formal and other education. With respect to Occupational status, majority of women i.e. 71 (78.9%) were homemaker, followed by 12 (13.3%) women were in private job, 7 (7.8%) women were in Government job & none i.e. 0 (0.0%) were in other occupation. According to Number of children, majority of women i.e. 60 (66.7%) had two children, followed by 14 (15.6%) women had three children, 12 (13.3%) women had one children, 2 (2.2%) women had more than three children and least of i.e. 2(2.2%) women had no children. With regard to Religion, majority of i.e. 90 (100.0%) women were Hindu & none i.e. 0 (0.0%) of women were belongs to Sikh, Muslim and other religion. With respect to Type of family, majority of women i.e. 53 (58.9%) were belongs to joint family, followed by 35 (38.9%) women were belongs to nuclear family, 2 (2.2%) women were belongs to blended family & none i.e. 0 (0.0%) of women were belongs to extended family. According to Family monthly income (in rupees), majority of women i.e. 39 (43.3%) family monthly income was 5001-10,000 Rs., followed by 21 (23.3%) women family monthly income was 10,001-20,000 Rs, 19 (21.1%) women family monthly income was Less than 5000 Rs and least of i.e 11 (12.2%) women family monthly income was more than 20,000 Rs. With regard to Socio-economic status, majority of women i.e. 45 (50.0%) belongs to lower middle class, followed by 33 (36.7%) women belongs to upper middle class, 7 (7.8%) women belongs to Upper class and least of i.e. 5 (5.6) women belongs to lower class. With respect to Contraception methods used, majority of women i.e. 34 (37.8%) were using oral pills, followed by 21 (23.3%) women were using safe method, 13 (14.4%) women were using emergency pills,11 (12.2%) women were using condom,6 (6.7%) women were using intrauterine devices and least of i.e. 5 (5.6%) women were using breastfeeding method. According to Duration of using contraceptive methods, majority of women i.e. 29 (32.2%) were using contraceptive methods from more than 3 years, followed by 19 (21.1%) women were using contraceptive methods from 3 years, 16 (17.8%) women were using contraceptive methods from 2 years, 16 (17.8%) women were using contraceptive methods from 1 years and least of i.e.10 (11.1%) women were using contraceptive methods from less than 1 year. With regard to Source of knowledge regarding contraceptive methods, majority of women's i.e. 37 (41.1%) source of knowledge were health care personnel, followed by 26 (28.9%) women's source of knowledge was multimedia, 17 (18.9%) women's source of knowledge was books, 10 (11.1%) women source of knowledge were friends, None i.e 0 (0.0%) of women's source of knowledge were others sources.
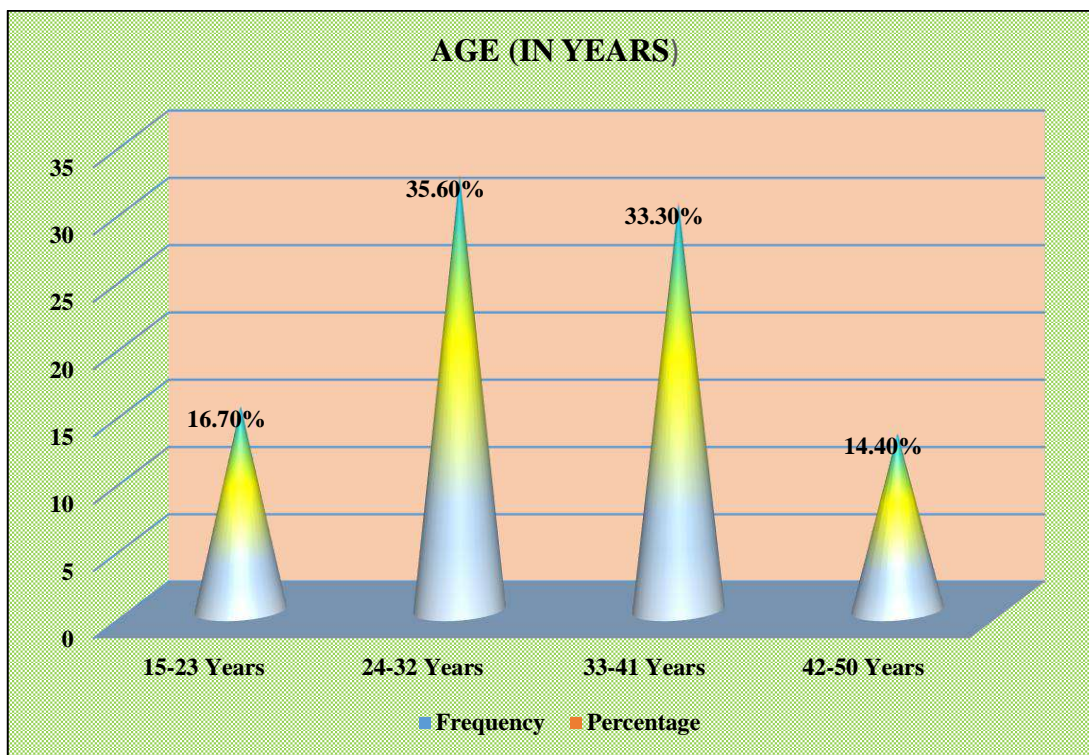

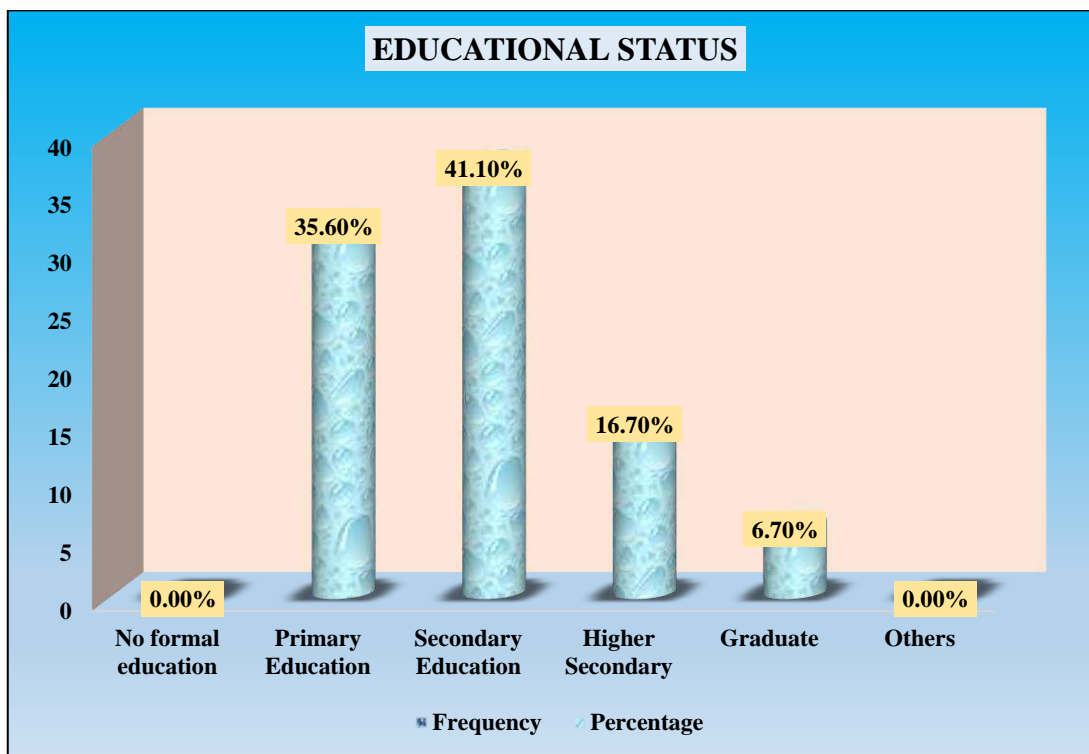**Figure 4.1: Depicts conical diagram regarding the percentage distribution of women as per Age (in years)**

Figure 4.2: Depicts cylindrical diagram regarding the percentage distribution of women as per Educational status
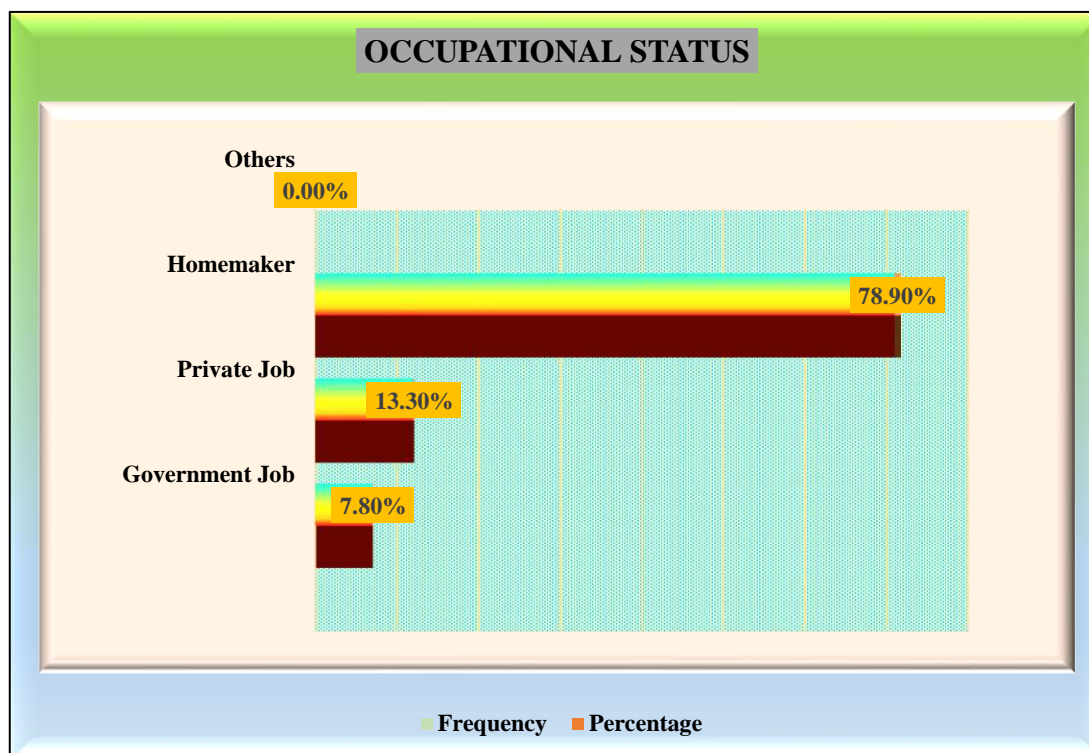

Figure 4.3: Depicts bar diagram regarding the percentage distribution of women as per Occupational status

Figure 4.4: Depicts pie diagram regarding the percentage distribution of women as per Number of children

