

## Original Research Article

## A study to assess the effectiveness of STP (Structured Teaching program) regarding Knowledge on Family Planning among B.Sc Nursing 1<sup>st</sup> Year Students at Sahara College of Nursing and Paramedical Sciences, Lucknow (U.P)

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### Abstract

India's population has already reached 1.26 billion in the current year and considering the present growth rate, by 2028, the country's population will be more than China, according to a recent report from the UN. Though, the report has clearly mentioned that the rate of population growth has slowed down in recent years, due to effective implementation of family planning and family welfare programs, yet the rate is growing at a much faster rate compared to China. The national fertility rate is still high which is leading to long-term population growth in India. The study aimed at assessing knowledge of students regarding family planning and seeing effectiveness of STP by assessing pre and post-test knowledge score of experimental and control group and find out association of post-test knowledge score of experimental group with their selected demographic variables. In this study researcher used experimental approach, quasi experimental research design, non-probability-based Convenience sampling technique, Sample size is 60 i.e. 30 for experimental group and 30 for control group. Data collected by using structured questionnaire for pre-test assessment from experimental and control group both. STP was implemented on experimental group only, after 7days of STP. Post test was conducted for experimental and control group both. Association was seen between post test knowledge score of experimental group with their selected demographic variables. After analysis we found that pre-test knowledge score of experimental and control group was similar but after STP implementation post-test knowledge score of experimental group was high than post-test knowledge score of control group. There was no association seen between pre-test knowledge score of experimental group with their demographic variables.

**Keywords:** Structured Teaching Program (STP), Family Planning.

### Introduction

Family planning refers to practices that help individuals or couples to attain certain objectives:

- a) To avoid unwanted births.
- b) To bring about wanted births.
- c) To regulate the interval between pregnancies.
- d) To control the time at which birth occurs in relation to the ages of the parent.
- e) To determine the number of children in the family [2].

Family planning means planning the size of the family in a manner compatible with the physical and socioeconomic resources of the parents and conducive to the health and welfare of all the members of the family.

India's FP 2020 goals aim to drive access, choice, and quality of family planning services. Since first making an FP 2020 commitment in 2012, India has continued its efforts to expand the range and reach of contraceptive options through rolling out new contraceptives and delivering a full range of family planning services at all levels. India has integrated family planning into the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) Strategy. The Government of India has enhanced its supply chain system through rolling out Family Planning Logistics Management Information System (FP-LMIS). Increasing awareness and generating demand for family planning services through comprehensive media campaigns have been priorities. The Government of India has increased domestic investment for family planning. At the 2012 Summit, India committed to spend USD\$2 billion by 2020 for family planning program and, in July 2017,

India renewed its commitment to invest USD\$3 billion by 2020 [4].

India launched the National Family Welfare Programme in 1951 with the objective of "reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National economy. The Family Welfare Programme in India is recognized as a priority area and is being implemented as a 100% Centrally sponsored programme [5].

Family planning in India is based on efforts largely sponsored by the Indian government. From 1965–2009, contraceptive usage has more than tripled (from 13% of married women in 1970 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2.4 in 2012), but the national fertility rate remains high, causing concern for long-term population growth. India adds up to 1,000,000 people to its population every 20 days. Extensive family planning has become a priority in an effort to curb the projected population of two billion by the end of the twenty-first century [6].

## Objective

- Assess the knowledge of students regarding family planning prior to the administration of STP in both the group.
- Compare the pre and post-test knowledge scores of students regarding family planning after the administration of STP in experimental group.
- Evaluate the post-test knowledge score among students in between experimental and control group.
- To associate the post-test knowledge score of experimental group with their selected demographic variables.

## Hypothesis

**H1:** There will be significant difference between pre and post-test knowledge score of experimental group regarding family planning.

**H2:** There will be significant difference between post-test knowledge score of experimental group and control group regarding family planning.

