International Journal of Advanced Scientific Research
ISSN: 2456-0421
Impact Factor: RJIF 5.32
www.allscientificjournal.com
Volume 3; Issue 6; November 2018; Page No. 55-62

A study to assess the effectiveness of structured teaching programme on knowledge regarding importance of temporary family planning methods among primigravida mothers attending in antenatal OPD of selected maternity hospitals at Greater Noida

Neha Tiwari
Assisstant Professor, Syadwad Institute of Higher Education and Research, Delhi NCR Baghpat, Uttar Pradesh, India

Abstract
Introduction: Marriage is an important social institution. It is changing in its form according to the change in its culture. It is an institution, which permits or admits man and women for family life. It is more or less durable condition between male and female, beyond the mere acting of propagation (birth of off-spring). Though India was the first country to launch a family planning programme in 1952, the total population of India as on 1st march, 2001 stood at 1027 million sex ratio is 933 females/ 1000 males (2001). Maternal mortality ratio in India is 407/ 1000 live births. 150 to 180 eligible couples/ 1000 population in India are in need of family planning services. 20% of them are found.
Methods: Structured Knowledge Questionnaire as expressed by the women related Importance of Temporary Family Planning Methods Among Primigravida Mothers Attending In Antenatal OPD were asked to the students using Purposive sampling technique.
Result: The analysis reveals that in the pre- test knowledge score 07 (11.66 %) primigravida mothers have inadequate knowledge score, 53 (88.33%) primigravida mothers have moderate knowledge score followed as only 0 % primigravida mothers have adequate knowledge score. Post- test knowledge score 09 (15%) primigravida mothers have moderate knowledge score, 51 (85 %) primigravida mothers have adequate knowledge score remaining. This indicates that the post – test knowledge score is higher than the pre – test knowledge score.
Conclusion: Based on review which is included in this study, the mothers on Knowledge Regarding Importance of Temporary Family Planning Methods among Primigravida Mothers facing major challenges in their entire life. Hence, findings suggests that multifactorial prevention programs that address social norms, gender role, image religion, family, school and incorporated drug policy would be more effective and would have better protective outcomes.

Keywords: assess, effectiveness, structured teaching programme, knowledge, temporary family planning methods, primi gravida

Introduction

Mothers cannot give from a depleted source. Every mother needs emotional, mental, physical and spiritual, validation, nourishment and support when a mother is respected and well cared for She, and her whole family, will benefit.

Napoleon Bonaparte

Marriage is an important social institution. It is changing in its form according to the change in its culture. It is an institution, which permits or admits man and women for family life. It is more or less durable condition between male and female, beyond the mere acting of propagation (birth of off-spring). It is an in approved social institution where by two or more persons forms the family. There has been mutual attraction due to certain biological and psychological causes resulting in the establishment of intimate relationships. From the biological view point the sexual inter-course is necessary for physical satisfaction and the birth of the progeny. It also leads to mutual help in times of need; psychologically they have so many traits, which are mutually complementary.

In developing countries, especially in India where deep rooted beliefs, customs and superstitions regarding pregnancy. Child birth, health and the role of the mother are still widely prevalent and women with poor socio – economic back ground are more vulnerable to the health risks associated with child bearing in quick succession. These contribute to high rates of maternal morbidity and mortality. Family planning plays a crucial role in safe guarding the health of women.

Family planning has far-reaching benefits for women and their families. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Especially Women who can plan the number and timing of their births enjoy improved health, experience fewer unwanted pregnancies and births, and have lower rates of induced and often unsafe abortion. Planned pregnancies are best for mother and child. By preventing closely spaced births family planning could significantly reduce infant and child mortality.

The reduction in women's productivity also places an economic burden on their families, communities and societies. Improving the social and economic status of women, which greatly affect and are affected by poor reproductive health, is a vital concern. Increasing a woman's educational level and

control over financial resources can improve her status within the house hold, thereby increasing not only her role in decision making, knowledge about health and services available to her, that contribute to good health.

