

Assessing the Knowledge and Attitudes of Eligible Couples Regarding Small Family Norm in a Selected Rural Area of Gwalior

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Abstract

This study aimed to determine the level of knowledge and attitude of eligible couples toward permanent family planning methods in a selected rural area of the district. The research method was an evaluation. Sixty couples were chosen at random who met the inclusion and exclusion criteria. The primary purpose of this research is to evaluate the level of understanding and satisfaction with permanent family planning methods among eligible couples in rural areas. In this investigation, random sampling was used. The Health Belief Model developed by Rosenstock serves as the theoretical foundation for this investigation. The Health Belief Model was created to offer an explanation for why some people take precautions to safeguard their families' health while others do not. Considering the research objectives, the data was analyzed in alignment with the study's aims. Collectively, we looked at the data via the lenses of frequency, mean, and mean percentage. Data from the Linkert attitude scale, a questionnaire on permanent family planning methods, and sociodemographic can all be used to evaluate the effectiveness of the tool description. Within the same group, comparisons were conducted using statistical methods such as one-way analysis of variance and unpaired t-test. In this analysis, we employed an unpaired t-test for categorical variables.

Keywords: Knowledge and attitude, permanent family planning methods, eligible couples

INTRODUCTION

All planning activities should be directed on promoting human development. Human development pathways are considered, as are the human resources that will be used to implement the plans for development.

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Despite efforts to encourage reversible procedures, the term “family planning” in India is still linked with sterilisation, despite official initiatives to the contrary [1].

Indeed, rising social acceptance of sterilization—particularly of female sterilization—is largely responsible for the recent drop in fertility in India (especially in the southern states).

The evolution of family planning and the overwhelmingly high rate of sterilisation have multiple origins [2].

The National Family Welfare Program was initiated in India in 1951 with the goal of “lowering the birth rate to the degree necessary to stabilise the population at a level consistent with the requirement of the National economy [3].

Physical brain condition, verbal opinion, ideas, and, most importantly, an integrated philosophy of life are all linked to one's attitude. When someone has an attitude, they are in a particularly perceptive and reactive emotional state. To have an attitude is to be disposed to form particular opinions, to assume one has developed a kind of mental set; to have desires, fear, conviction, a cumulative perception; and to feel ready to act [4].

Current Demographic Scenario

India, the world's current second most populous country, began the twentieth century with a population of around 238 million, and by 2000, it had reached 1 billion, occupying less than three percent of earth's land area. The world's population has tripled in the previous century, from 2 billion to 6 billion, while India's population has expanded by roughly five times in that time. By 2030, India is anticipated to have a larger population than China [5–7].

LITERATURE SURVEY

In an effort to comprehend the fertility shift in urban regions, a study was undertaken on urban residents' attitudes regarding their preferred family sizes. It's possible that urbanites and ruralites don't differ all that much in their reasons for wanting to start a family. Researchers draw the conclusion that as a result of economic pressures and the desire to advance socially, urban dwellers are gradually accepting the social norms and values that encourage reduced family sizes [8, 9].

Results from a study examining the trends of declining overall fertility and rising overall use of contraceptive methods from 1990 to 2000. Family planning advancements in Zambia's urban centres have considerably outpaced those in the country's rural regions, recent research found. Compared to rural Zambia, where the rate of contraceptive use was only 16.66 percent in 2001, the rate in Lusaka and other metropolitan areas was 41.22 percent. The overall fertility rate was different by a factor of 2.5 between urban and rural areas (4.3 and 6.9 children, respectively). This article analyses family planning outreach in Zambia with an eye toward bridging the gap between the country's urban and rural populations [10].

While a study by Rao et al. (2011) in Tamil Nadu noted that all respondents were familiar with at least one type of contraception, it also showed that adoption of family planning was hindered, perhaps due to fear of adverse effects and misconceptions about family planning [11].

Family Planning adoption rates in the village of Vector and the city of Karimnagar, Andhra Pradesh, were compared in a cross-sectional descriptive study by Kameswararao et al., 2015. Do your sampling at random. The Chi-square test is used for inferential analysis. Better housing, television, and transportation, as well as lower rates of mortality and morbidity (P 0.001), indicate that families who adopt family planning enjoy a higher quality of life [12–14].

