

**ASSESS THE KNOWLEDGE REGARDING FAMILY PLANNING
METHODS AMONG MOTHERS OF REPRODUCTIVE AGE AT
SELECTED HOSPITALS AT KANNUR WITH A VIEW TO
DEVELOP SELF INSTRUCTIONAL MODULE**



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We here by declare that the dissertation entitled “**A descriptive study to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals at Kannur, District with a view to develop self instructional module** “ is a bonafide research work done by Research Group 07 (2022 batch) in partial fulfilment of the requirement for the Degree of Bachelor of Science in Nursing.

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ABSTRACT

The present study was undertaken to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur District with a view to develop self instructional modules". The main objectives of the study were to assess the knowledge among antenatal and postnatal mothers of reproductive age and to find out the association between selected demographic variables . The research setting was conducted at Christuraj hospital,Kuthuparamba and HNC hospital,Mattanur.A quantitative descriptive research approach was adopted for the study.Convenient sampling was used to select a sample of 50 Antenatal and Postnatal mothers who met the inclusion criteria. Baseline data were collected and a structured knowledge questionnaire was administered to assess the knowledge of antenatal and postnatal mothers of reproductive age regarding family planning methods. The collected data were analysed using descriptive and inferential statistics, including chi-square tests to identify associations between level of knowledge with selected variables. The findings revealed that the majority (74%) of mothers had inadequate knowledge, (26%) had moderate knowledge and none of them had adequate knowledge regarding family planning methods.. The findings highlighted about the importance to educate regarding family planning methods then followed by self instructional module was distributed to the study subject.

Key words: Knowledge, family planning methods, antenatal and postnatal mothers, self structured module.

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ABBREVIATION

1. CPR - Cardiac pulmonary resuscitation
2. DC – Deputy Commissioner.
3. DHS – Demographic and Health Survey.
4. ICF – International classification of functioning, Disability and Health
5. IUCDs – Intrauterine Contraceptive Devices.
6. MOHPW – Ministry of Health and Population Welfare.
7. NFHS – National Family Health Survey
8. NFHS-5 – National Family Health Survey – Round 5.
9. NIPOORT – National Institute of Population Research and Training.
10. NS – Non-Significant.
10. OPD - Out Patient Department
11. S – Significant.
12. UN DESA – United Nations Department of Economic and Social Affairs.
13. UNFPA – United Nations Population Fund.
14. UNICEF –United Nations International Children’s Emergency Fund.
15. WHO – World Health Organization.

CHAPTER 01

INTRODUCTION

“Empowering women through family planning is empowering the world”

-Thoraya Ahmed Obaid⁵²

1.2 INTRODUCTION

Family planning is a vital component of reproductive health that enables individuals and couples to attain their desired number of children and to determine the spacing and timing of their births. It includes the use of various temporary and permanent contraceptive methods to prevent unintended pregnancies, promote maternal and child health, and improve the overall quality of life. Adequate knowledge regarding family empowers them to make informed decisions related to their reproductive health and future of family life. ¹

Mothers represent a significant segment of the young adult population who are in a transitional phase of physical, psychological, and social development. During this period, they are exposed to diverse sources of information, including peers, media, and the internet, which may provide incomplete or inaccurate knowledge about family planning. Lack of correct information and misconceptions regarding contraceptive methods can lead to risky behaviors, unintended pregnancies, unsafe abortions, and sexually transmitted infections. ²

In India, despite the availability of various family planning services and national programs, the utilization of these services among young adults remains suboptimal. Cultural taboos, inadequate sex education, and limited access to reliable information contribute to poor awareness and negative attitudes toward family planning methods. Assessing the level of knowledge among mothers of reproductive age is therefore crucial to identify knowledge gaps and misconceptions related to family planning. ³

Kannur district, with its diverse hospital facilities, provides an appropriate setting to explore the knowledge of mothers of reproductive age regarding family planning methods. Understanding their level of awareness will help in designing effective intervention.. A self-instructional module can serve as an effective teaching strategy, as it allows learners to acquire knowledge at their own pace and reinforces accurate information.Hence, the present descriptive study is undertaken to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur, with a view to develop a self-instructional module to enhance their understanding and promote responsible reproductive health practices . Family planning is an essential component of maternal and child health services and plays a vital role in improving the health and well-being of women, families, and communities. ⁴

Adequate knowledge regarding family planning methods helps women make informed decisions, prevents unintended pregnancies, reduces maternal and infant morbidity and mortality, and

promotes women's empowerment. The reproductive age period is a crucial phase in a woman's life, especially during the antenatal and postnatal periods, as these are key opportunities for providing information and counseling on family planning. Antenatal and postnatal mothers often come in contact with health-care services, making it an ideal time to assess their knowledge and provide appropriate education regarding temporary and permanent family planning methods.⁵ Despite the availability of various family planning methods, lack of awareness, misconceptions, cultural beliefs, and inadequate counseling contribute to low utilization of these services. Assessing the knowledge of antenatal and postnatal mothers regarding family planning methods is essential to identify knowledge gaps and plan effective educational interventions.⁶ Therefore, the present descriptive study is undertaken to assess the knowledge regarding family planning methods among selected reproductive age antenatal and postnatal mothers, with the aim of improving awareness and promoting informed choice for better maternal and child health outcomes.⁷

1.2 NEED FOR THE STUDY

Family planning is a vital component of maternal and child health, contributing significantly to the reduction of maternal mortality, infant mortality, and unplanned pregnancies. Adequate knowledge regarding family planning methods enables women to make informed decisions about the timing, spacing, and number of children, thereby improving the overall health and well-being of the family and community.⁸

In India, despite the availability of various temporary and permanent family planning methods through national health programs, the utilization of these methods remains suboptimal in many regions. Lack of awareness, misconceptions, fear of side effects, cultural beliefs, and inadequate counseling are major barriers to the effective adoption of family planning practices. Mothers of reproductive age are a key target group, as their knowledge directly influences contraceptive acceptance, continuation, and reproductive health outcomes.⁹

Kerala, though known for better health indicators compared to other states, still faces challenges related to unmet need for family planning, especially in hospital-attending populations where women may not receive structured and comprehensive information. In Kannur district, many mothers rely on informal sources of information, which may be incomplete or incorrect, leading to improper use or non-use of contraceptive methods. Assessing the existing level of knowledge regarding family planning methods among mothers of reproductive age will help identify knowledge gaps and areas of misconception. Developing a self-instructional module based on the identified needs can serve as an effective, economical, and easily accessible educational tool. Such a module can enhance mothers' understanding of various planning methods, their indications, advantages, side effects, and safety, thereby promoting informed decision-making and responsible reproductive behavior.¹⁰

Hence, this descriptive study is necessary to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur, with a view to

develop a self-instructional module that can strengthen health education, improve contraceptive utilization, and contribute to better maternal and child health outcomes.¹¹

1.3 BACKGROUND OF THE STUDY

Family planning is a fundamental public health strategy that contributes significantly to the health of women, children, and families. It allows individuals and couples to plan the number, spacing, and timing of pregnancies, thereby reducing the risks associated with closely spaced and unintended pregnancies. Effective use of family planning methods helps in lowering maternal and infant morbidity and mortality and enhances the overall quality of life.¹²

Women in the reproductive age group constitute a major target population for family planning services, particularly antenatal and postnatal mothers. Pregnancy and the postnatal period provide critical opportunities for health-care providers to educate women about available family planning methods, as these mothers are more receptive to health information and are in regular contact with health services. Adequate knowledge during these periods enables mothers to choose suitable contraceptive methods according to their health status and future reproductive goals.¹³

In many developing countries, including India, despite the availability of various temporary and permanent family planning methods through national health programs, utilization remains suboptimal. Factors such as lack of awareness, fear of side effects, myths, cultural beliefs, limited access to services, and inadequate counseling contribute to poor acceptance of family planning methods. Insufficient knowledge among antenatal and postnatal mothers often leads to unintended pregnancies, unsafe abortions, and short birth intervals, which negatively impact maternal and child health.¹⁴