Moreover, improving patterns of child bearing requires access to effective contraception, breast – feeding may help to space births but it does not provide reliable protection against pregnancy beyond four to six months Contraceptives provide women with a safe and effective means to avoid unwanted pregnancies, or pregnancies that may place their health at risk. These pregnancies can have serious consequences, including illness, disability, and death. Many of these deaths occur when women with unwanted pregnancies resort to unsafe abortion.

Mother's health affects the health of her children. Being a healthy mother is the best way to assure having healthy children. Women who are in poor health or poorly nourished are more likely to give birth to un-healthy babies and often cannot provide adequate care, diminishing the chances their children will survive and thrive. Birth spacing improves child survival. Children need a good start in life. The timing of births has a powerful impact on a child's chances of survival. Close spacing of births can harm the health of mother and baby during pregnancy and forces other children to complete for nourishment and maternal care. When a pregnant woman has not had time to fully recover from the previous birth, the new baby often develops too slowly and is born underweight or premature, increasing its chances of dying in infancy.

Background of the study

Though India was the first country to launch a family planning programme in 1952, the total population of India as on 1st march, 2001 stood at 1027 million sex ratio is 933 females/ 1000 males (2001). Maternal mortality ratio in India is 407/ 1000 live births. 150 to 180 eligible couples/ 1000 population in India are in need of family planning services. 20% of them are found.

Over 1,50,000 maternal deaths take place every year in India. This accounts for about 25% of the maternal deaths in the world. Most of these deaths are preventable by providing proper antenatal, intra natal and post natal care services to pregnant women and mothers.

A study reported that birth interval was indirectly proportional to infant and child mortality rates. At birth intervals of <24 months the neonatal mortality rate was 71.5 and infant mortality rate was 109.5. However, when birth interval increased beyond 48 months neonatal mortality declined to 24.1 and infant mortality rate to 38.5.

A study conducted on contraceptive knowledge, practices and utilization of services in the rural areas of India among 1,17,465 eligible women from selected 28 districts. The study found that out of 1,17,465 eligible women 14,276 were using contraceptives and 17,082 were not using any family planning methods. Among contraceptive users only 26% of women were using spacing methods. Almost all women 98.8% were using a contraceptive method with the knowledge of their husband and had their support for continuing the same. The most common reason given for not using any family planning method was family not completed (34.6%) and fear of side effects 10.1%.

In the age group of 15 to 24 years. As on 31st March, 2000, 46.2% of eligible couples were effectively protected against contraception. However about 54% eligible couples are un protected against conception.

In Karnataka out of 83.5 lakhs of eligible couples 63% of couples were protected against conception. In Bangalore urban out of 10 lakhs of eligible couples, 57% of couples only protected against conception. (Demographic section, D.H & F.W.S, Karnataka, 2009). Despite education, counseling, mass media 37% of eligible couples in Bangalore are not following family planning methods.

Need for the study

Temporary family planning methods or Spacing of child birth is an essential factor in reproductive life to promote health and well-being of mother and child. Spacing children minimum of three years apart gives the child a healthier start in life, and the mother an adequate time to recuperate from physiological and psychological stress from previous pregnancy, delivery and strain of taking care of the child. When mother's health is disturbed, whole family's routine will be disturbed a lot, as she is important figure in the family and first teacher to her children.

Methods

The research approach adopted to the present study is quantitative research approaches.

Structured Knowledge Questionnaire as expressed by the women related Importance of Temporary Family Planning Methods Among Primigravida Mothers Attending in Antenatal OPD were asked to the students using Purposive sampling technique. Hence researcher found quantitative research approach to be the best method for this study.

Research approach

Research approach is the description of the plan to investigate the phenomena under study in a structured (quantitative) Unstructured (qualitative) or a combination of two methods (quantitative –qualitative) integrated approach. Quantitative research approach was used to carry out the study.