Figure 4.5: Depicts bar diagram regarding the percentage distribution of women as per Religion
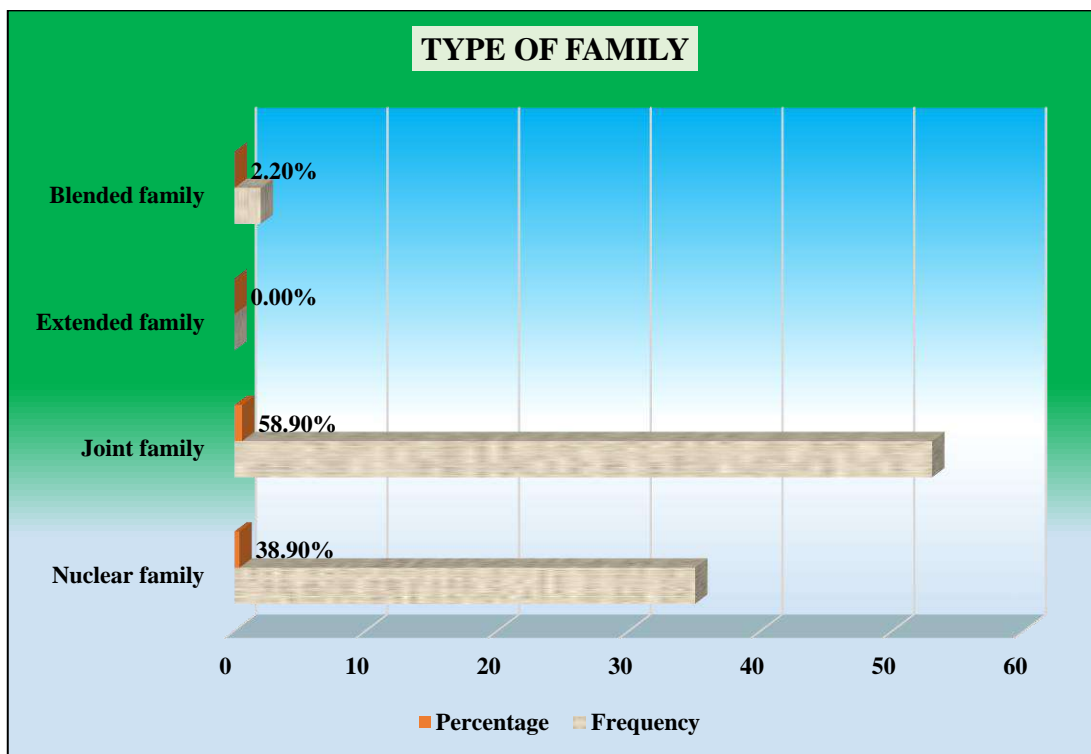
Figure 4.6: Depicts cuboidal diagram regarding the percentage distribution of women as per Type of family
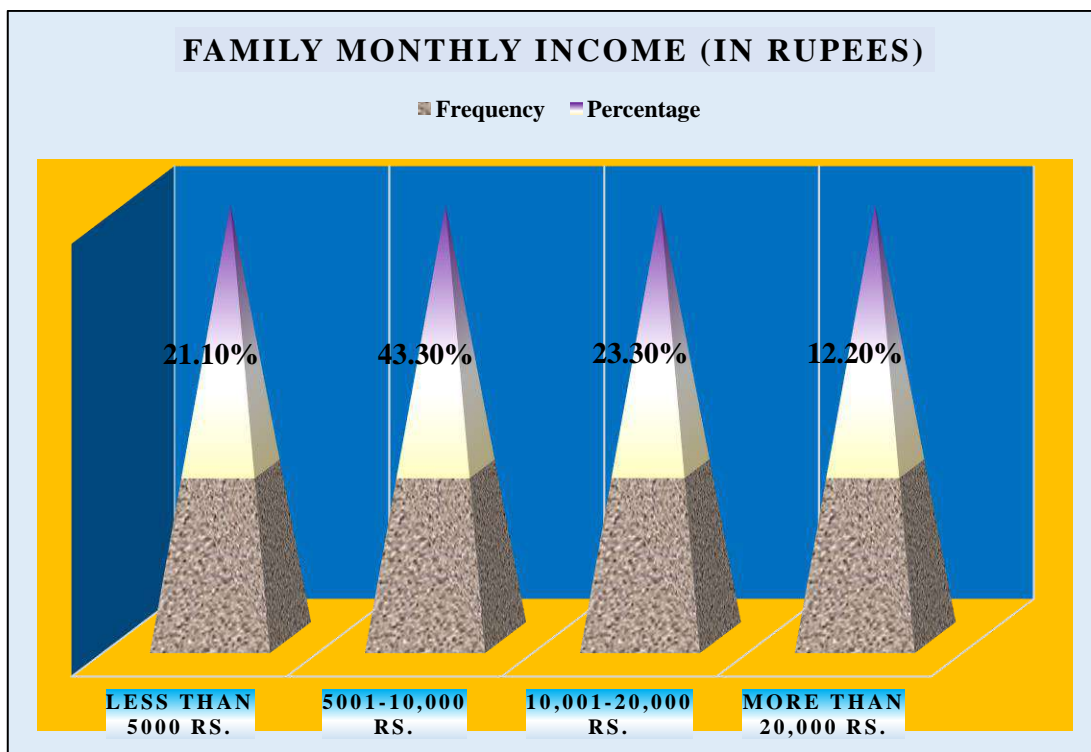
Figure 4.7 Depicts pyramidal diagram regarding the percentage distribution of women as per Family monthly income (in rupees)
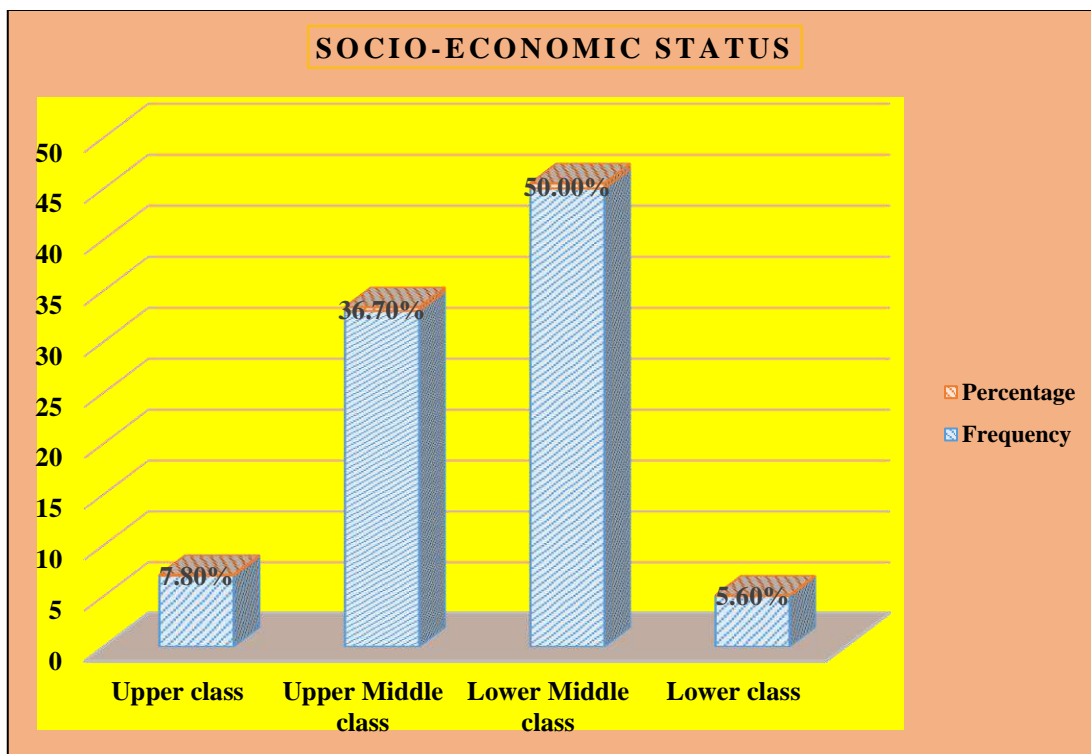
Figure 4.8: Depicts cuboidal diagram regarding the percentage distribution of women as per Socio-economic status

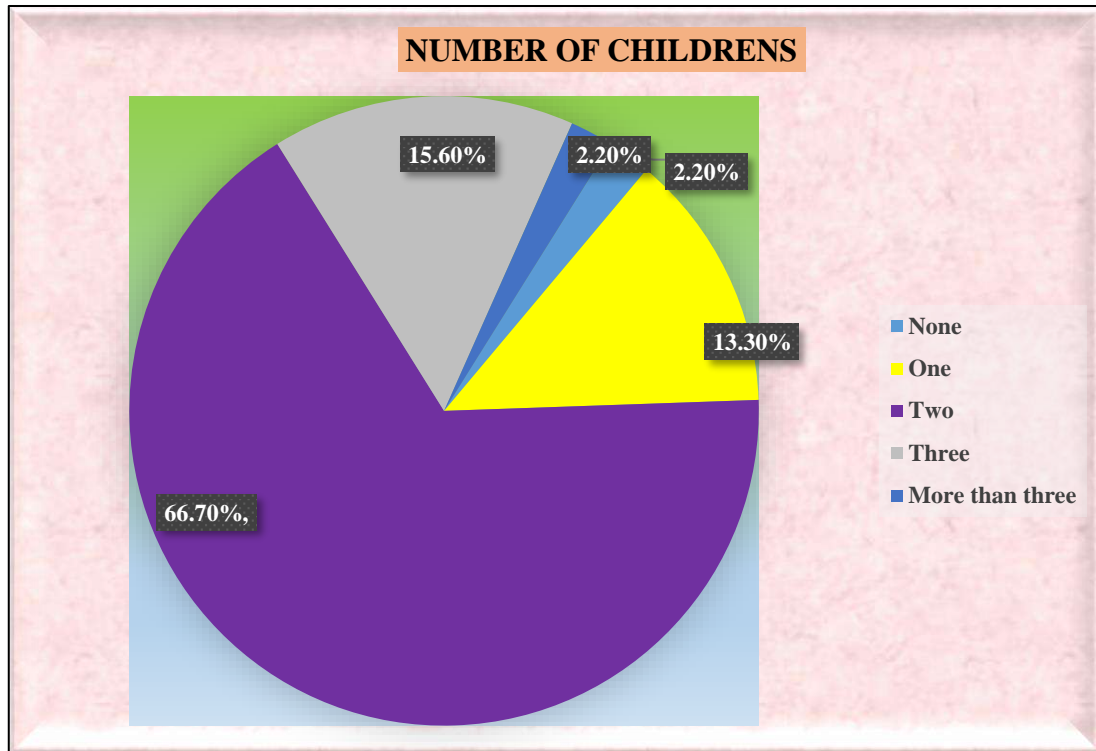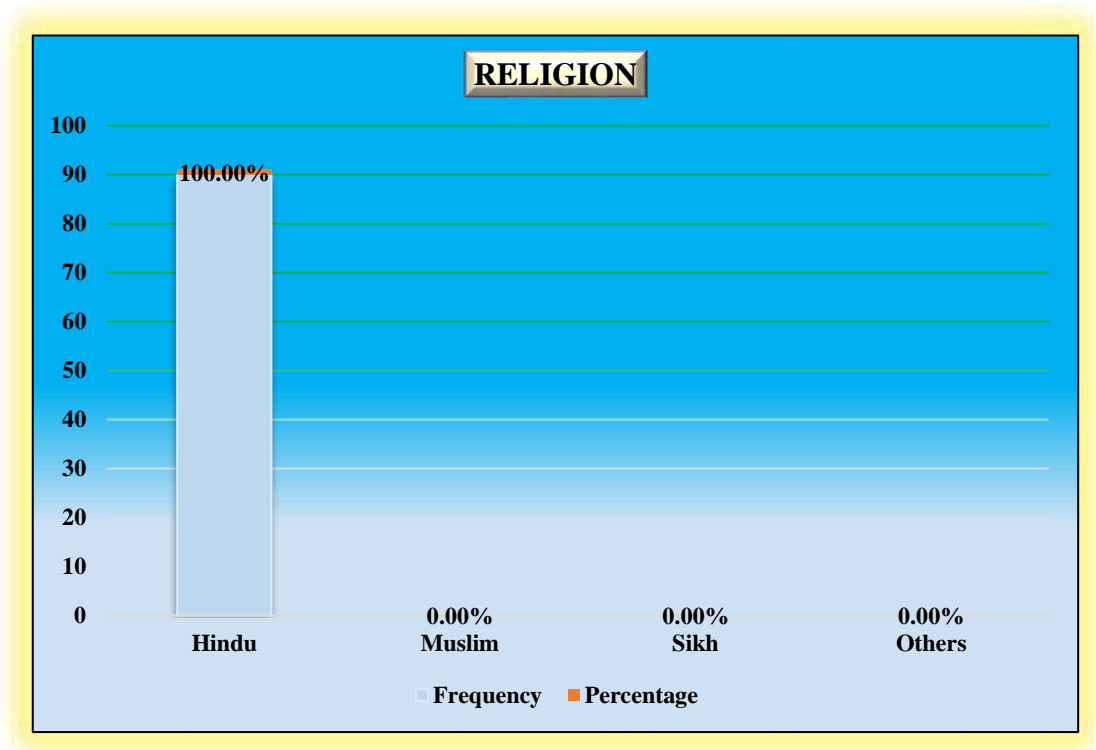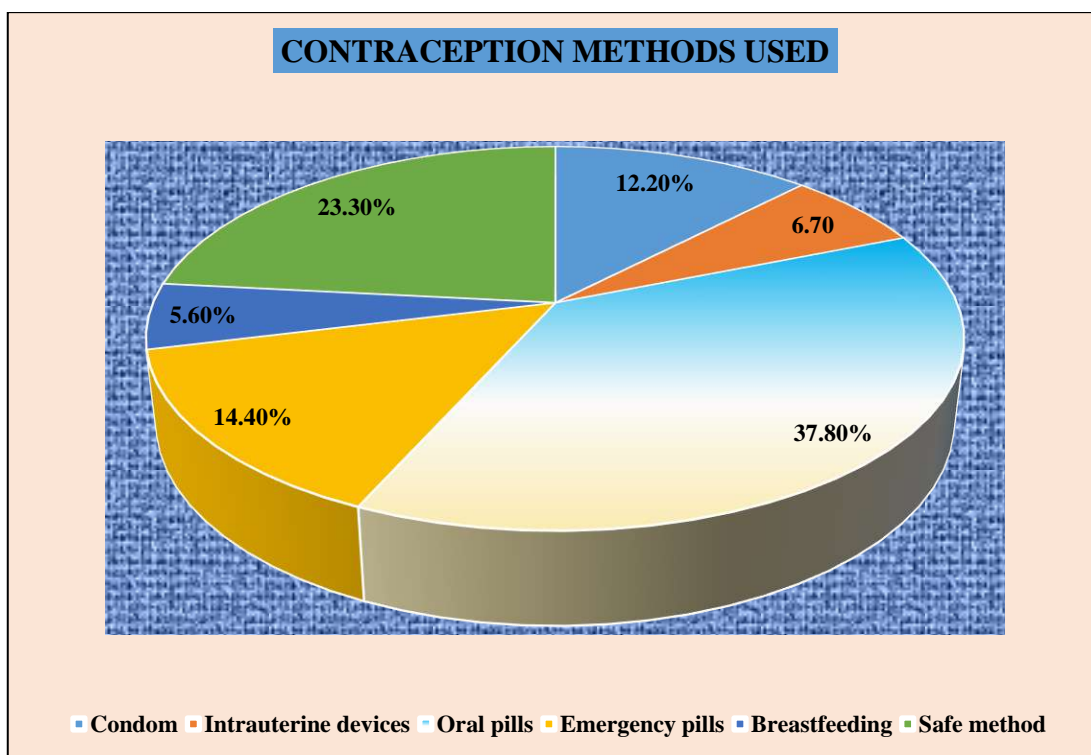**Figure 4.9: Depicts pie diagram regarding the percentage distribution of women as per Contraception methods used**
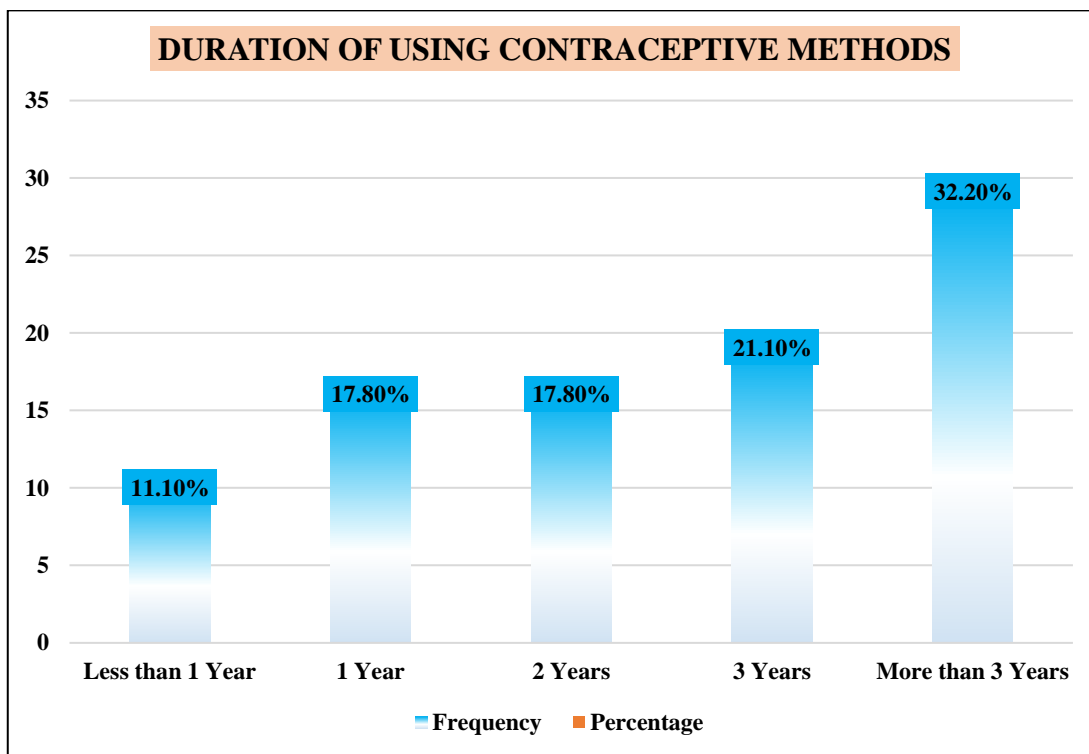
Figure 4.10: Depicts bar diagram regarding the percentage distribution of women as per Duration of using contraceptive methods