Nurses play a vital role in providing family planning education and counseling at the community and hospital levels. Understanding the existing level of knowledge among antenatal and postnatal mothers is essential for nurses to plan effective educational strategies and interventions. A descriptive study to assess the knowledge regarding family planning methods will help identify knowledge gaps and misconceptions, thereby guiding health-care professionals in improving family planning education and services.¹⁵

Family planning is a vital component of reproductive and maternal health care and is recognized globally as an effective strategy to improve the health status of women, children, families, and communities. It enables individuals and couples to make informed decisions regarding the number of children they desire, the spacing between pregnancies, and the timing of childbirth. Proper adoption of family planning methods helps in preventing unintended and closely spaced pregnancies, reducing maternal and neonatal morbidity and mortality, and promoting the physical, psychological, and socio-economic well-being of women.¹⁶

Women of reproductive age form a significant segment of the population and are the primary beneficiaries of family planning services. The antenatal and postnatal periods are particularly crucial phases in a woman's reproductive life, as these stages involve frequent interaction with

health-care services. Antenatal mothers are often motivated to seek information that ensures a healthy pregnancy outcome, while postnatal mothers are more receptive to guidance related to birth spacing and limiting future pregnancies. These periods therefore provide ideal opportunities for assessing women's knowledge and attitudes toward family planning and for offering appropriate counseling and education.¹⁷

In India, family planning has been a key element of national health programs since 1952, yet challenges in awareness and utilization persist. Although a wide range of temporary and permanent contraceptive methods such as barrier methods, intrauterine devices, oral contraceptive pills, injectables, and sterilization are available through public health systems, their effective use is often limited by inadequate knowledge, misconceptions, fear of side effects, cultural and religious beliefs, gender preferences, and poor decision-making autonomy among women. Lack of proper information during the antenatal and postnatal periods may lead to non-acceptance or incorrect use of family planning methods.¹⁸

Unplanned and closely spaced pregnancies continue to pose serious health risks, especially among mothers in the reproductive age group. Short inter-pregnancy intervals are associated with anemia, preterm labor, low birth weight, and increased maternal and infant mortality. Postnatal mothers who lack adequate knowledge regarding suitable contraceptive methods may resume fertility without adequate spacing, leading to repeated pregnancies that adversely affect maternal recovery and child health outcomes.¹⁹

Nurses and midwives play a pivotal role in delivering family planning information and counseling during antenatal visits, labor room care, postnatal wards, and community outreach programs. As frontline health-care providers, nurses are in a unique position to assess the knowledge level of mothers, clarify misconceptions, and promote informed choice regarding family planning methods. However, to plan effective educational interventions, it is essential to first understand the existing knowledge of antenatal and postnatal mothers regarding family planning.²⁰

A descriptive study that assesses the knowledge regarding family planning methods among selected reproductive age antenatal and postnatal mothers will help identify areas of inadequate knowledge and common misconceptions. The findings of such a study can serve as a foundation for developing targeted health education programs, strengthening nursing counseling practices, and improving the utilization of family planning services. Ultimately, enhancing knowledge among mothers contributes to healthier pregnancies, safer motherhood, improved child health, and the achievement of national and global reproductive health goals.²¹

Hence, the present descriptive study is undertaken to assess the knowledge regarding family planning methods among selected reproductive age antenatal and postnatal mothers, in order to support informed decision-making and promote safe and effective family planning practices.²²

1.4 STATEMENT OF THE PROBLEM

“A descriptive study to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospital in Kannur with a view to develop self instructional module.”

1.5 OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding family planning methods among mothers of reproductive age.
2. To find out the association between knowledge among mothers of reproductive age and selected variables(Age, Religion, Type of family, Source of information, Place of residence, Monthly family income, Education, Occupation, Parity).

1.6 VARIABLES

RESEARCH VARIABLE:

The knowledge regarding family planning methods.

1.7 HYPOTHESIS

- H1: There will be a significant association between knowledge among mothers of reproductive age and selected variables.(Age, Religion, Type of family, Source of information, Place of residence, Monthly family income, Education, Occupation, Parity).

1.8 DELIMITATION OF STUDY

The study is limited to selected antenatal and postnatal mothers in the reproductive age group only. The study includes mothers who are attending selected health-care settings (hospital/health center) during the period of data collection. The study is confined to assessing knowledge regarding family planning methods only and does not assess attitudes or practices. The findings of the study are based on self-reported responses, which may be influenced by the participants' understanding and recall. The study is conducted within a limited time period, which may affect the generalization of the findings.

1.9 OPERATIONAL DEFINITION

1.9.1 ASSESS :

Assess refers to the process of measuring the level of knowledge of antenatal and postnatal mothers regarding family planning methods using a structured knowledge questionnaire.

1.9.2 KNOWLEDGE:

Knowledge refers to the information and understanding possessed by antenatal and postnatal mothers regarding family planning methods, including types, benefits, indications, contraindications, and side effects, as measured by the scores obtained from the structured questionnaire.

1.9.3 FAMILY PLANNING METHOD:

Family planning methods refer to the temporary and permanent contraceptive methods such as barrier methods, oral contraceptive pills, intrauterine devices, injectables, natural methods, and sterilization available to prevent or space pregnancies.

1.9.4 REPRODUCTIVE AGE:

Reproductive age refers to women aged 15–49 years who are capable of conception and childbearing.

1.9.5 ANTENATAL MOTHERS:

Antenatal mothers refer to pregnant women in the reproductive age group who are attending antenatal clinics or admitted in selected health-care settings during the period of data collection.

1.9.6 POSTNATAL MOTHERS:

Postnatal mothers refer to women in the reproductive age group who have delivered a baby and are within six weeks of delivery, attending postnatal clinics or admitted in postnatal wards during the study period.

1.9.7 SELECTED SETTINGS:

Selected settings in this study, refers to the Christuraj Hospital Thokkilangadi Rd Kuthuparambu and HNC Mission Hospital ,Mattanur; Mothers are available at the time of data collection .

1.10 ASSUMPTIONS

Antenatal and postnatal mothers in the reproductive age group have varying levels of knowledge regarding family planning methods. Knowledge regarding family planning methods influences the acceptance and utilization of contraceptive services among mothers. Antenatal and postnatal periods provide important opportunities for learning about family planning due to regular contact with health-care services. Antenatal and postnatal mothers may have inadequate or incorrect knowledge due to misconceptions, cultural beliefs, or lack of proper counseling. Improved knowledge regarding family planning methods can help mothers make informed reproductive choices. A self instructional module may help the mothers to update their knowledge about family planning methods.

1.11 CONCEPTUAL/THEORETICAL FRAMEWORK

Health Belief Model (HBM)

The Health Belief Model (HBM) is used in this study to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur. The model explains how individual beliefs and perceptions influence health-related actions.

1. DEMOGRAPHIC VARIABLES

The demographic characteristics of mothers may influence their perception and knowledge regarding family planning methods. These include:

Age

Religion

Type of family

Source of information

Place of residence

Monthly family income

Education

Occupation

Parity

These factors can affect access to information, awareness levels, cultural beliefs, and decision-making capacity.

2. PERCEIVED SUSCEPTIBILITY

This refers to the mother's belief about the risk of experiencing an unplanned pregnancy. If a mother believes she is at higher risk, she may be more interested in learning about family planning methods.

3. PERCEIVED SEVERITY

This refers to the mother's understanding of the seriousness and consequences of unintended pregnancy, such as:

Maternal health complications

Financial burden

Emotional stress

Impact on family wellbeing

Greater perceived severity can increase the motivation to seek knowledge about contraception.

4. HEALTH MOTIVATION

Health motivation refers to the general interest and readiness of mothers to maintain and improve their reproductive health. Mothers with higher motivation are more likely to acquire knowledge about family planning methods.