## Methodology

**Research Approach:** Quantitative evaluatory research approach.

**Research Design:** Quasi experiment research design used for the study.

## Variable

**Dependent Variables:** Knowledge of B.Sc (N)1st year students on family planning.

**Independent Variables:** Structured teaching programme.

**Sampling Technique:** Non-probability-based Convenience sampling technique.

**Sample Size:** Sample size is 60, i.e. 30 for experimental group and 30 for control group.

**Setting of the Study:** Sahara College Of Nursing And Paramedical Sciences, Lucknow.

**Sample:** All the B.Sc (N)1<sup>st</sup> year students, studying in Sahara College Of Nursing And Paramedical Sciences.

## Sample Criteria

### Inclusion Criteria

1. The student who knows English.
2. The student age of (19 years to 23 years) selected at Sahara College Of Nursing And Paramedical Sciences.
3. The students who are not having formal teaching about family planning.
4. The students who are willing to participate in research study.

### Exclusion Criteria

1. The students who attained any type of seminar program or teaching on family planning.
2. The student who are not available at the time of study.

## Methods of Data Collection

After obtaining the permission from the concerned authorities. The investigator introduced herself to the study subject and explained the purpose of study. Data collected by using structured knowledge questionnaire for pre-test assessment from experimental and control group both. STP was implemented on experimental group only, after 7days of STP, post test was conducted for experimental and control group both.

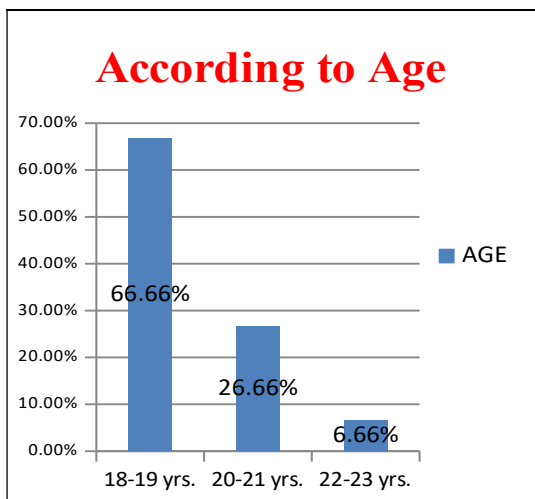
## Result

The collected data are organized under the following section

**Section A:** It deals with the frequency and percentage of demographic variables.

**Table 1:** Distribution of Frequency According To Age. N=60

Sl. No.	Age Group	Frequency	Percentage
1	18 – 19	40	66.66%
2	20 – 21	16	26.66%
3	22 – 23	4	6.66%

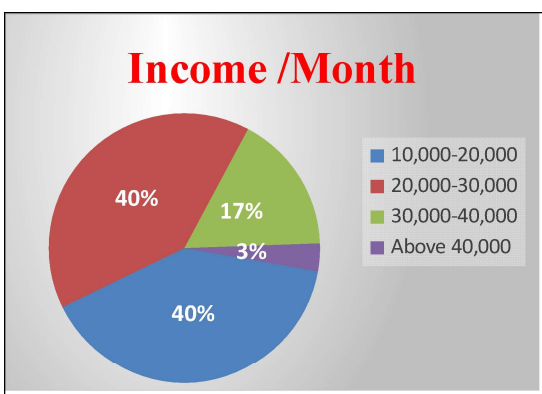


**Figure 1:** Percentage of Respondents Distributed by their Age

There were 60 samples for both experimental and control group were categorized according to age group. The age group between 18-23 years in which students in between 18 to 19 yrs. were 40(66.66%) 20 to 21 years were 16 (26.6%),22 to 23 yrs. were 04 (6.66%).