Figure 4.11: Depicts cuboidal diagram regarding the percentage distribution of women as per Source of knowledge regarding contraceptive methods
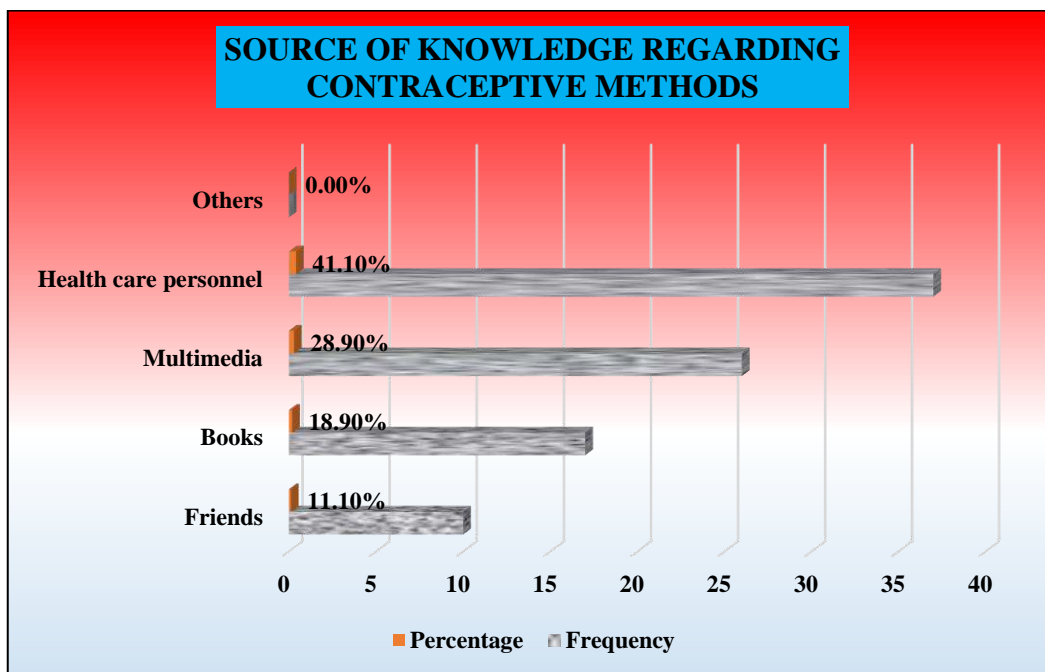
SECTION 2: FINDINGS RELATED TO ASSESSMENT OF PRE-TEST AND POST-TEST KNOWLEDGE AND ATTITUDE SCORES REGARDING SELECTED TEMPORARY FAMILY PLANNING METHODS AMONG WOMEN

Table 4.3: Depicts Frequency & Percentage distribution of pre-test knowledge score among women N=90

Sr. No.	Level of knowledge	Range of score	Frequency (f)	Percentage (%)
1.	Very good knowledge	25-36	6	6.7%
2.	Good knowledge	13-24	67	74.4%
3.	Fair knowledge	0-12	17	18.9%

Minimum Score=0   **Maximum Sore=36**

Table 4.3: Revealed that in pre-test knowledge score, majority of women's i.e. 67 (74.4%) had good knowledge, followed by 17 (18.9%) women's had fair knowledge and least of i.e. 6 (6.7%) women's had very good knowledge.

Figure 4.12: Depicts cylindrical diagram regarding percentage distribution of pre-test knowledge score regarding selected temporary family planning methods among women

Table 4.4: Depicts Frequency & Percentage distribution of post-test knowledge score among women N=90

Sr. No.	Level of knowledge	Range of score	Frequency (f)	Percentage (%)
1.	Very good knowledge	25-36	40	44.40%
2.	Good knowledge	13-24	49	54.40%
3.	Fair knowledge	0-12	1	1.10%

Minimum Score=0   **Maximum Sore=36**

Table 4.4: Revealed that in post-test knowledge score, majority of women's i.e. 49 (54.4%) had good knowledge, followed by 40 (44.4%) women's had very good knowledge and least of i.e. 1 (1.1%) women's had fair knowledge.

Figure 4.13: Depicts cylindrical diagram regarding percentage distribution of post-test knowledge score regarding selected temporary family planning methods among women

Table 4.5: Depicts frequency and percentage distribution of pre-test and post-test knowledge scores regarding selected temporary family planning methods among women N=90

Sr. No.	Level of knowledge	Range of score	Pre-test knowledge score		Post-test knowledge score	
			Frequency (f)	Percentage (%)	Frequency(f)	Percentage (%)
1.	Very good knowledge	25-36	6	6.70%	40	44.40%
2.	Good knowledge	13-24	67	74.40%	49	54.40%
3.	Fair knowledge	0-12	17	18.90%	1	1.10%

Minimum Score=0   **Maximum Sore=36**

Table 4.5: Showed the frequency and percentage distribution of post-test knowledge score, among women, majority of women i.e. 49 (54.4%) had good knowledge, followed by 40 (44.4%) women had very good knowledge and least of i.e. 1 (1.1%) women had fair knowledge whereas in pre-test knowledge score, majority of women i.e. 67 (74.4%) had good knowledge, followed by 17 (18.9%) women had fair knowledge and least of i.e. 6 (6.7%) women had very good knowledge,
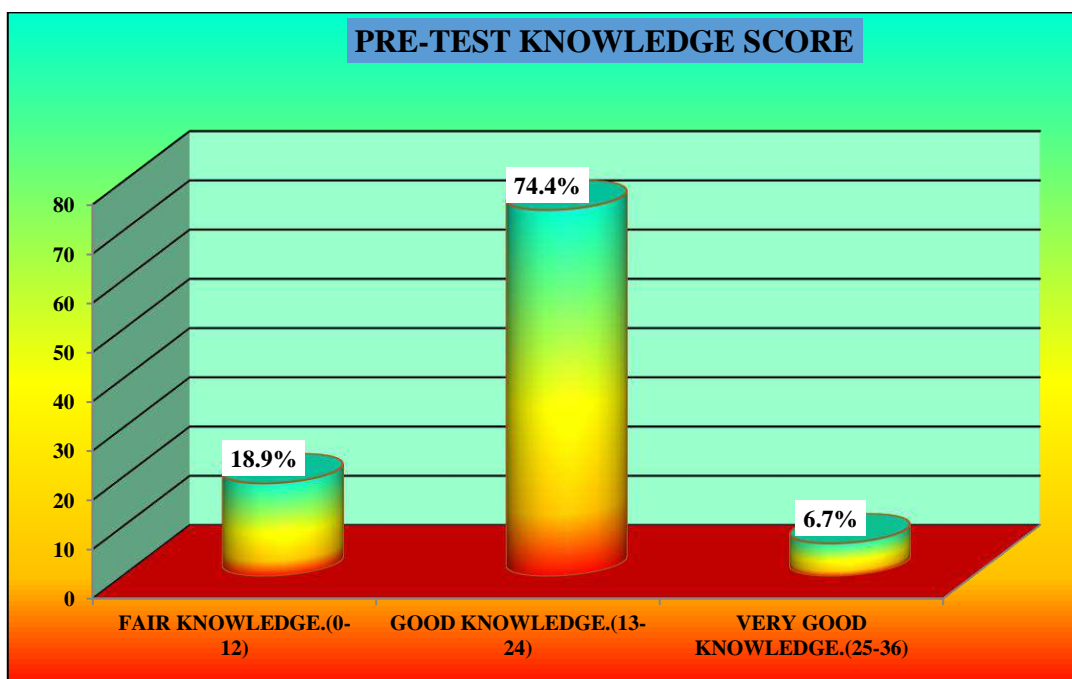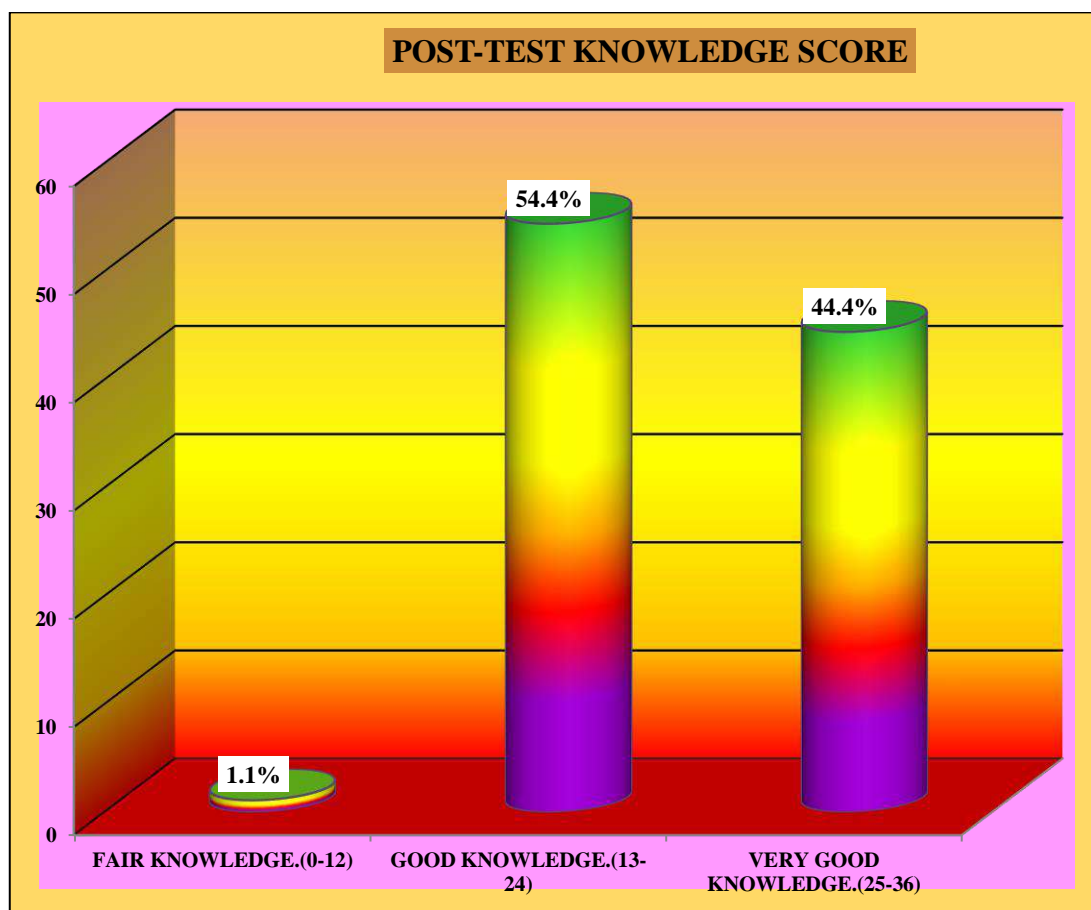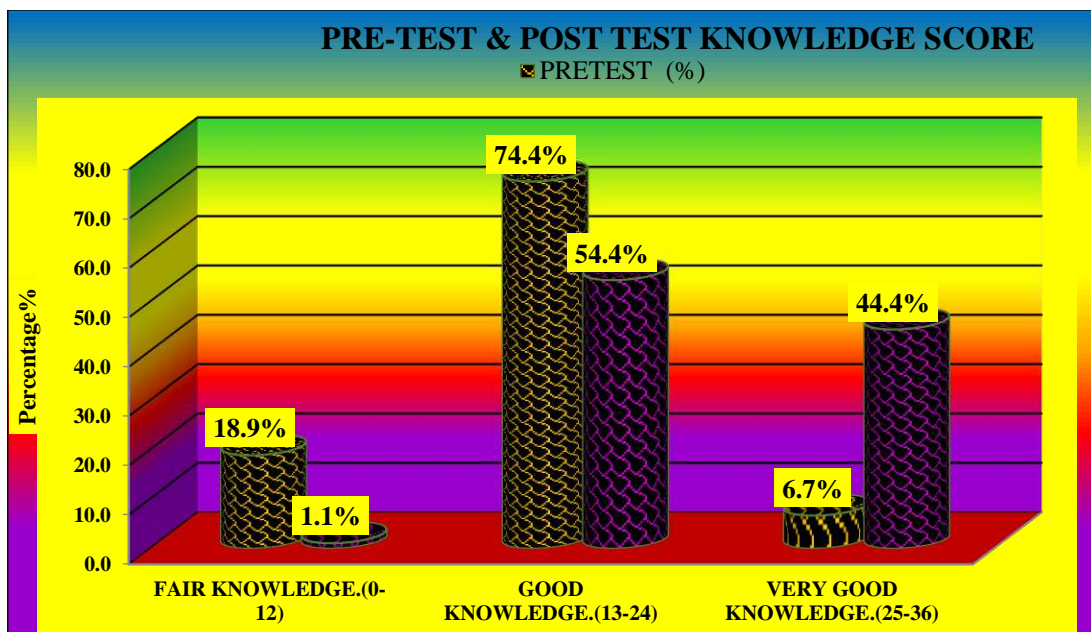
Figure 4.14: Depicts cylindrical diagram regarding percentage distribution of pre-test and post-test knowledge scores regarding selected temporary family planning methods among women