5. PERCEIVED BENEFITS

This includes the mother's belief in the advantages of family planning methods, such as: Prevention of unplanned pregnancy Proper birth spacing Protection of maternal and child health Improved family wellbeing When perceived benefits are high, knowledge-seeking behavior increases.

6. PERCEIVED BARRIERS

These are obstacles that may prevent mothers from gaining knowledge or using family planning methods, such as: Misconceptions and fear Lack of knowledge Cultural or religious beliefs Reducing these barriers can improve knowledge levels.

7. CUES TO ACTION

In this model, the Self-Instructional Module acts as the cue to action. It serves as an educational intervention that stimulates mothers to: Gain accurate knowledge Correct misconceptions Improve awareness regarding family planning methods

8. ACTION

The final outcome of the model is improved knowledge regarding family planning methods among mothers of reproductive age.

SUMMARY

According to this framework, demographic variables influence mothers' perceptions (susceptibility, severity, benefits, and barriers) and health motivation. These perceptions, along with the self-instructional module (cue to action), lead to improved knowledge regarding family planning methods.

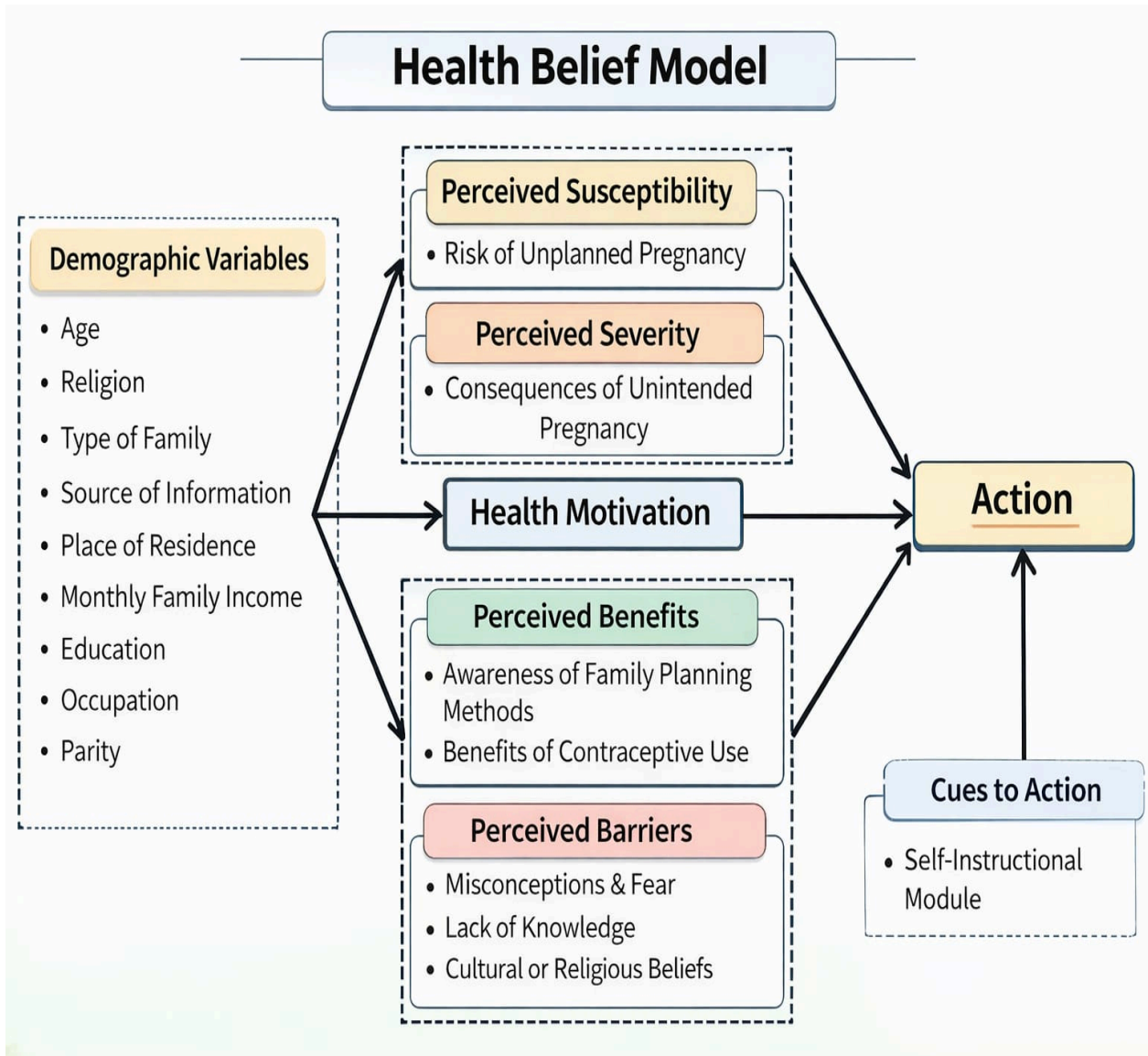


FIG:1.1 CONCEPTUAL FRAMEWORK BASED ON HEALTH BELIEF MODEL

CHAPTER 2

REVIEW OF LITERATURE

"If I have seen further it is by standing on the shoulders of Giants."

- Isaac Newton⁵³

2.1 INTRODUCTION

The review of literature is a critical component of any research study, as it provides a comprehensive understanding of the existing body of knowledge related to the research problem. It involves a systematic examination of published studies, research articles, reports, and other scholarly sources relevant to the topic under investigation. Reviewing related literature helps the investigator to identify what is already known, recognize gaps in knowledge, avoid duplication of work, and gain insight into appropriate research methodologies.²³ In the present study, the review of literature focuses on studies related to knowledge regarding family planning methods among women of reproductive age, particularly antenatal and postnatal mothers. The literature review helps in understanding the level of awareness, influencing factors, and the impact of knowledge on acceptance and utilization of family planning methods. It also provides a scientific foundation for selecting the research design, developing the tool for data collection, and framing objectives for the study.²⁴ Thus, reviewing relevant literature enables the researcher to strengthen the theoretical base of the study and guides the planning and execution of the present descriptive study to assess the knowledge regarding family planning methods among selected reproductive age antenatal and postnatal mothers.²⁵

Review of Literature Discussed Under The Following:

- 1. Literature Regarding Prevalence of Family Planning Methods**
- 2. Literature Regarding Knowledge About Family Planning Methods**
- 3. Literature Regarding Impact Of Knowledge Regarding Family Planning Methods**

1. Review Regarding Prevalence of Family Planning Methods

A systematic review titled “Global Contraceptive Use and Family Planning Coverage” analyzed Demographic and Health Survey data from over 100 countries. The results showed that the global contraceptive prevalence rate (CPR) was approximately 64% among married or in-union women. Permanent methods accounted for nearly 38–40% of contraceptive use in developing countries, whereas spacing methods constituted more than 70% of contraceptive use in developed countries.

A review and secondary data analysis titled “State of World Family Planning” revealed that about 49% of women globally were using modern contraceptive methods. However, the unmet

need for family planning remained around 20–24%, particularly among adolescents and young mothers in low-income countries.

A cross-sectional global analysis found that in South Asia, female sterilization accounted for nearly 45–50% of total contraceptive use, whereas in Sub-Saharan Africa, injectables (about 30%) and oral contraceptive pills (around 15–20%) were the most commonly used methods.²⁶

A population-based survey revealed wide regional variation in contraceptive use, with prevalence ranging from over 70% in developed regions to below 45% in some low-income countries, emphasizing disparities in access and utilization.²⁷

The National Family Health Survey-5 (NFHS-5) reported an overall contraceptive prevalence rate of 67% among currently married women in India. Female sterilization constituted approximately 38–40%, followed by condoms (9–10%) and oral contraceptive pills (5–6%). Spacing methods together accounted for less than 25% of total contraceptive use.