PROBLEM DEFINITION

A survey of eligible couples in a rural area of Gwalior to gauge their familiarity with and acceptance of various forms of long-term contraception.

OBJECTIVES

1. Evaluation of rural couples' awareness of and comfort with long-term contraceptive options.
2. The purpose of this study is to gauge the level of acceptance among rural residents who are eligible couples for permanent family planning methods.

3. The goal is to identify correlations between specific demographic factors and the knowledge and preferences of potential parents with respect to long-term contraception.

METHODOLOGY

Ours is a quantitative study with an analytical bent; we opted for a non-experimental methodology. This strategy was chosen because it was most applicable to the research question. study was done in a rural setting. Sixty couples that met the inclusion and exclusion criteria served as the population and samples, respectively. Tools utilised for data collection comprised a demographic Performa, a structured interview questionnaire for knowledge, and a Likert scale for attitude, all of which were selected using a simple random selection technique.

RESULTS AND DISCUSSIONS

The most important results of the research are as follows:

1. Demographic variables:

- i. At most 35 (or 58.33%) were young adults between the ages of 18 and 28. Twenty of them, or 33.33 percent, were between the ages of 29 and 38. Of those, 5.833 percent were between the ages of 39 and 44. And not a single one of them was older than 45.
- ii. About 58.33%, or about 35 people, were young adults (defined as those aged 18 to 28). Thirty-three point three percent (20 people) of the total were in the age range of 29 to 38. There were 5.833 percent that were in that age range. Not a single person was older than 45.
- iii. The majority (31) are Hindu (51.66%), followed by 11 people who didn't identify their religion (18.33%), 9 Muslims (15%), and 9 Christians (15%).
- iv. There were 23 people who did not work in any industry (38.33%), 19 people who worked in the private sector (33.33%), 15 people who worked for themselves (23.33%), and 3 people who worked for the government (5.0%).
- v. They break down as follows: Rs.5000 /- 29 (48.33%), Rs.10,000 /- 7 (11.66%), and >Rs.10,000 /- 7 (11.66%) each month.
- vi. The breakdown of families by structure shows that joint families account for a majority (39 families, or 66.66%), while nuclear families account for 33.33%, and extended families account for 0%.
- vii. Joint families constitute the largest grouping by far (39 families, or 66.66%), followed by nuclear families (33.33%), and then extended families (0%).

Relationship Between Knowledge Level and Personal Characteristics

This section examines the correlation between the couples' demographic characteristics and their knowledge and attitude scores. Within-group comparisons were made using one-way analysis of variance and an unpaired t-test. Multiple-category variables were tested using an unpaired t-test.

Correlation Between Attitude Level and Several Socio-demographic Characteristics

There is no statistically significant correlation between age, level of education, religious affiliation, occupation, monthly income, family composition, marital status, or family size. Information was gathered from 60 qualified couples living in rural Gwalior, Madhya Pradesh. The information gathered was evaluated with both descriptive and inferential statistics, and the results were displayed in tables and charts. The knowledge and attitudes of eligible couples on permanent family planning, as well as their associations with various demographic factors, were analysed using an analysis of variance.

CONCLUSION

As a result of careful examination, this report concludes:

1. It can be difficult to gauge a rural couple's knowledge and perspective on permanent family planning and its effects on the population because of the widespread lack of education in this area.

2. Correlation between test-taker knowledge and a subset of demographic characteristics. While age and religious affiliation are not significantly linked, education level, employment, income, family composition, and length of marriage all are. Correlation between attitude levels and several socioeconomic characteristics. A person's age, level of education, religious affiliation, profession, monthly income, family composition, marital status, or number of children are not statistically significant predictors of any of these variables.

In light of these results, it can be inferred that the written material generated by the investigation aids the eligible couple in enhancing their understanding and attitude toward the permanent family technique.

FUTURE SCOPE

Several areas of the nursing profession, including nursing education, nursing practise, nursing administration, and nursing research, are affected by the study's findings. Eligible couples' knowledge and attitudes about permanent family planning can shed light on the areas of society that need the most work, including but not limited to: age, education, religion, occupation, monthly income, family type, length of marriage, number of children, and whether or not family planning advice is sought. In an effort to rein in the population boom.

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