Research design

The research design refers to the overall strategy that the researcher chooses to integrate the different components of the study in a coherent and logical way. It constitutes the blueprint for the collection, measurement and analysis of data.

Pre experimental one group pre and post – test research design.

I.e. E=01 x 02; E= Experimental group
X = Structured teaching programme S.T.P
01 = Pre-test; 02 = Post - test

Research setting

Study setting is the location in which the research is conducted – it could be natural, partially controlled, or highly controlled. Natural or field setting is an uncontrolled real life situation. In a partially controlled situation, environment is partially modified to control extraneous variables.

The setting of the study was conducted in antenatal OPD in selected maternity hospitals at Greater Noida UP.

Population
The aggregation of individuals having some common characteristics selected for a research study sometimes referred to as the universe of the research study.
The Primigravida mothers who are attending in Antenatal OPD of selected maternity hospitals at Greater Noida UP.

Sample
Sample may be defined as representative unit of a target population, which is to be worked upon by researchers during their study. In order words, sample consists of a subset of units which comprise the population selected by investigations or researchers to participate in this research.
The study sample consists of Primigravida Mothers Attending in Antenatal OPD of Selected Maternity Hospitals at Greater Noida, who fulfilled the inclusion criteria.

Sample size
Very large sample become heterogeneous and do not exhibit characteristics of whole population in general; also there are always chances of a biased sample. If sample is too small, researcher may not be able to generalize the study findings to the whole population**.**

(Suresh k Sharma)
The sample size of the present study comprises 100 Primigravida Mothers Attending in Antenatal OPD of Selected Maternity Hospitals at Greater Noida.
Sample size formula for descriptive study it's given by Cochran, 1977

$n = t^2 (p \times q) / d^2$

Sampling criteria
Inclusion Criteria
1. Attending in Antenatal OPD Primigravida Mothers.
2. Primigravida Mothers those who are willing to participate in the study.
3. Those who are available at the time of data collection.

Exclusion criteria
Those who are not able to understand English and or Hindi.

Sampling technique
Sampling is the process of selecting a representative part of the population. Thus, a carefully carried out sampling process helps to draw a sample that represents the characteristics of the population from which the sample is drawn. There are several methods or techniques of sampling. However, basically sampling techniques are classified in two broad categories: Probability and non-probability sampling techniques. Non probability purposive sampling technique was used to select the sample for the present study.

Data collection technique
After obtaining the formal permission from the Medical Superintended Kailash Hospital, Greater Noida the investigator conducted the main study from 1/03/2014to 15/03/2014. 60 women during their puerperium were selected by using non probability purposive sampling technique. The sample was made aware about the nature and purpose of the study. The sample was assured for confidentiality of their responses and oral consent was obtained. The data was collected from the women by self-administered structured knowledge questionnaire.

Ethical considerations
The pilot study and main study was conducted after obtaining formal permission from concerned authorities and consent from the Primigravida Mothers. The purpose and details of the study was explained to the study subjects before getting the consent. Confidentiality and anonymity of the subject was maintained. A written permission was obtained from the institutional authority.

Description of data collection instrument
The developed tool was organized in two parts. These are as followed-
1. **Section 1:** It includes demographic variables such as age, educational qualification, and number of family member, food habits and source of information.
2. **Section 2:** It consists of 25 self-structured Questionnaire to assess the knowledge of adolescent regarding Importance of Temporary Family Planning Methods Among Primigravida Mothers.

Content validity of tools
Treece and treece defined Validity as an instrument or test actually testing what it supposed to be testing.
Validity of the tools was obtained from the concerned experts in nursing fields. The content of self-structured questionnaire was checked and evaluated by five experts based on the adequacy of the content and the sequence in framing of questions. Based on their valid suggestions reframing of the tool was done.