A descriptive cross-sectional study found that 62% of married women were using some form of contraception. Among them, 54% opted for permanent methods, while only 28% used spacing methods.²⁸

A community-based survey reported that 58% of reproductive-age women were current contraceptive users. Condoms were the most common spacing method, used by 31% of women, followed by oral pills (18%).²⁹

A hospital-based descriptive study showed that although 85–90% of postnatal mothers were aware of contraceptive methods, only 46% were actually using any method. Fear of side effects was reported by 52% of non-users.³⁰

A community-based cross-sectional study reported a high contraceptive prevalence of 72% among women in Kerala. Female sterilization was used by 55%, while spacing methods accounted for 34% of contraceptive use. A hospital-based descriptive study found that 48% of postnatal mothers used spacing methods with condoms used by 29%, oral pills by 14%, and IUCDs by 5%.³¹

2. Review Regarding Knowledge About Family Planning Methods

A systematic review reported that nearly 35–40% of women globally had inadequate knowledge regarding correct use and side effects of contraceptive methods, contributing significantly to unintended Pregnancies.³²

A review study found that over 40% of women had misconceptions regarding modern contraceptive methods, particularly related to infertility and health risks.³³

A multinational study revealed that more than 70% of women with secondary or higher education had good knowledge of family planning methods, compared to only 38% among women with no formal education.³⁴

A descriptive survey reported that 60% of women had average knowledge, 22% had poor knowledge, and only 18% demonstrated good knowledge regarding family planning methods. A hospital-based study showed that 82% of postnatal mothers were aware of condoms and 76% of

oral pills, whereas knowledge of IUCDs (41%) and permanent methods (38%) were comparatively low.³⁵

A cross-sectional study found that 48% of women reported fear of side effects and 35% had misconceptions, which negatively influenced their knowledge and attitudes toward family planning.³⁶

A descriptive analytical study by revealed that only 29% of women had adequate knowledge of emergency contraception, and 34% were aware of spacing methods.³⁷

A descriptive cross-sectional study reported that 68% of mothers had good knowledge, 22% had average knowledge, and 10% had poor knowledge regarding family planning methods. Educational status showed a statistically significant association with knowledge level.

A hospital-based descriptive study found that 57% of mothers had average knowledge, while 43% lacked adequate understanding of side effects of contraceptive methods.³⁸

A pre-experimental study demonstrated an improvement in knowledge scores from 42% in the pre-test to 78% in the post-test following structured health education, indicating a statistically significant enhancement in knowledge.³⁹

3.Review regarding Impact of Knowledge Regarding Family Planning Methods

A descriptive research conducted among postnatal mothers in Karnataka showed poor knowledge levels in the majority of participants (69.3% with poor knowledge), while only 4% had good knowledge scores about family planning methods. Knowledge was significantly associated with factors such as education, parity, and place of residence, indicating that sociodemographic factors can influence the impact of knowledge on family planning utilization.⁴⁰

In an Indian hospital-based study among postnatal women, researchers reported high awareness (over 80%) of family planning needs and methods, with oral contraceptives and barrier methods being the most recognized. However, the actual use of modern methods was lower than expected, and reasons for non-utilization included desire for more children, fear of side effects, and family opposition, demonstrating that even with knowledge, behavioral and socio-cultural barriers reduce the effective impact of knowledge on practice.⁴¹

A cross-sectional survey in North India revealed that although more than 70% of antenatal women were aware of family planning methods, inadequate knowledge and fear of side effects were main reasons for non-use. Importantly, after counseling during antenatal visits, over 90% of women expressed a desire to adopt a method in the postpartum period, highlighting that knowledge reinforcement through counseling can positively impact acceptance.⁴²

2.2 SUMMARY

This chapter deals with review of different literature related to this study. Generally, purpose of the reviews is to analyse critically a segment of published studies. It helps readers to understand the nature of other studies before proceeding to the methodological chapter.⁴³

CHAPTER 3

RESEARCH METHODOLOGY

“The methodology is the heart of the research.”

-Dr. S. S Srivastava⁵⁴

3.1 INTRODUCTION

Research methodology refers to the systematic plan used by a researcher to conduct a study. It includes the methods, techniques and procedures used to collect, analyze and interpret data. A well structured research methodology helps ensure that this study is organized, reliable and valid, enabling the researcher to answer the research problem effectively and achieve the study objectives. ⁴⁴

3.2 RESEARCH APPROACH

A research approach refers to the overall plan and direction of a study that guides how data are collected, analyzed, and interpreted. It links the research problem with the methods used to answer it. The present study will adopt a quantitative survey research approach to assess the knowledge regarding family planning methods among mothers of reproductive age. This approach is suitable as it enables the researcher to collect numerical data and analyze it statistically to determine the level of knowledge among the study participants.

3.3 RESEARCH DESIGN

A research design is the structured plan that explains how a study will be conducted to answer the research questions. It specifies the type of study, population, sampling, data collection, and analysis. The present study will adopt a non-experimental descriptive research design to assess the knowledge regarding family planning methods among mothers of reproductive age. This design is appropriate as it helps in systematically describing the existing level of knowledge without manipulating any study variables

3.4 VARIABLE

Research variables are the measurable elements of a study that are used to examine relationships, effects, or outcomes. Research variables are the measurable characteristics or attributes of individuals, groups, or situations that can change or vary within a study. They are essential for understanding relationships, outcomes, and influences in research. In health and nursing

research, especially in family planning studies, research variables help identify factors affecting health behaviors and service utilization.

3.4.1 RESEARCH VARIABLE:

The knowledge regarding family planning methods.



Figure: Schematic representation of the study.

FIG:3.1 SCHEMATIC REPRESENTATION OF THE STUDY

3.5 SETTING OF THE STUDY

The study setting is the location in which the research is conducted; it could be natural, partially controlled or highly controlled.

The study was conducted at Christuraj Hospital Kuthuparambu and HNC Mission Hospital, Mattanur. The hospitals are selected because of :

- Easy availability of sample
- Readiness and cooperation of authority towards this study
- Economic feasibility

3.6 POPULATION

The entire set of individuals or objects having some common characteristics selected for a research study.

3.6.1 TARGET POPULATION: A target population consists of the total number of mothers which meet the inclusion criteria. In this study, the target population consists of mothers at reproductive age.

3.6.2 ACCESSIBLE POPULATION: The accessible population is the group of individuals from the target population who are available and eligible to participate in a research study. In this study, the accessible population consisted of mothers of reproductive age in the selected hospital in Kannur district.

3.7 SAMPLE

A sample refers to a subset or small group selected from a larger population to represent that population in a study. Instead of studying the entire population, researchers collect data from the sample to draw conclusions about the whole group. Selecting an appropriate sample helps save time, cost, and effort while ensuring that the findings are reliable and valid. The accuracy of research results largely depends on how well the sample represents the target population. In this present study, samples consist of mothers of reproductive age in the Christuraj Hospital Kuthuparambu, Kannur and HNC Mission Hospital, Mattanur.

3.8 SAMPLE SIZE

Sample size refers to the number of sample events, behaviours or situations that are examined in a study. In this study, the sample size is 50.

3.9 SAMPLING TECHNIQUE

Sampling is the process of selecting samples from the target population to represent the entire population. In this study, the sampling technique used was convenient sampling.

3.10 SAMPLING CRITERIA

3.10.1 INCLUSION CRITERIA

- Mothers who are in the reproductive age group(15-49 years).
- Mothers who are admitted or attending OPD at selected hospitals of Kannur.
- Mothers who are willing to participate in the study.
- Mothers who are available at the time of data collection.

3.10.2 EXCLUSION CRITERIA

- Mothers who are critically ill or medically unstable.
- Mothers who are unable to read and communicate in malayalam or english.
- Mothers who are deaf and dumb.