Table 4.6: Depicts descriptive statistics of pre-test and post-test knowledge scores in terms of mean, standard deviation and median regarding selected temporary family planning methods among women N=90

Knowledge Scores	Mean	S.D.	Median	Maximum	Minimum	Range
Pre-test knowledge	17.89	5.011	18	32	10	22
Post-test knowledge	24.68	4.806	24	32	12	20
Minimum Score=0					Maximum Sore=36	

Table 4.6: Showed descriptive statistics of pre-test & post-test knowledge scores in terms of mean, standard deviation and median. In pre-test mean, knowledge score of women was 17.89, standard deviation was 5.011, median was 18, maximum score was 32, minimum score was 10 and range was 22. Whereas in post-test, mean score of women was 24.68, standard deviation was 4.806, median was 24, maximum score was 32, minimum score was 12 and range was 20.
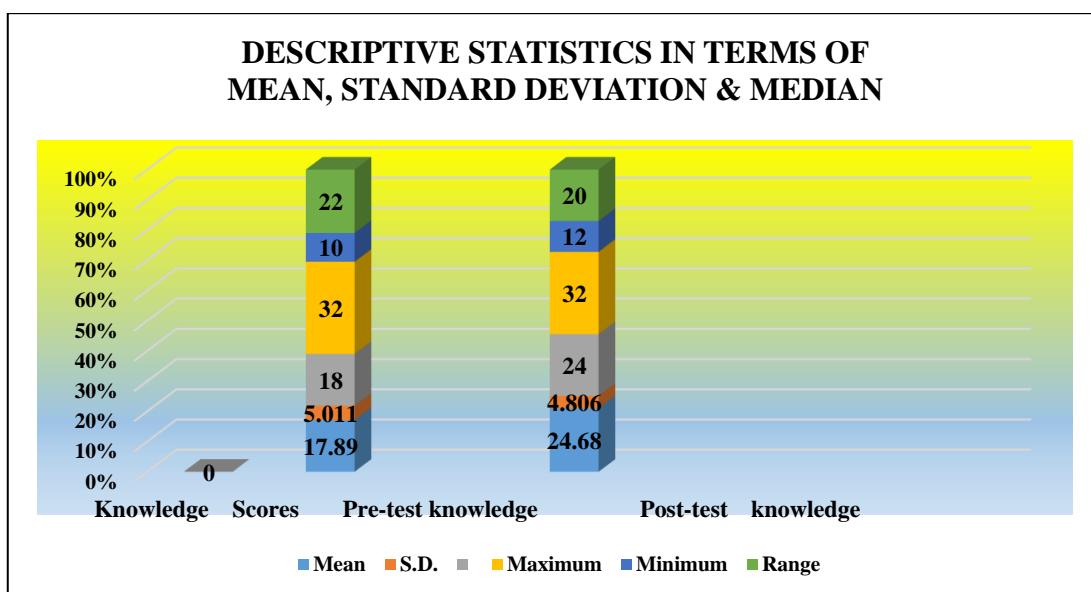

Figure 4.15: Depicts cuboidal diagram regarding descriptive statistics of pre-test and post-test knowledge scores in terms of mean, standard deviation & median regarding selected temporary family planning method among women

Table 4.7: Depicts Frequency & Percentage distribution of pre-test attitude score among women N=90

Sr. No.	Level of attitude	Range of score	Frequency (f)	Percentage (%)
1.	Favorable attitude	43-54	46	51.10%
2.	Moderately favorable attitude	31-42	44	48.90%
3.	Unfavorable attitude	18-30	0	0%

Minimum Score=18   **Maximum Sore=54**

Table 4.7: Showed the frequency and percentage distribution of pre-test attitude score among women's, majority i.e. 46 (51.1%) of women's had favorable attitude, followed by 44 (48.9%) women's had moderately favorable attitude & none i.e. 0 (0%) of the women had unfavorable attitude.
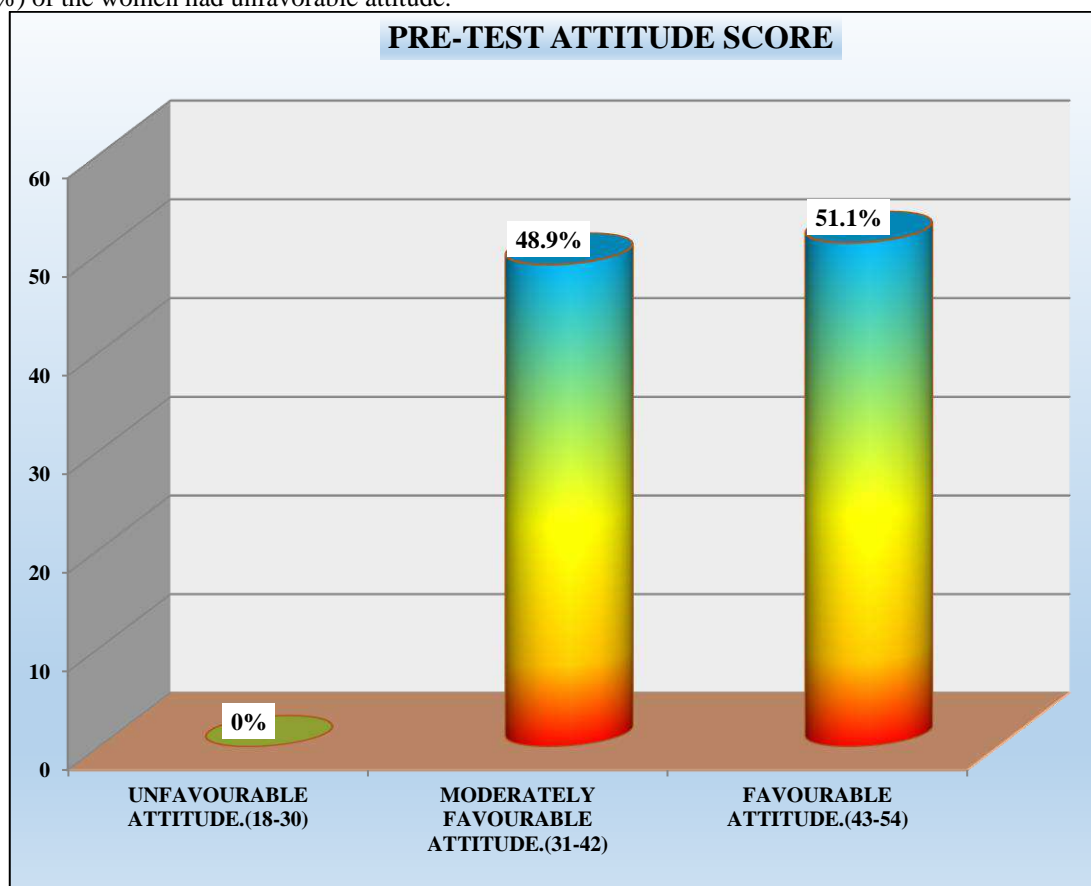
Figure 4.16: Depicts cylindrical diagram regarding frequency and percentage distribution of pre-test attitude score

Table 4.8: Depicts Frequency & Percentage distribution of post-test attitude score among women N=90

Sr. No.	Level of attitude	Range of score	Frequency (f)	Percentage (%)
1.	Favorable attitude	43-54	74	82.20%
2.	Moderately favorable attitude	31-42	16	17.80%
3.	Unfavorable attitude	18-30	0	0%

Minimum Score=18   **Maximum Sore=54**

Table 4.8: Showed the frequency and percentage distribution of post-test attitude score among women's, majority i.e. 74 (82.2%) of women's had favorable attitude, followed by 16 (17.8%) of women's had moderately favorable attitude & none i.e. 0 (0%) of women's had unfavorable attitude.

POST-TEST ATTITUDE SCORE

Figure 4.17: Depicts bar diagram regarding the percentage distribution of post-test attitude score

Table 4.9: Depicts frequency & percentage distribution of pre-test and post-test attitude scores regarding selected temporary family planning methods among women N=90

Sr. No.	Level of attitude	Range of score	Pre-test attitude score		Post-test attitude score	
			Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1.	Favorable attitude	43-54	46	51.1%	74	82.20%
2.	Moderately favorable attitude	31-42	44	48.9%	16	17.80%
3.	Unfavorable attitude	18-30	0	0%	0	0%

Minimum Score=18   **Maximum Sore=54**

Table 4.9: Showed the frequency and percentage distribution of post-test attitude score among women, majority i.e. 74 (82.2%) of women's had favorable attitude, followed by 16 (17.8%) of women's had moderately favorable attitude & none i.e. 0 (0%) of women's had unfavorable attitude. Whereas the frequency and percentage distribution of pre-test attitude score among women's, majority i.e. 46 (51.1%) of women's had favorable attitude, followed by 44 (48.9%) of women's had moderately favorable attitude and none i.e. 0 (0%) of women's had unfavorable attitude.
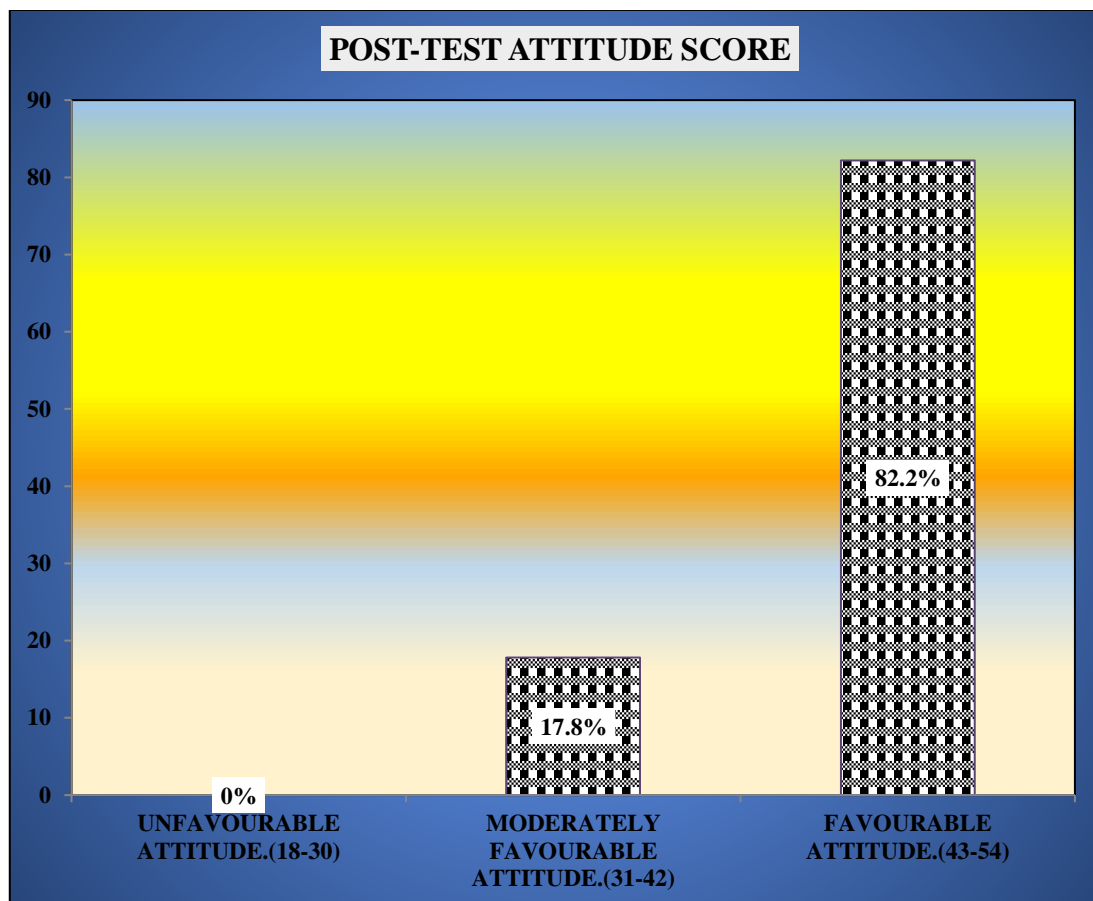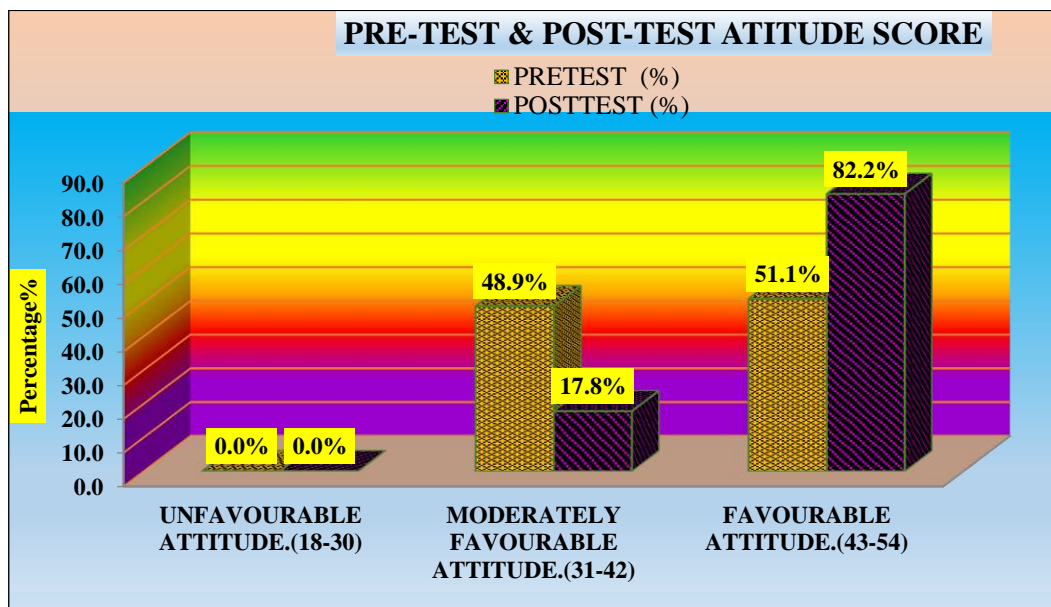
Figure 4.18 Depicts cuboidal diagram regarding percentage distribution of pre-test and post-test attitude scores regarding selected temporary family planning methods among women

Table 4.10: Depicts descriptive statistics of pre-test and post-test attitude scores in terms of mean, standard deviation and median regarding selected temporary family planning methods among women N=90

Attitude scores	Mean	S.D.	Median	Maximum	Minimum	Range
Pre-test attitude scores	42.38	3.646	43	50	32	18
Post-test attitude scores	45.08	2.877	45	51	37	14

Minimum Score=18   **Maximum Sore=54**

Table 4.10: Showed the descriptive statistics of pre-test & post-test attitude scores in terms of mean, standard deviation and median. In pre-test, mean attitude score of women was 42.38, standard deviation was 3.646 and median was 43, maximum score was 50, minimum score was 32 and range was 18. Whereas in post-test, mean attitude score was 45.08, standard deviation was 2.877 and median was 45, maximum score was 51, minimum score was 37 and range was 14.