Pretesting and reliability of each tool
Pre-test was conducted among 10 women during their puerperal period in Kailash Hospital Greater Noida from 2/02/2014 to 8/02/2014 after getting permission from Medical Superintendent and written consent from Primigravida Mothers Attending in Antenatal OPD. Non probability purposive sampling technique was used to select the sample and the data was collected by using structured questionnaire.

Reliability of tool
Reliability is the consistency or dependability with an instrument measures an attribute.
(Polity and beck (2010)
E VOS (1998) defined reliability as the accuracy and consistency of a measuring instrument.
The method used to check the knowledge questionnaire was Kuder Richardson by using half-slip method. The value is 0.77, so the tool was found reliable.

Plan for pilot study
Pilot study is a trail of a major study. Polit and Beck (2004) denote that pilot study is a small scale version, or trial run, done in preparation for a major study. The researchers conducted pilot study among 6 adolescent in Kailash Hospital

Greater Noida on from 8/02/2014to 10/02/2014 after obtaining formal permission from Medical Superintendent of Hospital. The simple random sampling technique was used to collect the sample and data has collected with the help of self-structured knowledge questionnaire on Primigravida Mothers.
Researchers have taken six adolescent for the pre-test and given them structured teaching programme on the Primigravida Mothers. After seven days researchers have conducted their post – test to evaulate the effectiveness of structure teaching programme among the same group.

Procedure for data collection
A written formal permission was obtained from the Hospital of Medical Superintendent to conduct the study. The data was collected as inclusion and exclusion criteria. The random sampling technique was used to collect the sample and data was collected with the help of self-structured knowledge questionnaire for Primigravida Mothers.

Plan for data analysis
Following plan analysis is develop

- The demographic variables were analyzed using descriptive measures (frequency and percentage).
- Mean and standard deviation were used for pre -test and post- test knowledge scores.
- The‘t’ value to determine the significant of difference between mean (pre-test and post-test) knowledge score of adolescent school.

Chi-square showing the relationship between of adolescent with selected demographic variables.

Objective
1. To assess the existing level of knowledge regarding Importance of Temporary Family planning methods among primi gravida mothers.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding Importance of Temporary Family Planning Methods among primi gravid mothers.
3. To find out the association between the posttest level of knowledge regarding Importance of Temporary Family Planning methods of primigravida mothers with their selected demographic variables.

Hypotheses
All hypotheses are tested at 0.05 level of significance
H1: The mean post test knowledge score of primigravida mothers about importance of Temporary Family planning methods will be significantly higher than their mean pre-Test knowledge score.
H2: The level of knowledge of primigravida mothers regarding importance of Family planning methods will be significantly associated with their Demographic variables.

Organization of findings
The findings of the study were organized and presented in the following sections.

Section I: Frequency and percentage distribution among primigravida mothers with selected demographic variable.

Section II: Analysis of pre- test and post-test knowledge score regarding Importance of Temporary Family Planning Methods among mothers.

Section III: Analysis the effectiveness of structure teaching programme regarding Importance of Temporary Family Planning Methods among mothers.

Section IV: Association between pre- test knowledge score among primigravida mothers regarding Importance of Temporary Family Planning Methods with selected demographic variables.

Section I

Table 1: Frequency and percentage distribution among primigravida mothers with selected demographic variable.

Sl. No.	Demographic data		Frequency	Percentage (%)
1.	Age	20- 25 years	4	7
		26-30 years	33	55
		31-35 years	23	38
		More above 35 years	0	0
2.	Education	9 th class	13	21.66
		10 th class	15	25
		11 th class	14	23.33
		12th class	18	30
3	Family members	Three	0	0
		Four	2	3.33
		Five	11	18.33
		Six or more	47	78.33
4	Food habits	Vegetarian diet	45	75
		Non- Vegetarian diet	16	25
5	Source of previous knowledge	Parents	8	13.33
		Teachers	34	56.66
		Books	1	1.6
		Mass media	17	28.33