3.11 DESCRIPTION OF THE TOOL

The tool used for the study is a structured questionnaire designed to assess the knowledge regarding family planning methods among individuals of reproductive age. The tool was developed after an extensive review of relevant literature, textbooks, and previous research studies related to family planning. This section includes items related to age, gender, marital status, education, occupation, religion, type of family, and number of children. These variables help in identifying factors associated with the level of knowledge on family planning methods.

The tool is based on the basis of objectives of the problem. The following steps involved in the development of the tool:

- Meaning and importance of family planning
- Temporary methods (natural methods, barrier methods, hormonal methods, intrauterine devices)
- Permanent methods (male and female sterilization)
- Newer contraceptive methods.
- Indications, advantages, disadvantages, and side effects of various methods
- Availability of family planning services

Following tools were developed to collect data of the study.

3.11.1 SECTION A : Baseline Performa For Selected Variables

It consists of 09 selected variables of the samples such as age, religion, type of family, source of information, place of residence, monthly family income, educational status ,occupation, parity.

3.11.2 SECTION B: Self structured questionnaires to assess the level of knowledge.

It consists of 30 self-structured questionnaires to assess the level of knowledge. Each question has 4 choices, the correct response has been scored as 1 mark, wrong answer considered as zero. The total score was 30.

Interpretation of the score as to follows

3.1 INTERPRETATION OF SCORE TABLE

DESCRIPTION	SCORE RANGE
Adequate knowledge	22 - 30
Moderate knowledge	16 - 22
Inadequate knowledge	00- 15

3.12 VALIDITY

Validity refers to the extent to which the tool measures what it is intended to measure. In the present descriptive study, validity was established to ensure that the self-structured questionnaire accurately assessed the knowledge regarding family planning methods among selected reproductive age antenatal and postnatal mothers. The experts were requested to give their opinion and suggestions regarding the relevance, adequacy and appropriateness of the tool. As per the advice of the experts, some modifications were made in the tool. The tool was finalized with the help of a guide.

3.13 RELIABILITY

Reliability refers to the consistency, stability, and dependability of a measuring instrument. In the present descriptive study, the reliability of the self-structured questionnaire on knowledge regarding family planning methods was established to ensure that the tool yielded consistent and

accurate results. The reliability of the tool was established by using the data collected from 10 mothers in Kannur medical college Anjarakandy prior to pilot study. To establish the reliability of the tool split half method and sphereman-brown formula was used Correlation Coefficient was found $r = 0.78$. Thus, the tool was found to be reliable.

3.14 PILOT STUDY

A study carried out at the end of the planning phase of research in order to explore and test the research elements to make relevant modifications in research tools and methodology. The pilot study was conducted to assess the feasibility of the study, plan of statistical analysis and also to determine the flaws in the design. The investigators conducted the pilot study on 14/01/2026 Kannur Medical College Hospital Anjarakandy. The permission was obtained from concerned authorities. Convenient sampling was used to select 10 samples. The purpose of the study was explained to the samples and consent was taken. Time taken for collecting data from each sample took 10-20 minutes. A self-structured questionnaire was administered to assess the level of knowledge of mothers at reproductive age followed by a self instructional module was distributed to the study subject. As there was no difficulty found during the pilot study, the investigators proceeded to the main study.

3.15 DATA COLLECTION PROCEDURE

The investigator obtained clearance from the institution ethical committee and obtained permission from the concerned authority. The main study was conducted at Christuraj Hospital Kuthuparambu, and HNC Mission Hospital , Mattanur in Kannur district. The data collection period was on 20/01/2026 to 21/01/2026. The study was conducted among 50 antenatal and postnatal mothers of reproductive age in the hospital. They were selected by convenient sampling. After self-introduction, the investigators explained the purpose of the study and maintained effective interaction with the mothers. Confidentiality was assured and obtained consent from the antenatal and postnatal mothers of reproductive age. A Self-structured questionnaire was administered to assess the level of knowledge among antenatal and postnatal mothers of reproductive age among family planning methods. The duration of data collection was 2 days. The tool was divided into 2 sections. Section A consists of a structured questionnaire for selected variables and Section B consists of a self-structured questionnaire to assess the level of knowledge about family planning methods.

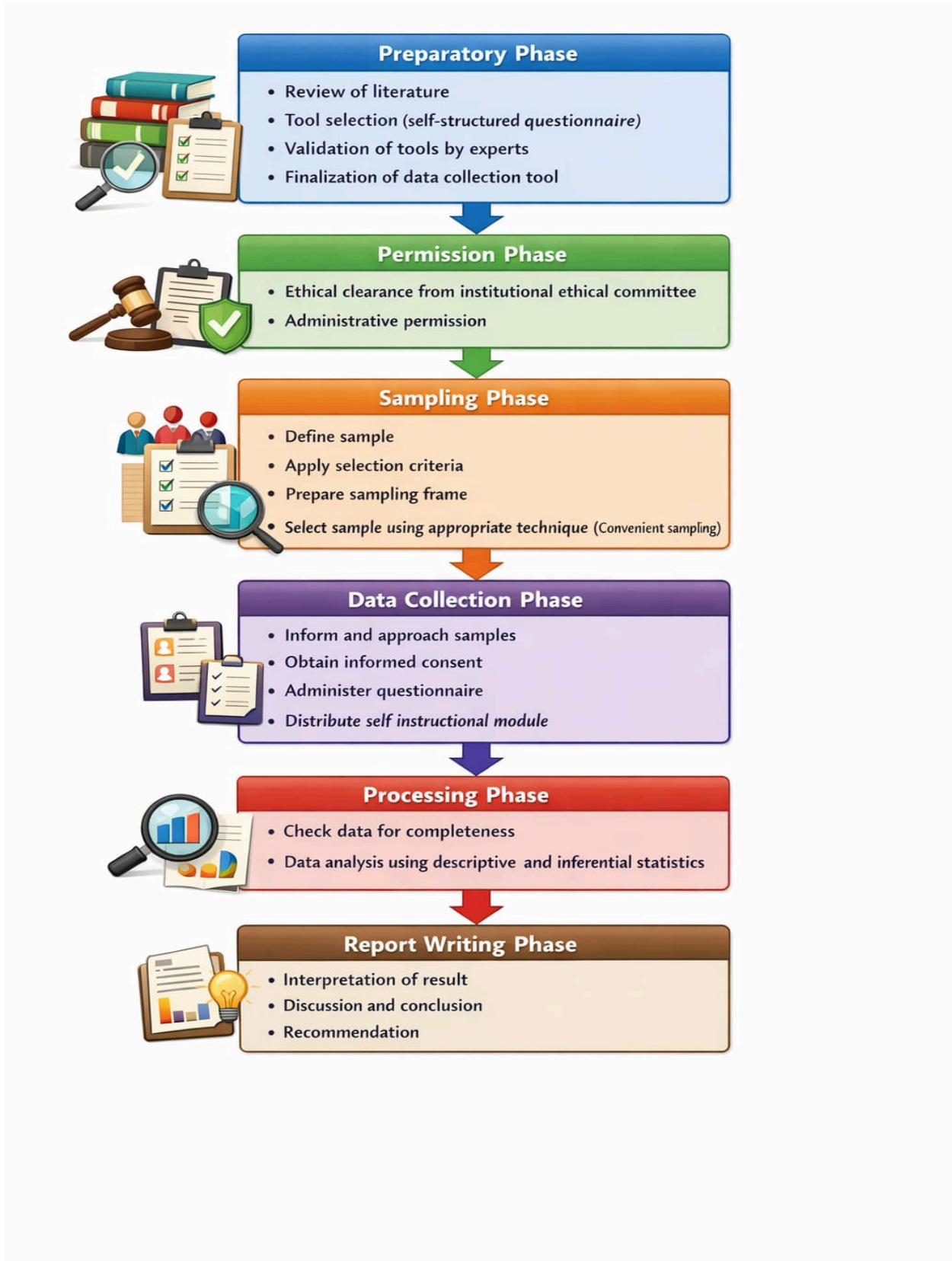


FIGURE 3.2 SCHEMATIC DIAGRAM OF DATA COLLECTION PROCEDURE

A) PREPARATORY PHASE:

The research plan was discussed with experts, including the research guide, members of the scientific research committee and a statistician. Their valuable suggestions were incorporated, and necessary modifications were made to improve the study design. The investigators prepared a structured questionnaire for assessing the level of knowledge among mothers of reproductive age regarding family planning methods. Validation of the tool was done with the help of subject experts to ensure its relevance and accuracy.