Figure 4.19: Depicts cuboidal diagram regarding descriptive statistics of pre-test and post test attitude scores in terms of mean, standard deviation and median regarding selected temporary family planning methods among women

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SECTION 3: FINDINGS RELATED TO COMPARISON OF PRE-TEST AND POST-TEST KNOWLEDGE AND ATTITUDE SCORES REGARDING SELECTED TEMPORARY FAMILY PLANNING METHODS AMONG WOMEN TO DETERMINE THE EFFECTIVENESS OF EDUCATIONAL PROGRAMME

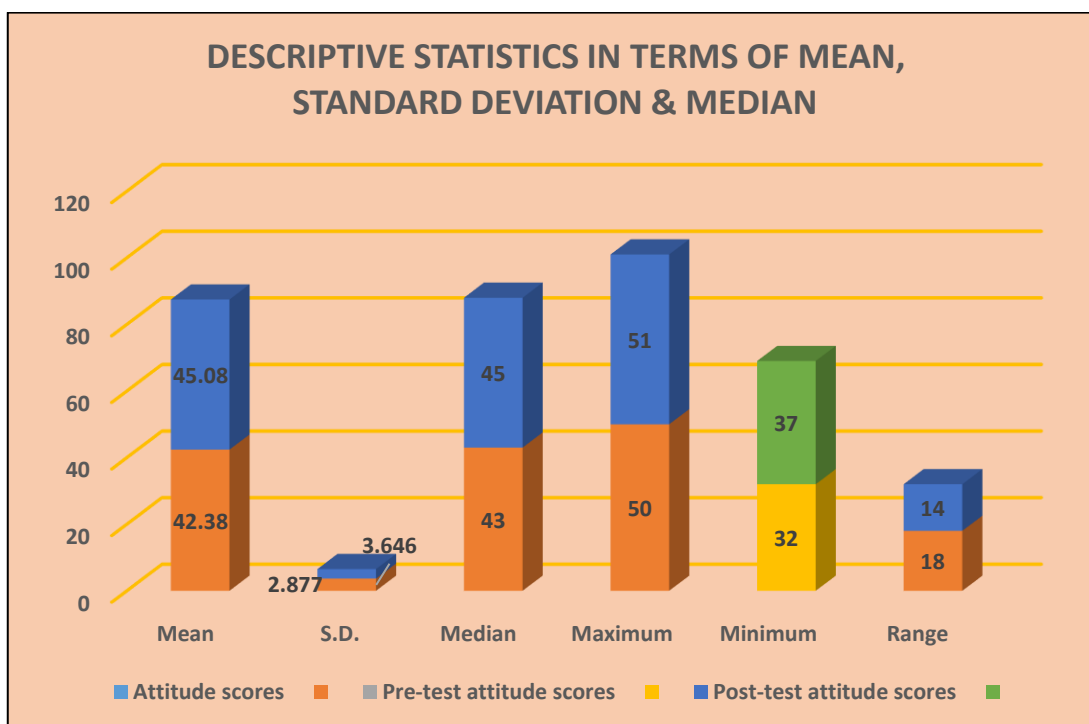**Table 4.11: Depicts comparison of pre-test and post-test knowledge scores regarding selected temporary family planning methods among women to determine the effectiveness of educational programme N=90**

Group	Pre-test knowledge		Post-test knowledge		Mean Diff.	df	Paired t-test		
Research group	Mean	S.D.	Mean	S.D.			't'-testvalue	p value	T value at 0.05
	17.89	5.011	24.68	4.806	6.79	89	8.828*	<0.001	1.99

*Significant, ^{NS}-Non significant   ***Significant at 0.05 level**

Table 4.11: Showed the comparison of pre-test and post-test knowledge scores to determine the effectiveness of educational programme among women by using paired 't' test.

The overall mean post-test knowledge score i.e. 24.68 was significantly higher than the overall mean pre-test knowledge score i.e. 17.89 as evident by 't'-value i.e. 8.828 at 0.05 level of significance. It showed that an educational programme was found effective to improve the knowledge regarding selected temporary family planning methods among women.

Hence, **H$_1$ hypothesis i.e.** there will be significant difference between mean pre-test and post-test knowledge score regarding selected temporary family planning methods among women residing in rural community area, Solan, **was accepted.**

Table 4.12: Depicts comparison of pre-test and post-test attitude scores regarding selected temporary family planning methods among women to determine the effectiveness of educational programme N=90

Group	Pre-test attitude		Post-test attitude		Mean Diff.	df	Paired t-test		
Research group	Mean	S.D.	Mean	S.D.			't'-test value	p value	T value at 0.05
	42.38	3.646	45.08	2.877	2.700	89	6.604 *	<0.001	1.99

*Significant, ^{NS}-Non-Significant   ***Significant at 0.05 level**

Table 4.12: Showed the comparison of pre-test and post-test attitude scores to determine the effectiveness of educational programme by using paired 't' test.

The overall mean post-test attitude score i.e. 45.08 was significantly higher than the overall mean pre-test attitude score i.e. 42.38 as evident by 't'-value 6.604 at 0.05 level of significance among women. It showed that an educational programme was found effective to change the attitude regarding selected temporary family planning methods among women.

Hence, **H$_2$ hypothesis i.e.** there will be significant difference between mean pre-test and post-test attitude score regarding selected temporary family planning methods among women residing in rural community area, Solan **was accepted.**

SECTION 4: FINDINGS RELATED TO CORRELATION BETWEEN KNOWLEDGE AND ATTITUDE REGARDING SELECTED TEMPORARY FAMILY PLANNING METHODS AMONG WOMEN

Table 4.13: Depicts correlation between knowledge and attitude regarding selected temporary family planning methods among women N=90

Variables	Mean	S.D.	r value	p value
Pre-test knowledge score	17.88	5.011	0.028	0.797^{NS}
Pre-test attitude score	42.38	3.646		
Post-test knowledge score	24.677	4.806	0.281	0.007*
Post-test attitude score	45.077	2.877		

df =89 <0.001 at 0.05 level*=Significant

Table: 4.14 Showed the correlation between knowledge and attitude regarding selected temporary family planning methods among women was determined by using Karl Pearson's Correlation of coefficient method. There was significant correlation found between post-test knowledge score i.e. 24.677 and post-test attitude score i.e. 45.077 with **('r' value=0.281, 'p' value=0.007*)**.

Hence, **H$_3$ Hypothesis i.e.** there will be significant correlation between knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area, Solan, **was accepted.**
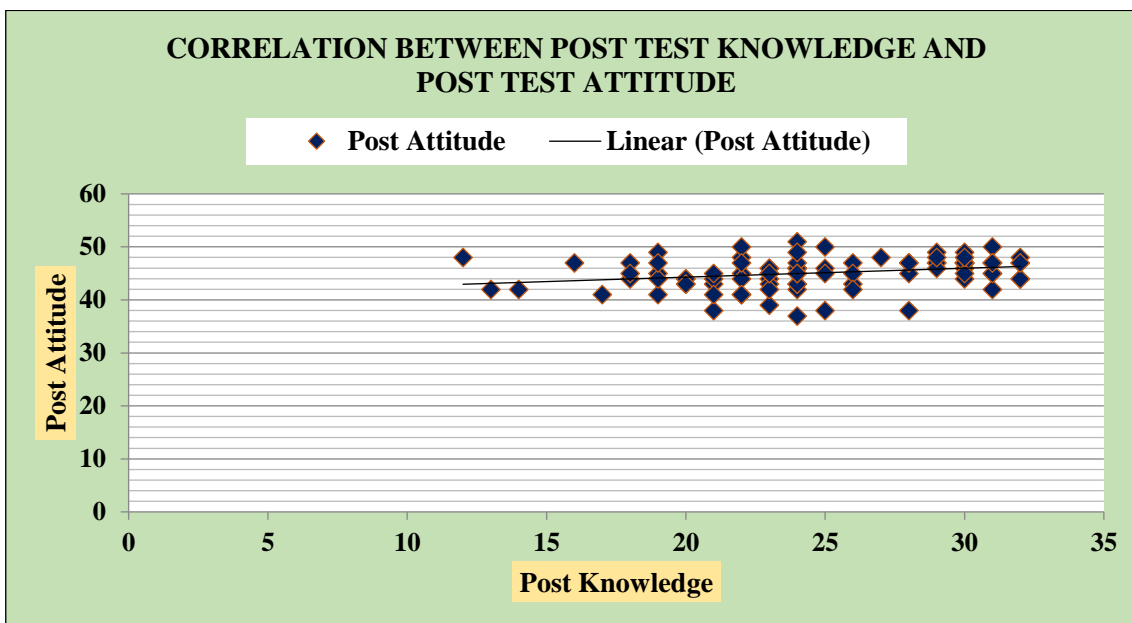
Figure 4.20: Depicts scatter diagram of correlation between post-test knowledge and post-test attitude score

SECTION 5: FINDINGS RELATED TO ASSOCIATION OF KNOWLEDGE AND ATTITUDE SCORE REGARDING SELECTED TEMPORARY FAMILY PLANNING METHODS AMONG WOMEN WITH DEMOGRAPHIC VARIABLES.

Table 4.14: Depicts association of pre-test knowledge score regarding selected temporary family planning method among women with demographic variables N=90

Table 4.14: Depicts association of pre-test knowledge score regarding selected temporary family planning method among women with demographic variables N=90

Sr. No.	Demographic variables	Very good knowledge	Good knowledge	Fair knowledge	χ^2 Value	P value	df	Table value
1.	**Age (in years)**							
	a) 15-23 Years	1	6	8				
	b) 24-32 Years	1	23	8	21.054	0.002	6	12.592*
	c) 33-41 Years	3	26	1				
	d) 42-50 Years	1	12	0				
2.	**Educational status**							
	a) No formal Education	0	0	0				
	b) Primary Education	0	23	9				
	c) Secondary Education	3	26	8	10.186	0.117	6	12.592[NS]
	d) Higher Secondary	2	13	0				
	e) Graduate	1	5	0				
	f) Others	0	0	0				
3.	**Occupational status**							
	a) Government Job	0	4	3				
	b) Private Job	1	9	2	3.147	0.533	4	9.488 [NS]
	c) Homemaker	5	54	12				
	d) Others	0	0	0				
4.	**Number of children**							
	a) None	0	2	0				
	b) One	0	7	5				
	c) Two	5	46	9	6.727	0.566	8	15.507 [NS]
	d) Three	1	10	3				
	e) More than three	0	2	0				
5.	**Religion**							
	a) Hindu	6	67	17		N.A		N.A

Table 4.14: Depicts association of pre-test knowledge score regarding selected temporary family planning method among women with demographic variables N=90

	b) Muslim	0	0	0				
	c) Sikh	0	0	0				
	d) Others	0	0	0				
6.	**Type of family**							
	a) Nuclear family	1	31	3				
	b) Joint family	5	36	12	13.567	0.009	4	9.488*
	c) Extended family	0	0	0				
	d) Blended family	0	0	2				
7.	**Family monthly income (in rupees)**							
	a) Less than 5000 Rs.	0	12	7				
	b) 5001-10,000 Rs.	3	34	2	11.031	0.087	6	12.592 NS
	c) 10,001-20,000 Rs.	2	14	5				
	d) More than 20,000 Rs.	1	7	3				
8.	**Socio-economic status**							
	a) Upper class	0	6	1				
	b) Upper Middle class	3	20	10	7.936	0.243	6	12.592 NS
	c) Lower Middle class	2	38	5				
	d) Lower class	1	3	1				
9.	**Contraception methods used**							
	a) Condom	0	9	2				
	b) Intrauterine devices	1	4	1				
	c) Oral pills	2	24	8	11.945	0.289	10	18.307 NS
	d) Emergency pills	0	8	5				
	e) Breastfeeding	0	5	0				
	f) Safe method	3	17	1				
10.	**Duration of using contraceptive methods**							
	a) Less than 1 Year	0	7	3				
	b) 1 Year	1	6	9				
	c) 2 Years	0	13	3	24.598	0.002	8	15.507*
	d) 3 Years	2	16	1				
	e) More than 3 Year	3	25	1				
11.	**Source of knowledge regarding contraceptive methods**							
	a) Friends	1	8	1				
	b) Books	1	11	5				
	c) Multimedia	0	19	7	6.792	0.341	6	12.592 NS
	d) Health care personnel	4	29	4				
	e) Others	0	0	0				

*Significant, NS-Non-Significant   *Significant at 0.05 level

Table 4.14: Showed that there was a significant association of pre-test knowledge score regarding selected temporary family planning methods among women with demographic variables such as Age (in years) with (χ^2 **value=21.054, df=6**),duration of using contraceptive methods with (χ^2 **value=24.598, df=8**), type of family with (χ^2 **value=13.567, df=4**). There was no significant association of pre-test knowledge score regarding selected temporary family planning methods among women with other demographic variables such as Educational status, Occupational status, Number of children, Religion, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

Hence, **H₄ hypothesis i.e.** there will be significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables, **was rejected**.