**Table 2:** Distribution of Frequency according to income N=60

Sl. No.	Income/ Month	Frequency	%
1	₹10,000 – 20,000	24	40%
2	₹20,000 – 30,000	24	40%
3	₹30,000 – 40,000	10	17%
4	Above ₹40,000	2	3%

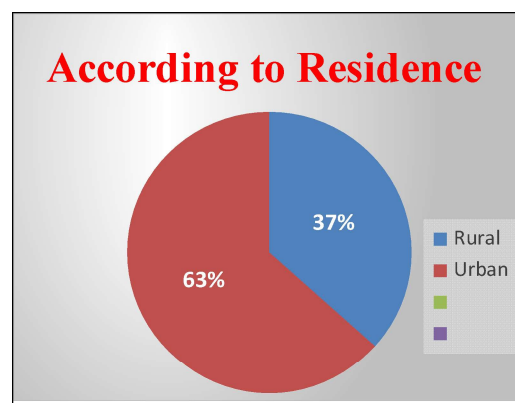


There were 60 samples for both experimental and control group were categorized according to income/month. Out of 60 samples 24 had family income between 10,000-20,000/month, 24 samples had between 20,000-30,000/month, 10 sample had

between 30,000-40,000/month and 2 sample had more than 40,000 / month.

**Table 3:** Distribution of Frequency according to residence N=60

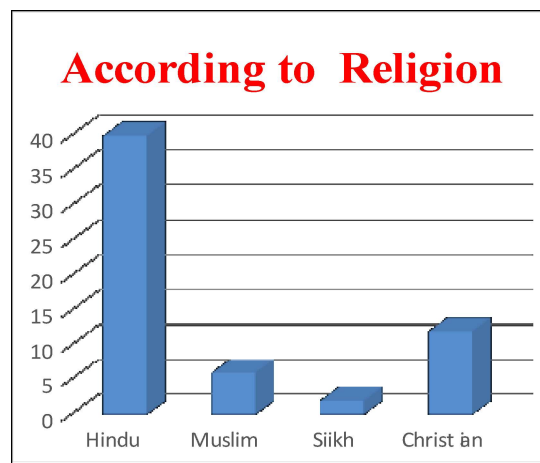
Sl. No.	Residence	Frequency	Percentage
1	Rural	22	37%
2	Urban	38	63%



There were 60 samples for both experimental and control group were categorized according to residence. Out of 60 samples 22 sample belongs to rural and 38 from urban area.

**Table 4:** Distribution of frequency according to religion N=60

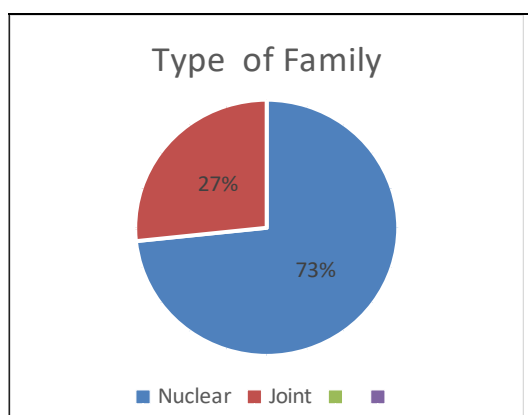
Sl. No.	Religion	Frequency	Percentage
1	Hindu	40	66.66%
2	Muslim	6	10%
3	Sikh	2	33.3%
4	Christian	12	20%



There were 60 samples for both experimental and control group were categorized according to their religion. Out of 60 samples 40 samples belong to Hindu religion 6 were Muslim 2 were Sikh and 12 belongs to Christian religion.

**Table 5:** Distribution of frequency according to type of family. N=60

Sl. no	Type of family	Frequency	Percentage
1	Nuclear	44	73%
2	Joint	16	27%



There were 60 samples for both experimental and control group were categorized according to Type of family. Out of 60 samples 44 belongs to nuclear family and 16 belongs to joint family.

**Section B:** It deals with the assessment of pre-test and post-test knowledge score of control group and experimental group.