B) PERMISSION PHASE:

Permission to conduct the study was obtained from the college research committee. Ethical clearance was secured from the Institutional Ethical Committee. At last, NOC was obtained from the selected institution for conducting the research.

C) SAMPLING PHASE:

The sampling phase involved defining the target population, applying inclusion and exclusion criteria and selecting 50 samples using convenient sampling techniques.

D) DATA COLLECTION PHASE:

This includes approaching the participants, explaining the purpose of the study, obtaining informed consent and administering the self-structured questionnaire to assess the level of the knowledge of mothers at reproductive age regarding family planning methods followed by self instructional modules distributed to study subjects.

E) PROCESSING PHASE:

Collected data were checked for completeness and analyzed using descriptive and inferential statistics to derive meaningful results.

F) REPORT WRITING PHASE:

Finally, the results were interpreted, and the findings were discussed in the context of related studies. Conclusions were drawn, and recommendations were made to improve the knowledge regarding family planning methods.

3.16 PLAN FOR DATA ANALYSIS

Data analysis is a process of inspecting, cleansing, transforming and modelling data with useful information, informing conclusion and supportive decision-making.

Data were planned to be analysed on the basis of objective and hypothesis using descriptive and inferential statistics.

3.16.1 DESCRIPTIVE STATISTICS

Frequency and percentage were used to analyse the selected data. Mean and standard deviation were used to assess the level of knowledge of mothers of reproductive age regarding family planning methods.

3.16.2 INFERENTIAL STATISTICS

The chi square test was used to assess the association between level of knowledge of mothers of reproductive age regarding family planning methods with selected variables.

3.17 SUMMARY

This chapter deals with the specific procedure or technique used to identify, select and analyse information about the research study. When discussing the methodology, research has made an easy critical evaluation of overall validity and reliability of the tool.⁴⁵

CHAPTER 4

ANALYSIS AND INTERPRETATION

“What we are doing to the forests of the world is but a mirror reflection of what we are doing to ourselves”- (Mahatma Gandhi)⁵⁵

4.1 INTRODUCTION

Analysis and interpretation of data constitute a crucial phase of the research process, as they provide meaning to the information collected and help in achieving the objectives of the study. Data analysis involves the systematic organization, classification, and statistical examination of collected data in order to identify patterns, relationships, and trends. Through appropriate analytical techniques, raw data are transformed into meaningful results that can be clearly understood and scientifically justified.⁴⁶ Interpretation follows analysis and focuses on explaining the findings in relation to the research objectives, hypothesis, and existing literature. It helps the researcher to draw conclusions, make inferences, and understand the significance of the results within the context of the study. Proper interpretation also highlights similarities or differences between the present findings and those of previous studies, thereby contributing to the body of knowledge.⁴⁷ In this study, the data collected were analyzed using suitable descriptive and inferential statistical methods. The findings are presented in the form of tables, figures, and narratives to facilitate clarity and comprehension. The interpretation of results aims to provide a logical explanation of the findings and their implications for nursing practice, education, and future research.

4.2 STATEMENT OF THE PROBLEM

“A descriptive study to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur with a view to develop self instructional module.”

4.3 OBJECTIVE OF THE STUDY

1. To assess the level of knowledge regarding family planning methods among mothers of reproductive age.
2. To find out the association between knowledge among mothers of reproductive age and selected variables.(Age, Religion, Type of family, Source of information, Place of residence, Monthly family income, Education, Occupation, Parity).

4.4 HYPOTHESIS

H1: There will be a significant association between knowledge among mothers of reproductive age and selected variables.(Age, Religion, Type of family, Source of information, Place of residence, Monthly family income, Education, Occupation, Parity).

4.5. ANALYSIS AND INTERPRETATION

This chapter deals with statistical analysis. The data collected from the mother in selected settings regarding knowledge about family planning methods is tabulated, analysed and interpreted.

The analysed data has been organized and presented in the following sections:

4.5.1 SECTION A: Description of selected variables of mother of reproductive age regarding Family planning methods.

4.5.2 SECTION B: Assessment of level of knowledge of mothers of reproductive age regarding family planning methods .

4.5.3 SECTION C: Association between the level of knowledge regarding Family planning methods among mothers of reproductive age with selected variables.

4.5.1 SECTION A: DESCRIPTION OF SELECTED VARIABLES OF MOTHERS AT REPRODUCTIVE AGE.

TABLE 4.1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SELECTED VARIABLES.

N=50

SL.NO	SELECTED VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE		
	● 18-25	22	44%
	● 26-39	23	46%
	● 40-49	05	10%
2.	RELIGION		
	● Hindu	06	12%
	● Muslim	42	84%
	● Christian	02	04%
	● Others	00	00%
3.	TYPE OF FAMILY		
	● Nuclear family	24	48%
	● Joint family	26	52%
4.	SOURCE OF INFORMATION		
	● Parents	24	48%
	● Teachers	03	06%
	● Health workers	15	30%
	● Media(TV/Internet)	07	14%
	● Friends	01	02%

5.	PLACE OF RESIDENCE		
	• Rural	31	62%
	• Urban	19	38%
6.	MONTHLY FAMILY INCOME		
	• 10,000-30,000	23	46%
	• 31,000-70,000	22	44%
	• 71,000-100,000	04	08%
	• 100,000 & above	01	02%
7.	EDUCATIONAL STATUS		
	• No formal education	01	02%
	• Primary	19	38%
	• Secondary	04	08%
	• Higher secondary	18	36%
	• Graduate & above	08	16%
8.	OCCUPATION		
	• Home maker	22	44%
	• Employed	07	14%
	• Self employed	00	00%
	• Student	04	08%
	• Unemployed	17	34%
9.	PARITY		
	• Primipara	18	36%
	• Multipara	32	64%

Table 4.1 Shows that 46% of mothers of reproductive age were between the age group of 26 -39. Belongs to the religion muslims (84%). Most of the type of the family is joint (52%). The mothers got the information mainly from their parents (48%). Most of them were staying in rural areas (62%). The monthly family income of most of them was between 10,000 - 30,000 that is 46%. Most of them had a primary level of education (38%). Most of the mothers were home makers (44%). And most of them were multipara(64%).