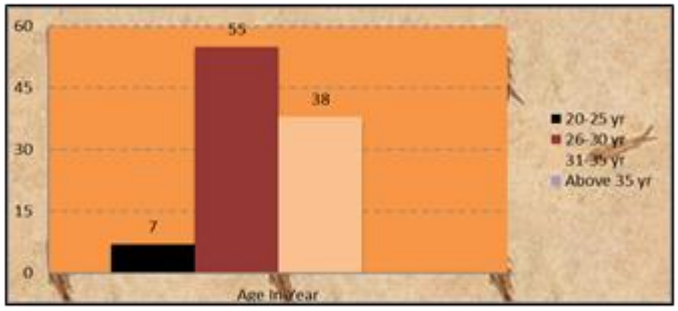

Fig 3: Bar Diagram representing percentage Distribution of sample according to their age in years.

Majority of 33 primigravida mothers (55%) were in age group of 20-25 years followed by 23 primigravida mothers (38%) were in age group of 26-30 years and 4 primigravida mothers (7%) in the age group of 31-35 year, 0 (%) primigravida mothers were in age group of 18-19 years.

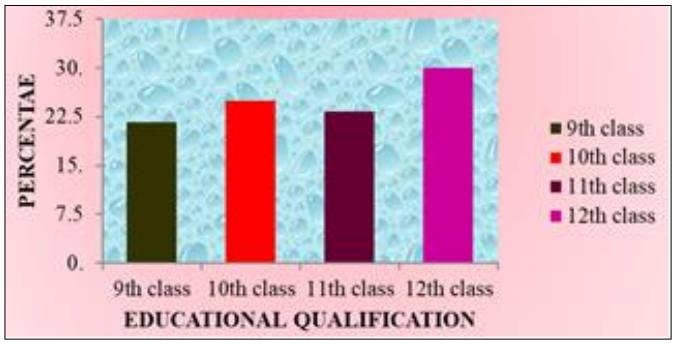

Fig 4: Bar Diagram representing percentage distribution of samples according to their educational qualification.

Regarding educational qualification, majority of 18 primigravida mothers (30%) were in 12th class, 15 primigravida mothers (25%) were in 10th class, 14 primigravida mothers (23.33%) were in 11th class, 13 primigravida mothers (21.66%) were in 9th class.

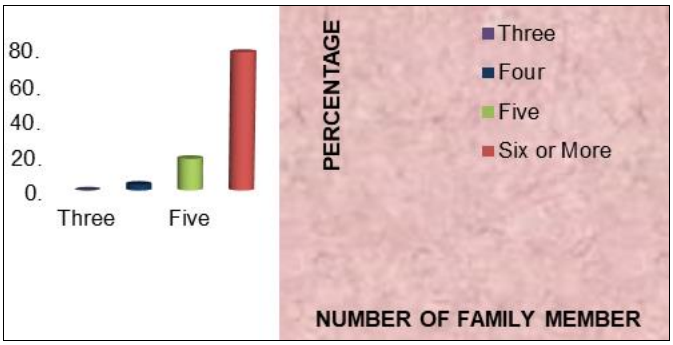

Fig 5 Cylindrical Diagram representing percentage distribution of samples according to their total family members.

Regarding family size majority of 47 mothers (78.33%) had six or more family member in their family followed by 11 mothers (18.33%) whose family size was 5 members and 2 mothers (3.33%) family size was 4 members.

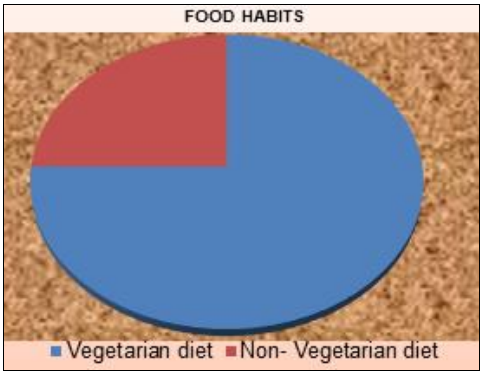

Fig 6: Pie shape diagram representing percentage distribution of samples according to their food habits.