Table 4.15: Depicts association of post-test knowledge score among women with demographic variables
N=90

Sr. no.	Demographic variables	Very good knowledge	Good knowledge	Fair knowledge	χ^2 value	P Value	df	Table Value
1.	**Age (in years)**							
	a) 15-23 Years	8	7	0				
	b) 24-32 Years	16	15	1	5.382	0.496	6	12.592[NS]
	c) 33-41 Years	13	17	0				
	d) 42-50 Years	3	10	0				
2.	**Educational status**							
	a) No formal Education	0	0	0				
	b) Primary Education	17	15	0				
	c) Secondary Education	15	21	1	5.682	0.460	6	12.592[NS]
	d) Higher Secondary	4	11	0				
	e) Graduate	4	2	0				
	f) Others	0	0	0				
3.	**Occupational status**							
	a) Government Job	7	0	0				
	b) Private Job	6	6	0	10.213	0.037	4	9.488*
	c) Homemaker	27	43	1				
	d) Others	0	0	0				
4.	**Number of children**							
	a) None	1	1	0				
	b) One	7	5	0				
	c) Two	30	30	0	12.978	0.113	8	15.507[NS]
	d) Three	2	11	1				
	e) More than three	0	2	0				
5.	**Religion**							
	a) Hindu	40	49	1				
	b) Muslim	0	0	0				
	c) Sikh	0	0	0		N.A		N.A
	d) Others	0	0	0				
6.	**Type of family**							
	a) Nuclear family	17	18	0				
	b) Joint family	22	30	1	1.060	0.901	4	9.488[NS]
	c) Extended family	0	0	0				
	d) Blended family	1	1	0				
7.	**Family monthly income (in rupees)**							
	a) Less than 5000 Rs.	11	8	0				
	b) 5001-10,000 Rs.	18	20	1	5.015	0.542	6	12.592[NS]
	c) 10,001-20,000 Rs.	6	15	0				
	d) More than 20,000 Rs.	5	6	0				
8.	**Socio-economic status**							
	a) Upper class	3	4	0				
	b) Upper Middle class	21	12	0	8.815	0.184	6	12.592[NS]
	c) Lower Middle class	14	30	1				
	d) Lower class	2	3	0				
9.	**Contraception methods used**							
	a) Condom	8	3	0				
	b) Intrauterine devices	3	3	0				
	c) Oral pills	14	20	0	18.601	0.046	10	18.307*
	d) Emergency pills	10	3	0				
	e) Breastfeeding	1	4	0				
	f) Safe method	4	16	1				
10.	**Duration of using contraceptive methods**							

Table 4.15: Depicts association of post-test knowledge score among women with demographic variables N=90

	a) Less than 1 Year	4	6	0				
	b) 1 Year	10	6	0				
	c) 2 Years	5	11	0	5.555	0.697	8	15.507 NS
	d) 3 Years	8	11	0				
	e) More than 3 Years	13	15	1				
11.	**Source of knowledge regarding contraceptive methods**							
	a) Friends	8	2	0				
	b) Books	7	10	0				
	c) Multimedia	15	11	0	12.514	0.051	6	12.592 NS
	d) Health care personnel	10	26	1				
	e) Others	0	0	0				

*Significant, NS-Non-Significant   ***Significant at 0.05 level**

Table 4.15: Showed that there was a significant association of post-test knowledge score regarding selected temporary family planning methods among women with demographic variables such as occupational status with (χ^2 **value=10.213, df=4**), contraception methods used with (χ^2 **value=18.601, df=10**).

There was no significant association of the post-test knowledge score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Number of children, Religion, Family monthly income (in rupees), Socio-economic status, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

Hence, **H₄ hypothesis i.e.** there will be significant association of knowledge score regarding selected temporary family planning methods among women with demographic

Table 4.16: Depicts association of pre-test attitude score regarding selected temporary family planning methods among women with demographic variables N=90

Sr. no.	Demographic variable	Favourable attitude	Moderately Favourable attitude	Unfavourable attitude	χ^2 value	P Value	df	Table Value
1.	**Age (in years)**							
	a) 15-23 Years	11	4	0				
	b) 24-32 Years	16	16	0	7.128	0.068	3	7.815 NS
	c) 33-41 Years	16	14	0				
	d) 42-50 Years	3	10	0				
2.	**Educational status**							
	a) No formal education	0	0	0				
	b) Primary Education	17	15	0				
	c) Secondary Education	20	17	0	1.058	0.787	3	7.815 NS
	d) Higher Secondary	7	8	0				
	e) Graduate	2	4	0				
	f) Others	0	0	0				
3.	**Occupational status**							
	a) Government Job	5	2	0				
	b) Private Job	6	6	0	1.256	0.534	2	5.991 NS
	c) Homemaker	35	36	0				
	d) Others	0	0	0				
4.	**Number of children**							
	a) None	1	1	0				
	b) One	3	9	0				
	c) Two	32	28	0	5.511	0.239	4	9.488 NS
	d) Three	8	6	0				
	e) More than three	2	0	0				
5.	**Religion**							
	a) Hindu	46	44	0		N.A		N.A

Table 4.16: Depicts association of pre-test attitude score regarding selected temporary family planning methods among women with demographic variables N=90

	b) Muslim	0	0	0				
	c) Sikh	0	0	0				
	d) Others	0	0	0				
6.	**Type of family**							
	a) Nuclear family	11	24	0				
	b) Joint family	34	19	0	9.034	0.011	2	5.991*
	c) Extended family	0	0	0				
	d) Blended family	1	1	0				
7.	**Family monthly income (in rupees)**							
	a) Less than 5000 Rs.	13	6	0				
	b) 5001-10,000 Rs.	22	17	0	6.642	0.084	3	7.815 NS
	c) 10,001-20,000 Rs.	8	13	0				
	d) More than 20,000 Rs.	3	8	0				
8.	**Socio-economic status**							
	a) Upper class	1	6	0				
	b) Upper Middle class	18	15	0	6.692	0.082	3	7.815 NS
	c) Lower Middle class	26	19	0				
	d) Lower class	1	4	0				
9.	**Contraception methods used**							
	a) Condom	4	7	0				
	b) Intrauterine devices	2	4	0				
	c) Oral pills	15	19	0	9.496	0.091	5	11.070 NS
	d) Emergency pills	9	4	0				
9.	**e)** Breastfeeding	1	4	0				
	f) Safe method	15	6	0				
10.	**Duration of using contraceptive methods**							
	a) Less than 1 Year	2	8	0				
	b) 1 Year	11	5	0				
	c) 2 Years	9	7	0	8.237	0.083	4	9.488 NS
	d) 3 Years	12	7	0				
	e) More than 3 Years	12	17	0				
11.	**Source of Attitude regarding contraceptive methods**							
	a) Friends	4	6	0				
	b) Books	11	6	0				
	c) Multimedia	11	15	0	2.686	0.443	3	7.815 NS
	d) Health care personnel	20	17	0				
	e) Others	0	0	0				

variables, **was rejected**.

*Significant, NS-Non-Significant   ***Significant at 0.05 level**

Table 4.16: Showed that there was significant association of pre-test attitude score regarding selected temporary family planning methods among women with selected demographic variable such as type of family with (χ^2 **value=9.034, df=2**). There was no significant association of the pre-test attitude score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Occupational status, Number of children, Religion, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

Hence, **H$_5$ hypothesis i.e.** there will be significant association of attitude score regarding selected temporary family planning methods among women with demographic variables, **was rejected**.

Table 4.17: Depicts association of post-test attitude score regarding selected Temporary family planning methods among women with demographic variables N=90

Sr. no.	Demographic variables	Favourable attitude	Moderately favourable attitude	Unfavourable attitude	χ^2 Value	P Value	df	Table Value
1.	**Age (in years)**							
	a) 15-23 Years	15	0	0				
	b) 24-32 Years	25	7	0	3.962	0.266	3	7.815[NS]
	c) 33-41 Years	24	6	0				
	d) 42-50 Years	10	3	0				
2.	**Educational status**							
	a) No formal education	0	0	0				
	b) Primary Education	28	4	0				
	c) Secondary Education	28	9	0	3.043	0.385	3	7.815[NS]
	d) Higher Secondary	12	3	0				
	e) Graduate	6	0	0				
	f) Others	0	0	0				
3.	**Occupational status**							
	a) Government Job	6	1	0				
	b) Private Job	12	0	0	3.198	0.202	2	5.991[NS]
	c) Homemaker	56	15	0				
	d) Others	0	0	0				
4.	**Number of children**							
	a) None	2	0	0				
	b) One	10	2	0				
	c) Two	49	11	0	1.015	0.907	4	9.488[NS]
	d) Three	11	3	0				
	e) More than three	2	0	0				
5.	**Religion**							
	a) Hindu	74	16	0				
	b) Muslim	0	0	0		N.A		N.A
	c) Sikh	0	0	0				
	d) Others	0	0	0				
6.	**Type of family**							
	a) Nuclear family	26	9	0				
	b) Joint family	46	7	0	2.698	0.260	2	5.991[NS]
	c) Extended family	0	0	0				
	d) Blended family	2	0	0				
7.	**Family monthly income (in rupees)**							
	a) Less than 5000 Rs.	18	1	0				
	b) 5001-10,000 Rs.	33	6	0	8.687	0.034	3	7.815*
	c) 10,001-20,000 Rs.	13	8	0				
	d) More than 20,000 Rs.	10	1	0				
8.	**Socio-economic status**							
	a) Upper class	4	3	0				
	b) Upper Middle class	28	5	0				
	c) Lower Middle class	37	8	0	4.249	0.236	3	7.815[NS]
	d) Lower class	5	0	0				
9.	**Contraception methods used**							
	a) Condom	11	0	0				
	b) Intrauterine devices	4	2	0				
	c) Oral pills	26	8	0	5.647	0.342	5	11.070[NS]
	d) Emergency pills	10	3	0				
	e) Breastfeeding	5	0	0				
	f) Safe method	18	3	0				

Table 4.17: Depicts association of post-test attitude score regarding selected Temporary family planning methods among women with demographic variables N=90

10.	**Duration of using contraceptive methods**							
	a) Less than 1 Year	8	2	0				
	b) 1 Year	15	1	0				
	c) 2 Years	13	3	0	1.806	0.771	4	9.488 NS
	d) 3 Years	15	4	0				
	e) More than 3 Years	23	6	0				
11.	**Source of knowledge regarding contraceptive methods**							
	a) Friends	9	1	0				
	b) Books	17	0	0				
	c) Multimedia	20	6	0	5.674	0.129	3	7.815 NS
	d) Health care personnel	28	9	0				
	e) Others	0	0	0				

*Significant, NS-Non-Significant   ***Significant at 0.05 level**

Table 4.17: Showed that there was a significant association of post-test attitude score regarding selected temporary family planning methods among women with selected demographic variable such as family monthly income (in rupees) with (χ^2 **value=8.687, df=3**).

There was no significance association of the post-test attitude score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Occupational status, Number of children, Religion, Type of family, Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

Hence, **H₅ hypothesis i.e.** there will be significant association of attitude score regarding selected temporary family planning methods among women with demographic variables, **was rejected**.

MAJOR FINDING OF STUDY:
Section 1: Findings related to description of frequency and percentage distribution of demographic variables among women
- With regard to Age (in years), majority of women i.e 32 (35.6%) were in the age group of 24-32 years.
- According to Educational status, majority of women i.e. 37 (41.1%) had secondary education.
- With respect to Occupational status, majority of women i.e. 71 (78.9%) were homemaker.
- According to Number of children, majority of women i.e. 60 (66.7%) had two children.
- With regard to Religion, majority of i.e. 90 (100.0%) women were Hindu.
- With respect to Type of family, majority of women i.e. 53 (58.9%) were belongs to joint family.
- According to Family monthly income (in rupees), majority of women i.e. 39 (43.3%) family monthly income was 5001-10,000 Rs.
- With regard to Socio-economic status, majority of women i.e. 45 (50.0%) belongs to lower middle class.
- With respect to Contraception methods used, majority of women i.e. 34 (37.8%) were using oral pills.
- With regard to Duration of using contraceptive methods, majority of women i.e. 29 (32.2%) were using contraceptive methods from more than 3 years.
- According to Source of knowledge regarding contraceptive methods, majority of women's i.e. 37 (41.1%) source of knowledge were health care personnel.

Section 2: Findings related to assessment of pre-test and post-test knowledge and attitude score regarding selected temporary family planning methods among women
- With regard to pre-test knowledge score, majority of women i.e. 67 (74.4%) had good knowledge, followed by 17 (18.9%) women had fair knowledge and least of i.e. 6 (6.7%) women had very good knowledge. Whereas in post-test knowledge score, majority of women i.e. 49 (54.4%) had good knowledge, followed by 40 (44.4%) women had very good knowledge and least of i.e. 1 (1.1%) women had fair knowledge.
- With respect to descriptive statistics of pre-test & post-test knowledge scores in terms of mean, standard deviation and median. In pre-test mean, knowledge score of women was 17.89, standard deviation was 5.011, median was 18, maximum score was 32, minimum score was 10 and range was 22.Whereas in post-test, mean score of women was 24.68, standard deviation was 4.806, median was 24, maximum score was 32, minimum score was 12 and range was 20.
- With regard to to pre-test attitude score among women's, majority i.e. 46 (51.1%) of women's had favorable attitude, followed by 44 (48.9%) of women's had moderately favorable attitude and none i.e. 0 (0%) of women's had unfavorable attitude. Whereas the post-test attitude score among women, majority i.e. 74 (82.2%) of women's had

favorable attitude, followed by 16 (17.8%) of women's had moderately favorable attitude & none i.e. 0 (0%) of women's had unfavorable attitude.