DISTRIBUTION OF SAMPLES ACCORDING TO AGE

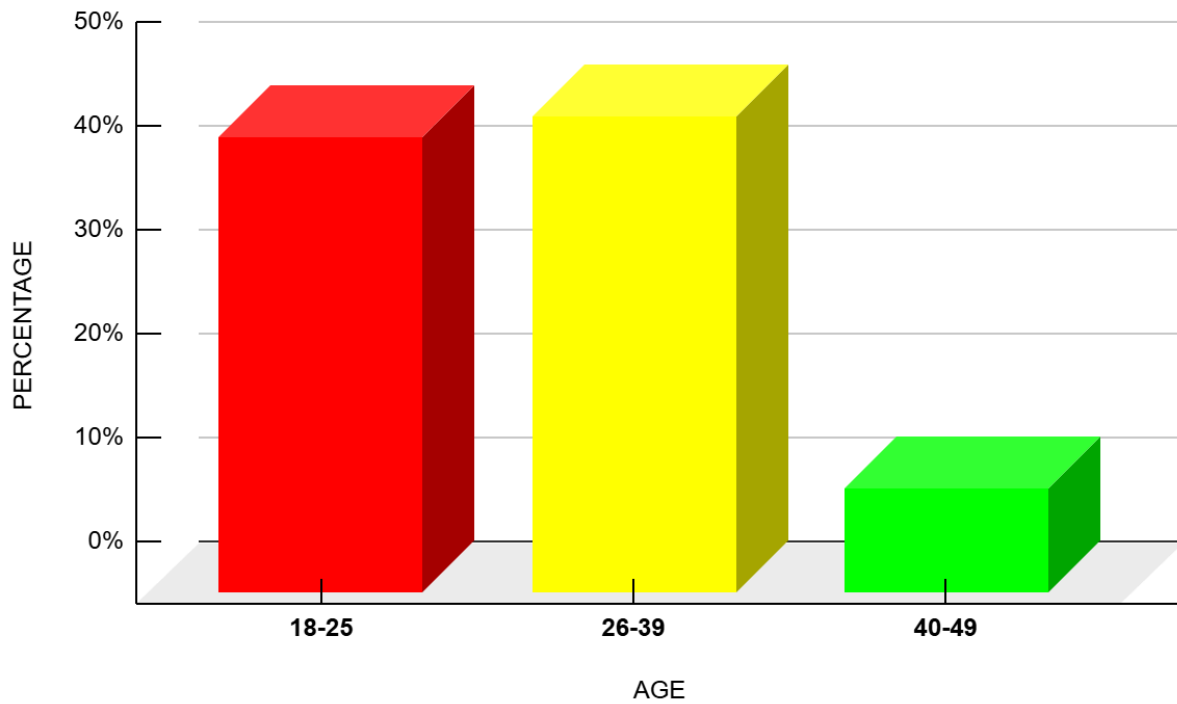


Figure 4.1: Bar diagram showing the age group of mothers of Reproductive age.

Figure 4.1 shows that 44% were at the age between 18 - 25 years, 46% were between 26 - 39 years, 10% were between 40 - 49 years.

DISTRIBUTION OF SAMPLE ACCORDING TO RELIGION

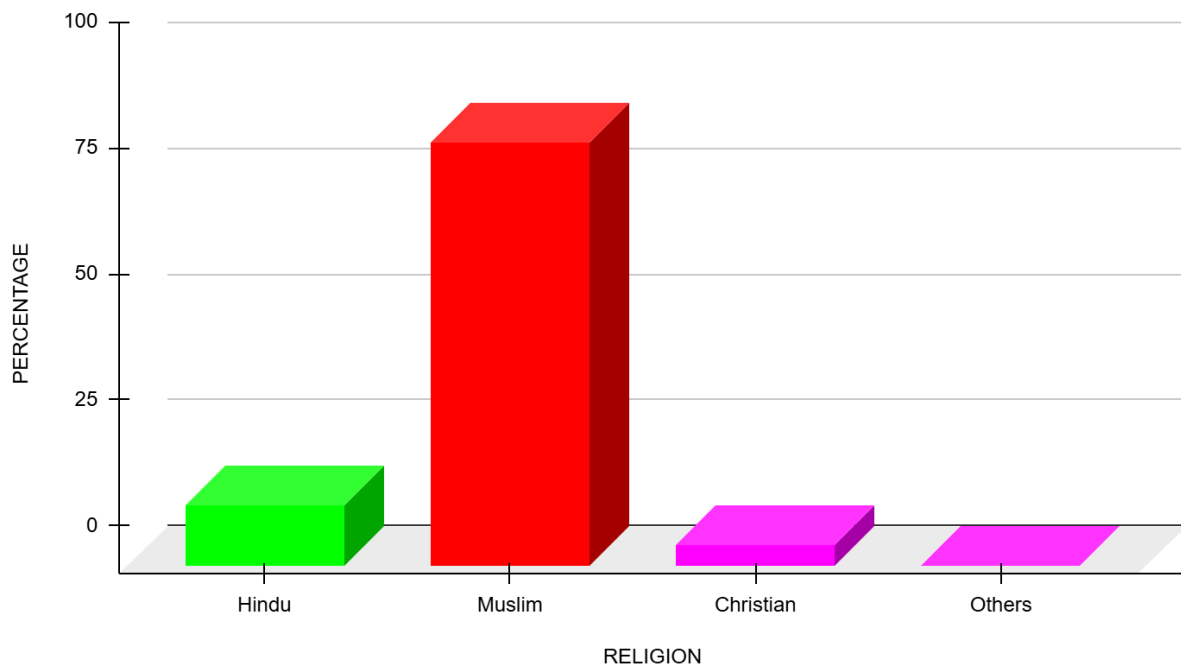


Figure 4.2 Bar diagram showing the religion of mothers of Reproductive age.

Figure 4.2 shows that 12% were Hindus , 84% were Muslims and 4% were Christians.

DISTRIBUTION OF SAMPLE ACCORDING TO TYPE OF FAMILY

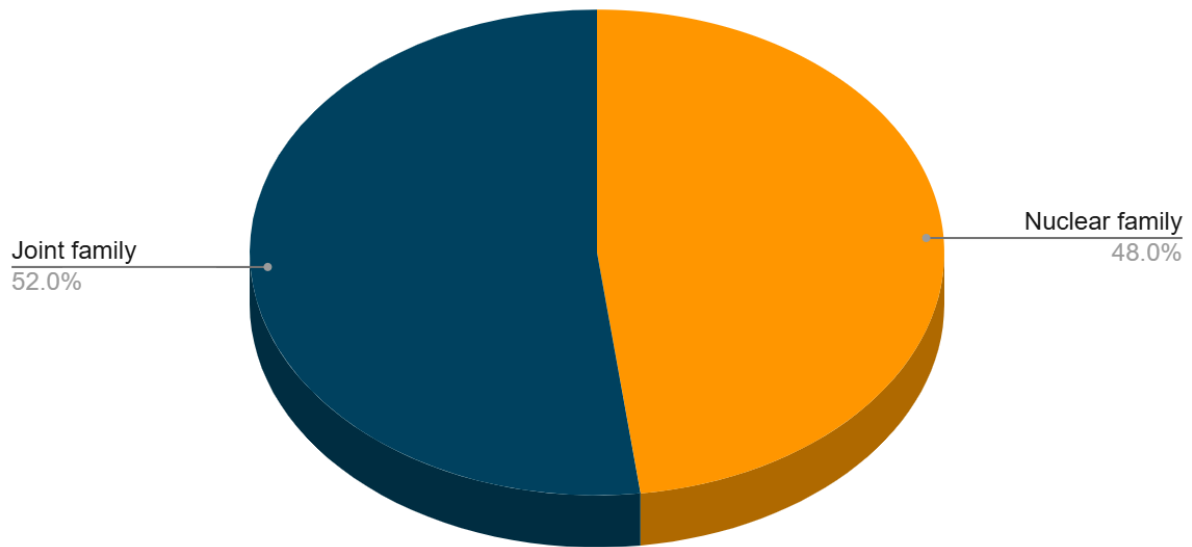


Figure 4.3 Pie diagram showing the type of family of mothers of Reproductive age.

Figure 4.3 shows that out of 50 mothers; 52% of mothers belong to the Joint family whereas 48% of mothers belong to the Nuclear family.