About food habits of adolescents, majority of 45 prigavida mothers (75%) have habits of vegetarian diet and 16 prigavida mothers (25%) have habits of non- vegetarian diet.

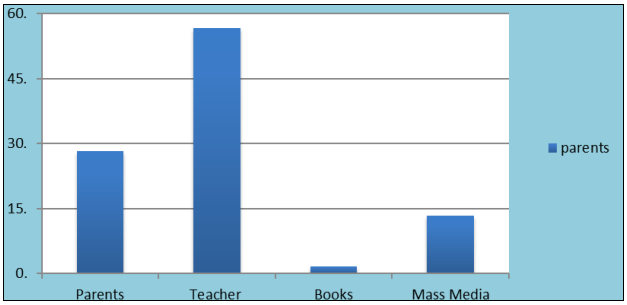

Fig 7: Cone shape diagram showing percentage distribution of samples according to their source of previous knowledge.

Regarding the source of previous of knowledge of Importance of Temporary Family Planning Methods, majority of 34 prigavida mothers (56.66%) were from teachers, 17 prigavida mothers (28.33%) from mass media, 8 prigavida mothers (13.33%) from parents,1 prigavida mothers (1.6%) from books.

Section II

Analysis of pre- test and post- test knowledge score regarding Importance of Temporary Family Planning Methods

Table 3: Difference between pre- test and post – test knowledge score regarding Importance of Temporary Family Planning Methods. N= 60

Knowledge level	Range of knowledge score	Pre- test		Post- test	
		Knowledge score (f)	%	Knowledge score (f)	%
Adequate knowledge score	17 - 25	00	00	51	85
Moderate knowledge score	9 - 16	53	88.33	09	15
Inadequate knowledge score	0 - 8	07	11.66	00	00

The analysis reveals that in the pre- test knowledge score 07 (11.66 %) primigravida mothers have inadequate knowledge score, 53 (88.33%) primigravida mothers have moderate knowledge score followed as only 0 % primigravida mothers have adequate knowledge score.

In the other ways, the post- test knowledge score 09 (15%) primigravida mothers have moderate knowledge score, 51 (85 %) primigravida mothers have adequate knowledge score remaining. This indicates that the post – test knowledge score is higher than the pre – test knowledge score.

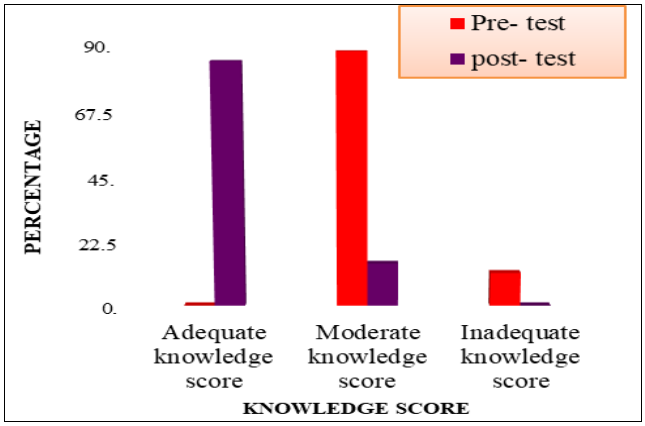

Fig 8: Bar diagram representing the knowledge score of Pre- test and Post – test.

Section- III

Analysis the effectiveness of planned teaching programme regarding Importance of Temporary Family Planning Methods

Table 4: Mean, Standard Deviation and paired't' value of pre – test and post – test knowledge scores of structured teaching programme regarding Importance of Temporary Family Planning Methods N=60

Knowledge score	Mean	Standard Deviation	Mean difference	Adolescents paired 't' test
Pre- test	11.33	2.12	8.98	t = 18.74S*
Post- test	20.31	3.05		

Table 4 shows that, the post mean knowledge scores of primigravida mothers were 20. 31 with the standard deviation 3.05 which is higher than the pre – test knowledge scores of 11.33 with the standard deviation 2.12. The obtained mean difference is 8.98, while, the "t" found 18.74 which is significant at 0.05 level at the table value is 1.96. This indicated that there is significant difference between pre- test and post – test knowledge score. Hence H_1 is accepted.