**Table 6:** Pre-test and post-test knowledge score of control and experimental group regarding family planning. N=60

Knowledge Score	Pre-test		Post-test	
	Mean	SD	Mean	SD
<b>Experimental Group</b>	15.33	2.07	21.7	2.02
<b>Control Group</b>	14.2	2.12	14.83	2.08

**Table 7:** Comparison between pretest and post-test knowledge score of students regarding family planning in experimental group. N=60

Description	Mean	SD	t-value	Inference
<b>Pre-test knowledge score</b>	15.33	2.07	12.08	S** (.05)
<b>Post-test knowledge score</b>	21.7	2.02		

Data displayed in table shows that the mean of posttest knowledge score of experimental group regarding family planning was significantly higher than mean score of pre-test. Hence, we accept hypothesis that there is significant difference between pre and posttest knowledge score of experimental group regarding family planning.

**Section C:** It includes the comparisons of pretest and posttest knowledge score of experimental group. Table-7

Comparison between posttest knowledge score of experimental group and control group regarding family planning. Table-8

**Table: 8 Comparison between post-test knowledge score of experimental group and control group students regarding family planning. N=60**

Description	Mean	SD	t-value	Inference
<b>Post-test control group</b>	14.83	2.08	2.22	S** (.05)
<b>Post-test experimental group</b>	21.7	2.02		

Data displayed in table shows that the mean of posttest knowledge score of experimental group regarding family planning was significantly higher than control group. t value was significant at 0.05 level of significance. Hence we accept hypothesis that there is significant difference between posttest knowledge score of experimental group and control group regarding family planning.

**Section D:** It deals with the association between posttest knowledge score of experimental group with their demographic variables table: 9

**Table 9:** Association of post-test knowledge score of experimental group with their demographic variables.  
N=30

Demographic variables	Chi square value	DF	Table Value	Inference
Age	0.04	2	7.82	NS
Family income	0.04	3	9.84	NS
Residence	.0026	1	5.41	NS
Religion	.07	3	9.84	NS
Type of family	10.32	1	5.41	S**

Data presented in table 9 revealed that there was no significant association between posttest knowledge score of experimental group with their demographic variables such as age, family income, residence, religion at 0.05 level of significance.

Significant association was found at 0.05 level of significance between knowledge score of experimental group and their type of family after planned teaching.

### Recommendation

- The study may be replicated in a large sample.
- A co- relational study can also be conducted with the same topic.
- A comparative study can also be conducted with same topic.

### Discussion

Findings of the study showed that majority of samples were between 18-19 years of age group. Most of the samples had family income between 10,000-30,000. Majority of the samples belongs to Hindu religion. Most of the sample belongs to the urban area. Majority of samples had nuclear family.

Not much differences seen in Pretest knowledge score of the students in experimental (mean knowledge score 15.33) and control group (mean knowledge score 14.2).

After administration of STP, not much differences seen in pretest (mean knowledge score 14.2) and posttest (mean knowledge score 14.83) of control group.

In experimental group posttest knowledge score has been increased than posttest knowledge score of control group.

Comparison of posttest knowledge score of experimental group and control group, mean and SD experimental group was 21.7 and 2.02 while mean and SD of control group was 14.83 and 2.08

t value 2.22 was found significant at 0.05 level of significance. Hence hypothesis is accepted that There was significant difference between posttest knowledge score of experimental group and control group regarding family planning after administration of S.T.P.

Significant association seen between posttest knowledge score of experimental group with their demographic variables with their family type rest of the variables such as age, family income, residence, religion of the samples was not found to be significantly associated.

### References

- [1] Family planning in India – Its History, Programmes, Importance and Impact <https://mapsfindia>.
- [2] Park k. (2008: Text book of preventive and social medicine (19<sup>th</sup>Edn.) Jabalpur: m/s. Bhanot publisher. Page no. 389.
- [3] Suryakantha AH, Textbook of community medicine with recent advances,3<sup>rd</sup> edition ,jaypee brothers publishers. Page No.
- [4] <https://www.familyplanning2020.org/india>
- [5] <http://pbhealth.gov.in/pdf/FW.pdf>
- [6] [https://en.wikipedia.org/wiki/Family\\_planning\\_in\\_India](https://en.wikipedia.org/wiki/Family_planning_in_India)