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Dr. Anita Nawale
Bharati Vidyapeeth (deemed to be) University College of Nursing, Pune, Maharashtra, India

Rajashree Gaikwad
Bharati Vidyapeeth (deemed to be) University College of Nursing, Pune, Maharashtra, India

Megha Butala
Bharati Vidyapeeth (deemed to be) University College of Nursing, Pune, Maharashtra, India

Bharati Yadhav
Bharati Vidyapeeth (deemed to be) University College of Nursing, Pune, Maharashtra, India

Correspondence
Dr. Anita Nawale
Bharati Vidyapeeth (deemed to be) University College of Nursing, Pune, Maharashtra, India

A study to assess the knowledge regarding temporary contraception among married women in selected areas Pune city

Dr. Anita Nawale, Rajashree Gaikwad, Megha Butala and Bharati Yadhav

Abstract

India the largest demographic republic in the world possesses 2.4% of world land area and supports 16% of world population. It is the second most popular country after China with increased population has adverse effect on our per capita income more than 40% of India's population line below the poverty line which leads to sickness and in there sickness to poverty. Population explosion has created various social problems like unemployment, our crowding illiteracy low standard of living, urban deterioration, inadequate housing, poor and inadequate nutrition. The sample size for the study was 100 married women in selected area Parvati, Bibewadi, Married women who have not given birth to the child were selected as sample who fulfilled the sampling criteria were selected.

Demographic data of the sample was statistically analyzed by using frequency and percentage it was observed that is out of 100% samples. All the participants were from 18 to 23 was 57% and 24 to 29 was 43%. Most of the participants are Higher Secondary they are 39%. 99% participants are belonging to Hindu religion. Nearly 74% participants are House wives. Most of the participants were newly married that is within 6 to 10 months (61%).34% of them did not have previous knowledge regarding temporary contraception. The major source of previous knowledge from newspaper (25%), 27% from T.V., 03% from Internet, 06% from Hospital and 01% from Anganwadi. In data majority of the participants (60%) had average knowledge regarding temporary contraception, 40% of them had good knowledge and 00% of poor knowledge regarding temporary contraception.

Keywords: assess, regarding temporary, married women, areas Pune

Introduction

India is the second most populous country in the world, with over 1.271 billion people (2015), more than a sixth of the world's population. Already containing 17.5% of the world's population India adds more people to its population every year than any other country, and in fact the individual population of some of its states is equal to the total population of many countries. For example, Population of Uttar Pradesh (state in India) almost equals to the population of Brazil. It, as per 2001 Population Census of India, has 190 million people and the growth rate is 16.16%. The population of the second most populous state Maharashtra, which has a growth rate of 9.42%, is equal to that of Mexico's population. Bihar, with 8.07%, is the third most populous state in India and its population is more than Germany's. West Bengal with 7.79% growth rate, Andhra Pradesh (7.41%) and Tamil Nadu (6.07%) are at fourth, fifth and sixth positions respectively which must have increased significantly by now. The sex ratio of India stands at 940. More than 50% of India's current population is below the age of 25 and over 65% below the age of 35. About 72.2% of the population lives in some 638,000 villages and the rest 27.8% in about 5,480 towns and urban agglomerations.

Between the 2001 and 2011 censuses India grew by 181 million people, nearly the entire population of Pakistan. India will have overtaken China as the world's largest country by 2025, when it is projected to have a population of 1.44 billion. By 2050, the population will have swelled to 1.65 billion. India has a Total fertility rate: 2.51 children born/woman (2014 est.), though that is an encouraging figure, The unmet need for contraception, among young married women, both for child spacing and termination, is still higher.

Need of the study

Total fertility rate of the world has declined to 2.6 children in 2005-2010. Smaller families are slowly becoming the norm in India too.

Unintended pregnancies also contributes to the rapid population growth that impairs desperately needed social and economic progress. If family planning programs are not strengthened and nor successful, and if current fertility where to remain unchanged, world population would increase in size from the current 6.2 billion-13 billion in 2050, rather than to the 8.9 billion estimated by the UN.

The reasons for high fertility in developing countries are complex but past experience makes it clear that improve contraceptive technology and improve delivery of family planning information and services can help lower fertility and make an important contribution to reproductive health in all countries.

Many women and men are not using contraception because of their fears about contraceptive safety or side effects. Many others discontinue use because they did not find a method suitable-often because of unpleasant side effect and many others have an unintended pregnancy because of contraceptive failure relating to difficulty of proper use or unreliability of the method.

Development of new and improved contraceptives that are more effective, safer and free from undesirable side effects would make an important contribution to helping individuals gain full control over the number and timing of childbearing. Experience shows that each new contraceptive method increases overall use because a greater variety of options increases the odds that an every individual will find a method that meets his/her needs.

The role of contraceptive delivery systems is to evaluate an extensive body of research to evaluate family planning service delivery systems has brought about improvements in both the efficiency and effectiveness of family planning and reproductive health programs. Birth rate in India according to 2014 results is 2births per women.

Objective of study

1. To assess the knowledge regarding temporary contraception among a married women.
2. To associate the finding with demographic variables.

Research Methodology

Research approach

Descriptive approach was used in this study



Settings

study was conducted in selected community areas of Pune city



Target population

The population of the present study comprises married women of the selected area of the Pune city.



Sample

married womens



Sampling technique – non probability purposive sampling technique



Sample size is 100



Tools for data collection

Informed Consent form

Tools I– Demographic data

Tool II - Multiple choice question constructed to assess the knowledge regarding temporary contraception among married women.



Analysis of the data

Descriptive statistics

Fig 1: Schematic representation of the Research methodology

Data collecting process

- The data collecting process was as follows
- Ethical permission from the college
- Explain the procedure to the sample in their level of understanding and language
- Giving the written consent
- Explaining them about confidentiality and anonymity of their details
- Giving time and proper place to fill in the tools
- Helping them where ever necessary

Data analysis

Analysis is the process of categories, ordering, manipulation, and summarizing of data to be obtain answer to research question. The purpose of the analysis is to reduce data to an intelligible and interpretable form so that the relation of research problem be studied and tested. n=100

Score interpretation	Frequency(f)	Percentage (%)
Poor(0 to 5)	00	00%
Average(6 to 10)	60	60%
Good(11 to 15)	40	40%

Table shows: Above table shows that, in data majority of the participants (60%) had average knowledge regarding temporary contraception, 40% of them had good knowledge and 00% of poor knowledge regarding temporary contraception.

Conclusion

The researcher conducted a study to assess the knowledge regarding temporary contraception among married women in selected areas of Pune city.

The result of data analysis specified that is significant the married women having some knowledge about temporary contraception (60%).

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