Therefore it is established that the structured teaching programme regarding Importance of Temporary Family Planning Methods was effective in enhancing the knowledge score of adolescents.

Section-IV

Table 5: Association between pre- test knowledge score among adolescents regarding Importance of Temporary Family Planning Methods with selected demographic variables.

Demographic variables	Knowledge Level			df	χ^2 value (chi-square)	P value (table value)
	Adequate	Moderate	Inadequate			
	f	f	f			
Age						
20-25 years	0	3	1	6	1.80	12.59
26-30 years	0	31	2			
31-35 years	0	20	3			
Above 35 years	0	0	0			
educational qualification						
9th class	0	10	3	6	543.477	12.59
10th class	0	15	0			
11th class	0	14	0			
12th class	0	14	4			
total family members						
Three	0	0	0	6	2.18	12.59
Four	0	2	0			
Five	0	11	0			
Six or more	0	40	7			
Food Habits						
Vegetarian diet	0	39	6	2	0.32	5.99
Non-vegetarian diet	0	14	1			
Sources of previous knowledge						
Parents	0	7	1	6	1.06	12.59
Teacher	0	31	3			
Books	0	1	0			
Mass media	0	14	3			

Data in table- 5, shows that prigravida mothers who had 20 – 25 year were having 03 moderate and 01 were having inadequate knowledge score. Those who belong to 26- 30 year were having 31 moderate and 02 were having inadequate knowledge score and samples belonging to 31-35 years age group were having 20 moderate and 03 were having inadequate knowledge score.

There is no significant influence of age with knowledge score among prigravida mothers regarding Importance of Temporary Family Planning Methods with 1.80 chi square value which is less than table value (0.05, 12.59 at 6 degree of freedom) so it is indicate that age is not influence the knowledge score regarding Importance of Temporary Family Planning Methods among mothers.

As regards to educational qualification, primigravida mothers who were in 9th class having 10 moderate and 03 inadequate knowledge score. Those who were in 10 th class having 15 moderate and adolescents who were study in 11 th classhaving

14 moderate and sample who belong to 12 th class having 14 moderate and 04 inadequate knowledge score.

So the table indicates there is significant influence of qualification on knowledge score among primigravida mothers with 543.477 chi square value is more than table value (0.05, 12.59 at 6 degree of freedom). Hence, H_2 is a accepted only for educational qualification.

Primigravida mothers who had 4 family member were having 02 moderate knowledge score and samples who had 5 family member were having 11 moderate knowledge score and samples who had 6 or more family member were 40 moderate and 7 inadequate knowledge score.

With the chi-square value 2.18 which is less than table value (0.05, 12. 59 at 6 degree of freedom), total family member and the knowledge score which is non-significant so it indicates total family member is not influence knowledge score of Importance of Temporary Family Planning Methods.

Primigravida mothers who were vegetarian in food habit having 39 moderate knowledge and 6 inadequate knowledge score and samples who were non- vegetarian in food habits having 14 moderate knowledge and 01 inadequate knowledge score.

There is no significant influence of food habits on knowledge score among adolescents regarding eating disorder with 0.32 chi square value is less than the table value (0.05, 5.99 at degree of freedom.

It reveals that Primigravida mothers get information from parents having 07 moderate and 01 having inadequate knowledge score. Samples who get information from teacher having 31 moderate and 03 inadequate knowledge score. Those who get information from books having 01 moderate knowledge score and those who get information from mass media having 14 moderate and 03 inadequate knowledge score.