- With respect to descriptive statistics of pre-test & post-test attitude scores in terms of mean, standard deviation and median. In pre-test, mean attitude score of women was 42.38, standard deviation was 3.646 and median was 43, maximum score was 50, minimum score was 32 and range was 18. Whereas in post-test, mean attitude score was 45.08, standard deviation was 2.877 and median was 45, maximum score was 51, minimum score was 37 and range was 14.

Section 3: Findings related to comparison of pre-test and post-test knowledge and attitude scores regarding selected temporary family planning methods among women to determine the effectiveness of educational programme

- The overall mean post-test knowledge score i.e. 24.68 was significantly higher than the overall mean pre-test knowledge score i.e. 17.89 as evident by 't'-value i.e. 8.828 at 0.05 level of significance. Hence, H_1 hypothesis i.e. there will be significant difference between mean pre-test and post-test knowledge score regarding selected temporary family planning methods among women residing in rural community area, Solan, was accepted.

- The overall mean post-test attitude score i.e. 45.08 was significantly higher than the overall mean pre-test attitude score i.e. 42.38 as evident by 't'-value 6.604 at 0.05 level of significance among women. Hence, H_2 hypothesis i.e. there will be significant difference between mean pre-test and post-test attitude score regarding selected temporary family planning methods among women residing in rural community area, Solan was accepted. Therefore, researcher conducted an educational programme that was found effective to improve the knowledge and to change the attitude regarding selected temporary family planning methods among women.

Section 4: Findings related to correlation between knowledge and attitude score regarding selected temporary family planning methods among women

- With regard to correlation between knowledge and attitude score regarding selected temporary family planning methods among women's was determined by using Karl Pearson's Correlation of coefficient method. There was significant correlation found between post-test knowledge i.e. 24.677 and post-test attitude score i.e. 45.077 with ('r' value=0.281, 'p' value=0.007*). Hence, H_3 Hypothesis i.e. there will be significant correlation between knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area, Solan, was accepted.

Section 5: Findings related to association of knowledge and attitude score regarding selected temporary family planning methods among women with demographic variables

- According to the association of knowledge score, there was significant association of pre-test knowledge score regarding selected temporary family planning methods among women with demographic variables such as Age (in years) with (χ^2 **value=21.054, df=6**), duration of using contraceptive methods with (χ^2 **value=24.598, df=8**), type of family with (χ^2 **value=13.567, df=4**). There was no significant association of pre-test knowledge score regarding selected temporary family planning methods among women with other demographic variables such as Educational status, Occupational status, Number of children, Religion, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

- Whereas in post-test knowledge score, there was a significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables such as occupational status with (χ^2 **value=10.213, df=4**), contraception methods used with (χ^2 **value=18.601, df=10**). There was no significant association of the post-test knowledge score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Number of children, Religion, type of family**,** Family monthly income (in rupees), Socio-economic status, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance. Hence, H_4 hypothesis i.e. there will be significant association of knowledge score regarding selected temporary family planning methods among women with selected demographic variables, was rejected.

- With regard to the association of attitude score, there was significant association of pre-test attitude score regarding selected temporary family planning methods among women with selected demographic variable such as type of family with (χ^2 **value=9.034, df=2**). There was no significant association of the pre-test attitude score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Occupational status, Number of children, Religion, Family monthly income (in rupees), Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

- Whereas in post-test attitude score there was a significant association of post-test attitude score regarding selected temporary family planning methods among women with demographic variable such as family monthly income (in rupees) with (χ^2 **value=8.687, df=3**). There was no significance association of the post-test attitude score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Occupational status, Number of children, Religion, Type of family, Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive

methods. The calculated chi-square values were less than the table value at the 0.05 level of significance. Hence, H_5 hypothesis i.e. there will be significant association of attitude score regarding selected temporary family planning methods among women with demographic variables, was rejected.

SUMMARY
The chapter dealt with analysis and interpretation of research study.

Plan for next chapter: Next chapter deals with discussion, summary, conclusion, nursing implications, recommendations & limitations of research study.

DISCUSSION, SUMMARY, CONCLUSION, NURSING IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS
DISCUSSION
The chapter dealt with discussion part according to the result obtained from statistical analysis of data of the study, and reviewed literature, hypothesis which was selected for the study. The present study was conducted to assess the effectiveness of Educational Programme regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area, Solan, Himachal Pradesh.
The aim of the study was to improve the knowledge and to change the attitude regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area, Solan, Himachal Pradesh.
The findings of the study has been discussed with reference to follow objectives of the study.

1. First objective was to assess the pre-existing knowledge regarding selected temporary family planning methods among women residing in rural community area, Solan (H.P.)
In pre-test knowledge score, majority of women i.e. 67 (74.4%) had good knowledge, followed by 17 (18.9%) women had fair knowledge and least of i.e, 6 (6.7%) women had very good knowledge regarding selected temporary family planning methods.
The findings of the present study was consistent with another study findings of **Yadav Sushma (2019),** conducted a descriptive study to assess the knowledge regarding family planning methods among eligible couple in selected area of Greater Noida, Prakash College of Nursing. Purposive sampling technique was used to select the samples. The size of the sample was 100 eligible individuals. The study results revealed that majority of eligible couple i.e. 8 (65%) had poor knowledge followed by 16 (32%) had average knowledge and least of i.e. 20 (3%) had good knowledge. There was no significant association of knowledge level of eligible couple and demographic variables. The study concluded that the eligible couples had less knowledge regarding family planning method.[54]
The findings of the present study was consistent with another study findings of **Parthasarathy K, Prasath R, Krishnaraj P (2019),** conducted a descriptive study to assess the knowledge regarding temporary family planning methods among primi-postnatal mothers at Kovilpalayam Coimbatore. Purposive sampling technique was used to select the sample. The size of sample was 30 primi post-natal mothers. The study results revealed that majority of primi-post-natal mothers i.e. 13 (43.3%) had moderately adequate knowledge, followed by 10 (33.3%) primi-postnatal mothers had inadequate knowledge and least of i.e. 7 (23.3%) primi-postnatal mothers had adequate knowledge.[57]
The findings of the present study was not consistent with another study findings of **M.B. Sunil, Dr. Nagarajappa (2019),** conducted a descriptive study to assess the knowledge and attitude of married women of reproductive age group regarding emergency contraception in selected urban area, bathinda. The size of sample was 55 married women in reproductive age group. The study results revealed that majority of women i.e 49 (89.09%) had inadequate knowledge, followed by 6 (10.90%) women had moderate knowledge and least i.e. 0 (0%) had adequate knowledge on emergency contraception.[56]

2. Second objective was to assess the attitude regarding selected temporary family planning methods among women residing in rural community area
In pre-test attitude score, majority of women i.e. 46 (51.1%) had favorable attitude, followed by 44 (48.9%) had moderately favorable attitude & none i.e. 0 (0%) had unfavorable attitude regarding selected temporary family planning methods.
The findings of the present study was consistent with another study findings **Kaur Amandeep (2015),** conducted a descriptive study to assess knowledge and attitude regarding use of contraceptive methods among woman at selected rural area, Ambala, Haryana, India. Purposive sampling technique was used to select the sample. The size of sample was 200 reproductive age group women. The study results revealed that majority of women i.e. 44 (44%) respondent had moderately favorable attitude, followed by 37 (37%) had unfavourable attitude and least i.e. of 19 (19%) had favourable attitude regarding use of contraceptive methods.[63]

3. Third objective was to develop and administer Educational Programme regarding selected temporary family planning methods among women residing in rural community area

The development and administration of Educational Programme regarding selected temporary family planning methods among women residing in rural community area to improve the knowledge and to change the attitude of rural community area women.

The findings of the present study was consistent with another study findings **Esther Juhi Lodge (2022),** conducted a pre-experimental research study (one group pre-test post-test design) to assess the effectiveness of structured teaching programme on knowledge regarding temporary contraceptive methods among primi-gravida women attending antenatal opd at selected hospital, Lucknow. The size of sample was 30 primi-gravida women. The study results revealed that pre-test mean knowledge score of women was 13.33 (43%) and post-test mean knowledge score was 17.73 (57%). The study concluded that there was a significant enhancement of knowledge among the primi-gravida women attending antenatal opd after proper administration of STP.[71]

4. Fourth objective was to evaluate the effectiveness of Educational Programme regarding selected temporary family planning methods among women residing in rural community area

The overall mean post-test knowledge score i.e. 24.68 was significantly higher than the overall mean pre-test knowledge score i.e. 17.89 as evident by 't'-value i.e. 8.828 at 0.05 level of significance. The overall mean post-test attitude score i.e. 45.08 was significantly higher than the overall mean pre-test attitude score i.e. 42.38 as evident by 't'-value 6.604 at 0.05 level of significance among women. Therefore, researcher conducted an educational programme that was found effective to improve the knowledge and to change the attitude regarding selected temporary family planning methods among women.

The findings of the present study was consistent with another study findings **Monisha U, Indu Balakrishnan (2020),** conducted a study to assess the Effectiveness of Video-Assisted Teaching Program on knowledge and attitude regarding temporary family planning methods among postnatal mothers admitted in ward and attending family planning OPD of Govt. T.D. Medical College Hospital, Alappuzha, Kerla. Purposive sampling technique was used to select the sample. The size of the sample was 50 post-natal mothers. The study results revealed that mean post-test knowledge score i.e. 24.50 was significantly higher than mean pre-test knowledge score i.e.7.2 as evident by 't' value i.e. 20.49. Whereas mean post-test attitude score i.e. 85.12 was significantly higher than pre-test attitude score i.e. 64.20 and evident by 't' value i.e. 12.11 at 0.001 level of significance. So, there was a significant difference in the level of knowledge and attitude among postnatal mothers after video-assisted teaching program. The study concluded that video-assisted teaching program had a significant effect in improving the level of knowledge and attitude regarding temporary family planning methods among postnatal mothers.[74]

5. Fifth objective was to determine the relationship between knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area

With regard to correlation between knowledge and attitude score regarding selected temporary family planning methods among women's was determined by using Karl Pearson's Correlation of coefficient method. There was significant correlation found between post-test knowledge i.e. 24.677 and post-test attitude score i.e. 45.077 with **'r' value=0.281, 'p' value=0.007***.

The findings of the present study was consistent with another study findings **Gnanasironmani Helen Indrani (2018),** conducted a study to assess the knowledge and attitude of temporary family planning methods among Postnatal mothers admitted in inpatient ward at institute of obstetrics and gynaecology and Government Hospital for women and children at Chennai. Purposive sampling technique was used to select the sample. The size of sample was 60 primi postnatal mothers. The study results revealed that there was significant positive moderate correlation between knowledge and attitude score with **'r' value=0.44, 'p' value=0.001**.[58]

6. Sixth objective was to find out the association of knowledge score regarding selected temporary family planning methods among women residing in rural community area with demographic variables

According to the association of knowledge score, there was significant association of pre-test knowledge score regarding selected temporary family planning methods among women with demographic variables such as Age (in years) with (χ^2 **value=21.054, df=6**),duration of using contraceptive methods with (χ^2 **value=24.598, df=8**), type of family with (χ^2 **value=13.567, df=4**). Whereas in post-test knowledge score, there was a significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables such as occupational status with (χ^2 **value=10.213, df=4**), contraception methods used with (χ^2 **value=18.601, df=10**). There was no significant association of pre-test and post-test knowledge score regarding selected temporary family planning methods among women with other demographic variables such as Educational status, Number of children, Religion, Family monthly income (in rupees), Socio-economic status, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

The findings of the study was consistent with another study findings **Mamata Devi Akoijam, Komal, Manisha (2017),** conducted a quasi-experimental study to assess the effectiveness of planned teaching programme on knowledge regarding temporary family planning methods among women's residing in Gurgaon district Haryana. Convenience sampling technique was used to select the sample. The size of sample was 60 womens (30 in experimental and 30 in control group). The study results revealed that there was significanct association of post-test knowledge score of experimental group with demographic variable such as contraceptive methods of family planning with (χ^2**value=8.25,df=3**) at 0.05 level of

significance. Whereas no significant association of post-test knowledge score of experimental group with other demographic variables such as age, occupation, education, number of children, in control group no significant association of post-test knowledge score with other demographic variables such as age, occupation, education, number of children & contraceptive methods of family planning. The study concluded that educational programme was effective to improve the knowledge regarding temporary family planning methods among women's.[77]

7. Seventh objective was to find out the association of attitude score regarding selected temporary family planning methods among women residing in rural community area with demographic variables

With regard to the association of attitude score, there was significant association of pre-test attitude score regarding selected temporary family planning methods among women with selected demographic variable such as type of family with **(χ^2 value=9.034, df=2)**. Whereas in post-test attitude score there was a significant association of post-test attitude score regarding selected temporary family planning methods among women with demographic variable such as family monthly income (in rupees) with **(χ^2 value=8.687, df=3)**. There was no significant association of the pre-test and post-test attitude score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Occupational status, Number of children, Religion, Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

The findings of the present study was consistent with another study findings **Nagar Kailash, Patel Prachi, Patel Dinsha (2022),** conducted a pre-experimental study (one-group pre-test and post-test design) to assess the Effectiveness of Educational Package regarding knowledge, attitude and utilization of selected contraceptive methods among postnatal mother at selected PHC of Kheda District Gujarat. Non-probability convenience sampling technique was used to select the sample. The size of the sample was 60 postnatal mothers. Data was collected by structured knowledge questionnaires, likert attitude scale, check-list questionnaires. The study results revealed that there was significant association of post-test attitude score with demographic variable such as age with **(χ^2 value=7.899, df=3)**, duration of marriage with **(χ^2 value=7.930, df=3)**. Whereas no significant association of post-test attitude with other demographic variables such as religion, educational status of mother, educational status of husband, occupation of mother, family monthly income, age of marriage, no of live children, history of abortion, source of information. The study concluded that there was significant effectiveness on level of knowledge, and attitude before and after administration of educational package among postnatal mothers.[73]

SUMMARY

When the pregnancy has occurred, it should be accepted by both the parents. It is necessary to maintain a small family. So that the born child will rear by the parents well. So it is very important to know about the methods available to prevent the unwanted pregnancy. Temporary contraception methods should be followed by the eligible couples. Whichever method is suitable, they can select, use the method and get benefited by preventing the unwanted pregnancy.