There is no significant influence of source of previous knowledge on knowledge score among Primigravida mothers regarding Importance of Temporary Family Planning Methods with 1.06 chi square value which is less than table value (0.05, 12.59) at 6 degree of freedom.

Objectives

1. To assess the existing level of knowledge regarding Importance of Temporary Family planning methods among primi gravida mothers.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding Importance of Temporary Family Planning Methods among primi gravid mothers.
3. To find out the association between the posttest levels of knowledge regarding Importance of Temporary Family Planning methods of primigravida mothers with their selected demographic variables.

Hypothesis

H1: The mean post-test knowledge score of primigravida mothers about importance of Temporary Family planning methods will be significantly higher than their mean pre-Test knowledge score.

H2: The level of knowledge of primigravida mothers regarding importance of Family planning methods will be significantly associated with their Demographic variables.

Major findings of the study

- Majority of 55% (n=33) a were within the age group of 26- 30 years.
- 25% (n=15) adolescents were in 10 th class.
- Majority of 78.33% (n=47) adolescents had 6 or more family member.
- Majority of 75 % (n=45) adolescents were vegetarian in food habits.
- Majority of 56.66% (n=34) adolescents get information from teachers.
- The post mean knowledge scores of adolescents was 20. 31 with the standard deviation 3.05 which is higher than the pre – test knowledge scores of 11.33 with the standard deviation 2.12. The obtained mean difference is 8.98, while, the "t" found 18.74 which is significant at 0.05 level at the table value is 1.96.
- All primigravida mothers achieved higher score in the post- test as compare to the pre- test scores.
- Based on the statistical analysis using chi- square test significant association was found only between knowledge score with educational qualification among primigravida regarding Importance of Temporary Family Planning Methods. Whereas the association with demographic variables age, number of family member, source of information, it was found to be non- significant.

Nursing implication

This result of this study has implications on nursing practice, nursing education and nursing administration.

Nursing practice

Several implications can be drawn from the present study for nursing practice. Educational program conducted by the nursing students in the school area helps in increase knowledge of Importance of Temporary Family Planning Methods. Structured teaching program once develop and evaluate for its effectiveness can be modified to teach other group of clients.

Health information can be important through various methods like lectures, mass media, structured teaching programme etc.

Nursing Research

The emphasis on research in clinical studies is a study is revealed to improve the quality of nursing care. Nurse need to engage in multi-disciplinary research, so that it will help to improve the knowledge health problem can be solved. New prevention strategies to be introduced so as to decrease the incidence of transfer disease among mothers.

Nursing education

Temporary Family Planning Methods greater magnitude and in service and continuing education programme may be conducted for the staff to enhance the knowledge.

Nursing administration

- Various programmes on the prevention strategies should be introduced and carried out.

- Nurse as an administrator can plan and organize educational programme for ANM health worker.
- Nurse administrator of rural health services should supervise and guide the health worker to work effectively and efficiently for the prevention and control of diseases.
- Mass Screening Programme on the target population can be conducted to find out the cases and implement specific intervention through observation of the incidence and prevalence among specific setting.

Recommendation

Based on finding the following recommendations are proposed for further research

- Finding of the present study shows that mothers have lack of knowledge score related to Temporary Family Planning Methods. So there is a need for further researcher that contribute to the prevention transmission diseases.
- A descriptive study can be done on large sample for the purpose of generalization
- The study related to assessment of knowledge, attitude and practice of mothers on Temporary Family Planning Methods.
- Study can be conducted in different setting like community and industrial worker, health institution etc.

Limitation

- This study was limited to the primigravida mothers only. So it can be conducted on other group of population.
- This study was limited to the selected Kailash Hospital Greater Noida. So it can be conducted on other setting.

Summary

This chapter deals with summary, implication, recommendation, limitations based on the finding of the study. It can be found that the knowledge regarding the Importance of Temporary Family Planning Methods among primigravida mothers. This study has aim to improved the knowledge of mothers.

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