By administering Educational programme regarding selected temporary family planning methods among women, the researcher felt that it would be possible to improve knowledge and to change the attitude of women. Hence, the research study results had found effective because knowledge score was improved from fair knowledge to good knowledge & attitude score was changed from moderately favorable to favorable attitude.

OBJECTIVES OF STUDY WAS

1. To assess the pre-existing knowledge regarding selected temporary family planning methods among women residing in rural community area, Solan (H.P.).
2. To assess the attitude regarding selected temporary family planning methods among women residing in rural community area.
3. To develop and administer Educational Programme regarding selected temporary family planning methods among women residing in rural community area.
4. To evaluate the effectiveness of Educational Programme regarding selected temporary family planning methods among women residing in rural community area.
5. To determine the relationship between knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area.
6. To find out the association of knowledge score regarding selected temporary family planning methods among women residing in rural community area with demographic variables.
7. To find out the association of attitude score regarding selected temporary family planning methods among women residing in rural community area with demographic variables.

RESEARCH HYPOTHESIS

The following hypothesis was tested at 0.05 level of significance.

H_1: There will be significant difference between mean pre-test and post-test knowledge scores regarding selected temporary family planning methods among women residing in rural community area, Solan.

H_2: There will be significant difference between mean pre-test and post-test attitude scores regarding selected temporary

family planning methods among women residing in rural community area, Solan.

H₃: There will be significant co-relation between knowledge and attitude score regarding selected temporary family planning methods among women residing in rural community area, Solan.

H₄: There will be significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables.

H₅: There will be a significant association of attitude score regarding selected temporary family planning methods among women with demographic variables.

With the extensive review of literature, expert's, guide and co-guide's opinion enabled the researcher to design methodology, development of tool(s) and educational programme.

Literature related to present study were divided into following parts:

Section A: Literature related to knowledge and attitude regarding selected temporary family planning methods.

Section B: Literature related to Educational Programme regarding selected temporary family planning methods.

The conceptual framework for the present study was taken from Ernestine Widenbach model. Ernestine Widenbach was born in August 18, 1900, in Hamburg, Germany. She died on March 8th, 1998 at the age of 97. She created the Conceptual Model, "The Helping Art of Clinical Nursing" in 1964. She further refined her theory in "Nurses" wisdom in nursing theory, published in 1970 by American Journal of Nursing and then revised in 1990. The present study was based on Helping Art of Clinical Nursing Model by Ernestine Widenbach (1990 year).[41]

This theory includes following components as per knowledge and attitude regarding selected temporary family planning methods among women i.e., central purpose, realities, ministration, goal and validation.

Central purpose: In the present study, the central purpose was to assess the knowledge & further enhance the knowledge and to change the attitude regarding selected temporary family planning methods among women.

Realities: In the study, reality refers to all the immediate situations that influences the Central Purpose Physical, Social, Emotional, Psychological i.e. Physical includes: restlessness, fatigue, Social includes: shyness, lack of involvement, Emotional includes: anxiousness, nervousness, Psychological includes: lack of attention, lack of consciousness.

In this study the 5 realities were:

1. **Agent:** In this study, researcher was the agent.
2. **Recipient:** In this study, reproductive age group women (15-49yrs) was the recipient.
3. **Goal:** In this study, Goal refers to improve the knowledge and to change the attitude regarding selected temporary family planning method among women.
4. **Means:** In this study, Educational programme was used for improving the knowledge and changing the attitude by using different teaching aids i.e. Power-point presentation, Pamphlets & Charts i.e. for duration of 1day & 1hour in rural community area, Solan.
5. **Frame work:** In this study, framework includes the women residing in rural community area, Solan i.e. for Pilot study at Khatta & final study at Darlaghat.

Methodology of the present study included quasi-experimental study with one-group pre-test post-test design. The tool(s) used in the current study was self -structured knowledge questionnaire and 3-point-likert scale to assess the knowledge and attitude regarding selected temporary family planning methods among women residing in rural community area, Solan, Himachal Pradesh.

The pilot study was conducted from consecutive period i.e. 21st February 2023 to 28th February 2023. The pilot study was conducted at selected rural community area i.e. Khatta, Solan (H.P.). The researcher obtained formal written permission from Principal, research and ethical committee of Shimla Nursing College to proceed with research study. After that formal written permission was obtained from Pardhan of selected rural community area, Khatta, Solan. The researcher personally met with women and explained the aim and purposes of research study. Purposive sampling technique was used to select the study samples. Researcher selected 10% i.e. of (9 women) sample from total population for pilot study. For data collection necessary arrangements were made i.e, Anganwadi hall, time schedule etc by the researcher. Further the women were assembled in Anganwadi hall by prior permission. Self-introduction and introduction regarding research study was given to community women so as to get maximum co-operation in the procedure of data collection. The purpose of study was explained to the community women and confidentiality of responses were assured. After that written consent was taken from the rural community women and attendance performa was filled.

The final study was conducted from consecutive period i.e. 14th March 2023 to 21st March 2023. The final study was collected at selected rural community area i.e. Darlaghat, Solan (H.P.). The researcher obtained formal written permission from Principal, research and ethical committee of Shimla Nursing College. After that formal written permission was obtained from Pardhan of selected rural community area, Darlaghat, Solan. The researcher personally met with women and explained the aim and purposes of research study. Purposive sampling technique was used to select the study samples. Researcher selected 90 women sample from total population for final study. For data collection necessary arrangements were made i.e. Anganwadi hall, time schedule etc by the researcher. Further the women were assembled in Anganwadi hall by prior permission. Self-introduction and introduction regarding research study was given to community women so as to get maximum co-operation in the procedure of data collection. The purpose of study was explained to the community

women and confidentiality of responses were assured. After that written consent was taken from the rural community women and attendance performa was filled.

FINDING OF THE STUDY WERE
The collected data was analyzed by using descriptive and inferential statistics.
The overall mean post-test knowledge score i.e. 24.68 was significantly higher than the overall mean pre-test knowledge score i.e. 17.89 as evident by 't'-value i.e. 8.828 at 0.05 level of significance. Whereas overall mean post-test attitude score i.e. 45.08 was significantly higher than the overall mean pre-test attitude score i.e. 42.38 as evident by 't'-value 6.604 at 0.05 level of significance among women. Therefore, researcher conducted an educational programme that was found effective to improve the knowledge and to change the attitude regarding selected temporary family planning methods among women.

With regard to correlation between knowledge and attitude score regarding selected temporary family planning methods among women's was determined by using Karl Pearson's Correlation of coefficient method. There was significant correlation found between post-test knowledge and post-test attitude score with '**r' value=0.281, 'p' value=0.007.**

According to the association of knowledge score, there was significant association of pre-test knowledge score regarding selected temporary family planning methods among women with demographic variables such as Age (in years) with (χ^2 **value=21.054, df=6**),duration of using contraceptive methods with (χ^2 **value=24.598, df=8**), type of family with (χ^2 **value=13.567, df=4**). Whereas in post-test knowledge score, there was a significant association of knowledge score regarding selected temporary family planning methods among women with demographic variables such as occupational status with (χ^2 **value=10.213, df=4**), contraception methods used with (χ^2 **value=18.601, df=10**). There was no significant association of pre-test and post-test knowledge score regarding selected temporary family planning methods among women with other demographic variables such as Educational status, Number of children, Religion, Family monthly income (in rupees), Socio-economic status, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

With regard to the association of attitude score, there was significant association of pre-test attitude score regarding selected temporary family planning methods among women with selected demographic variable such as type of family with (χ^2 **value=9.034, df=2**). Whereas in post-test attitude score there was a significant association of post-test attitude score regarding selected temporary family planning methods among women with demographic variable such as family monthly income (in rupees) with (χ^2 **value=8.687, df=3**). There was no significant association of the pre-test and post-test attitude score regarding selected temporary family planning methods among women with other demographic variables such as Age (in years), Educational status, Occupational status, Number of children, Religion, Socio-economic status, Contraception methods used, Duration of using contraceptive methods, Source of knowledge regarding contraceptive methods. The calculated chi-square values were less than the table value at the 0.05 level of significance.

CONCLUSION
By administering Educational programme regarding selected temporary family planning methods among women, the researcher felt that it would be possible to improve knowledge and to change the attitude of women. By keeping this view in the mind, present study was conducted to assess the effectiveness of Educational Programme regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area, Solan, Himachal Pradesh. Hence, research study had found effective because knowledge was improved from fair knowledge to good knowledge & attitude was changed from moderately favorable attitude to favorable attitude.

NURSING IMPLICATION(S)
The findings of the present study was to assess the effectiveness of Educational Programme regarding selected temporary family planning methods in terms of knowledge and attitude among women residing in rural community area, Solan, Himachal Pradesh. The study suggested following implications in nursing practice, nursing administration, nursing education and nursing research.

NURSING PRACTICE
- Nursing professionals should be able to render services according to the changing need of the society.
- As a professional nurse, the nurses play important role in enhancing the knowledge and change the attitude regarding selected temporary family planning methods among women through educational programme.
- The nursing professionals should maintain smooth communication with in the work setting, with patient & with team members. Present study was helpful in doing so.

NURSING ADMINISTRATION
- In nursing administration, nursing officer's as administrator should anticipate the need and take responsibility to motivate health care personnel to be participated in family planning programmes organized by government and educate community people to adopt small family norms by using various contraceptive methods.
- Nurse administrators can encourage nursing officer's to attend the educational training programme like seminars,

conferences and workshops that will help to improve the knowledge of nursing officer's regarding family planning methods. It will be helpful for future evidenced based practices.

NURSING EDUCATION
- Education is the key for the all-round development of nursing personnel. As a nurse educator there are abundant opportunities for nursing professional to educate women regarding family planning methods.
- Nurse educator can attend educational training programme like seminars, conferences and workshops to improve the knowledge and to change the attitude regarding family planning methods.

NURSING RESEARCH
- The findings of the study suggested that health care personnel and nursing officer's should be motivated to participate in research studies related to family planning and other research projects for evidence based practices.
- Dissemination of research findings must be communicated through conferences, seminars, journals etc, so that greater number of population must be aware and findings must be utilized as evidenced based practices.

RECOMMENDATION(S)
Based on the result of study, following recommendations were made:
- A quasi-experimental study can be conducted to assess effectiveness of video-assisted teaching programme on knowledge and attitude regarding selected temporary family planning methods among women residing in rural community areas, Shimla, Himachal Pradesh.
- A descriptive study can be conducted to assess the Prevalence of induced abortions and contraceptive use among married women in an urban slum areas of Shimla, Himachal Pradesh.
- A comparative study can be conducted to assess the difference of knowledge and attitude regarding selected temporary family planning methods among women residing in rural and urban area women Shimla, Himachal Pradesh.
- A cross-sectional study can be conducted to assess the knowledge and attitude regarding selected temporary family planning methods among post-natal mothers admitted in selected hospitals of Shimla, Himachal Pradesh.
- A descriptive study can be conducted to assess the knowledge regarding family planning methods among large group of eligible couple in selected areas of Shimla, Himachal Pradesh.

LIMITATION(S)
The limitation of study was:
- ➢ Sample gathering problems particularly in same place at same time.
- ➢ Physical, social, emotional and psychological barriers.
- ➢ Small group of women and finding are not generalized to other research study.

SUMMARY
The chapter dealt with the discussion, summary, conclusion, nursing implications, recommendations & limitations of research study.

ACKNOWLEDGEMENT
"Gratitude can never be expressed in words, but this is only a deep perception which makes the words to flow from one's inner heart"

I stand, but not alone for there are many who surround me, to love, guide and see me through. There have been persons who have stood beside me in all my efforts to successfully complete my dissertation and I would like to extended heartfelt gratitude to all of them.

My heartfelt thanks to the creator of this world **lord almighty**, for the foundation of the knowledge, wisdom and grace whose salutary benison enabled me to achieve this target. Giving me the courage and the determination as well as guidance in conducting this research study, despite all difficulties.

I acknowledge the people who mean a lot to me, **my parents** for showing faith in me and giving me liberty to choose what I desired. Although you hardly understood what I researched on, you were willing to support any decision I made. I salute you all for the selfless love, care, pain and sacrifice you did to shape my life. I would never be able to pay back the love and affection showed upon to me.

I express my special thanks and gratitude to **my brother** for there immense support, motivation and guidance.

I express my sincere gratitude to **Dr. Kimi Sood (Secretory), Mr. Dinesh Chauhan (Administrator)** of Shimla Nursing College, for providing required facilities and support for conducting the present study.

I am heartedly thankful to **my guide Dr. Krishna Chauhan Professor-cum-Principal of Shimla Nursing College Shurala, Shimla** for providing permission, valuable support, guidance, motivation and all necessary facilities to conduct research study. Her way of sincere working and incessant inspiration has left an everlasting impression on the canvas of my mind.

I express my humble regards, immense pleasure to **my co-guide/advisor Ms. Ritika Soni (Professor, Mental Health Nursing)** whose interest, sustained availability, timely support and expert guidance made it possible for me to pursue and complete this study. She is a person with towering personality but at the same time soft inner core, full of compassion and

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BACKGROUND OF THE STUDY

"You cannot have maternal health without reproductive health and reproductive health include contraception and family planning and access to legal and safe abortion".[1]

-Hillary Clinton

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