DISTRIBUTION OF SAMPLES ACCORDING TO SOURCE OF INFORMATION

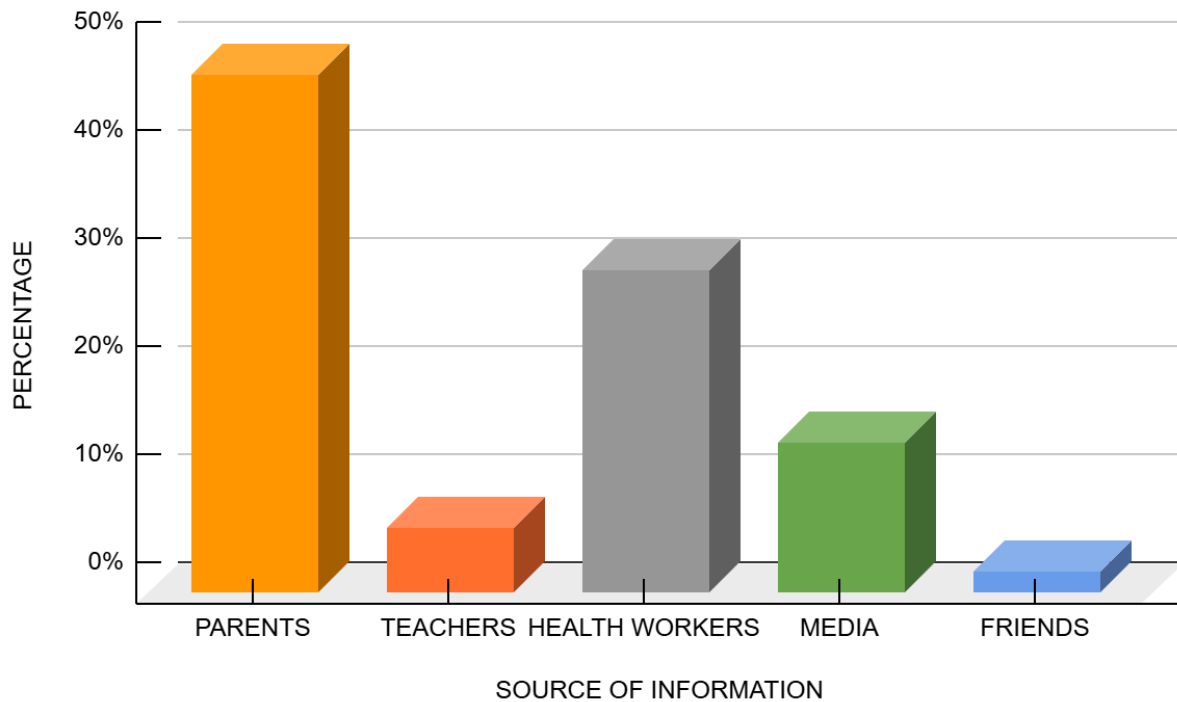


Figure 4.4 Bar diagram showing the Source of information of mothers of Reproductive age.

Figure 4.3 shows that out of 50 mothers ,48% of mothers get the information from parents,30% from health workers,14% from media,06% from teachers and 02% from friends.

DISTRIBUTION OF SAMPLES ACCORDING TO PLACE OF RESIDENCE

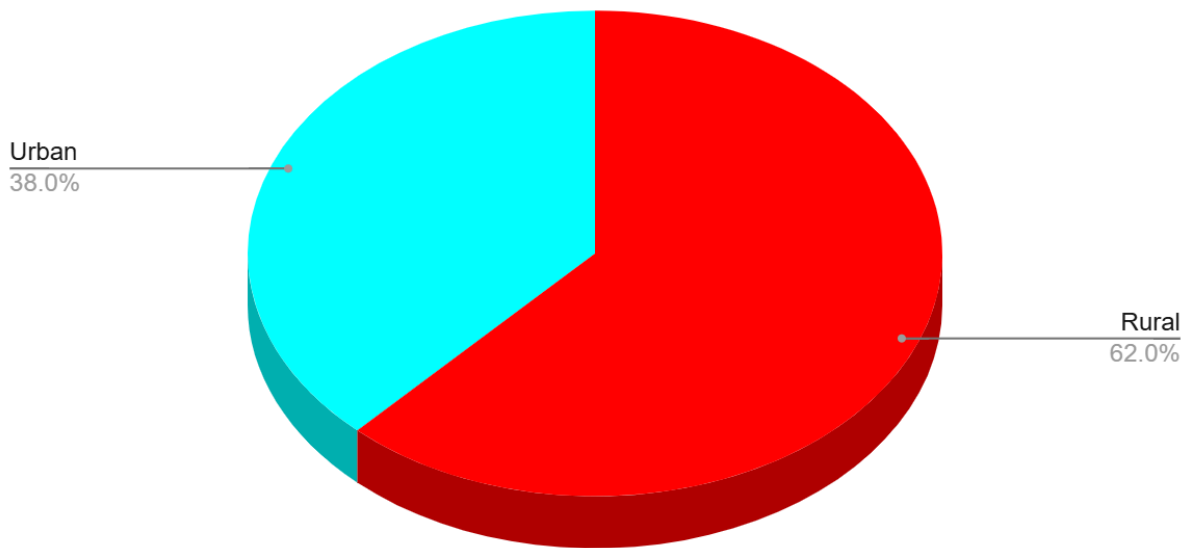


Figure 4.5: Pie diagram showing the Place of Residence of mothers of Reproductive age.

Figure 4.5: shows that out of 50 mothers' place of residence 62% belongs to Rural and 38% belongs to Urban.

DISTRIBUTION OF SAMPLES ACCORDING TO MONTHLY FAMILY INCOME

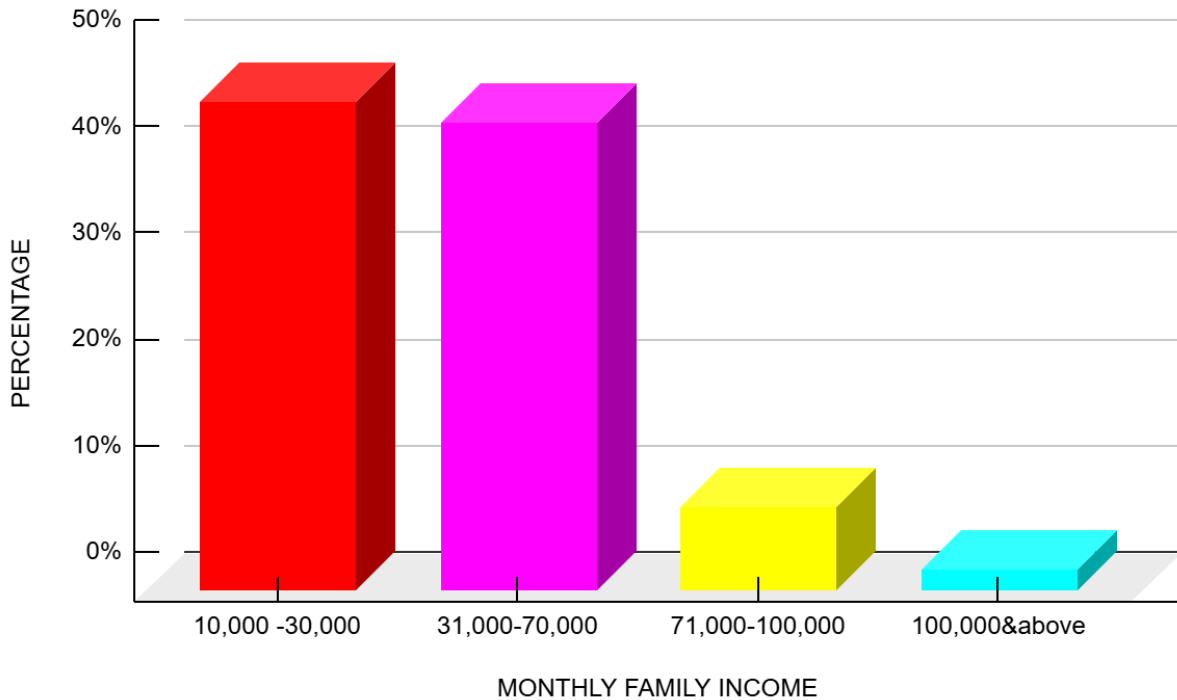


Figure 4.6: Bar diagram showing the Monthly Family Income of Mothers of Reproductive age.

Figure 4.6: shows that out of 50 mothers; 46% of mothers had a monthly family income of 10,000-30,000 , 44% had 31,000-70,000 , 8% had 71,000-1,00,000, 2% had 1,00,000-and above.

DISTRIBUTION OF SAMPLES ACCORDING TO EDUCATIONAL STATUS

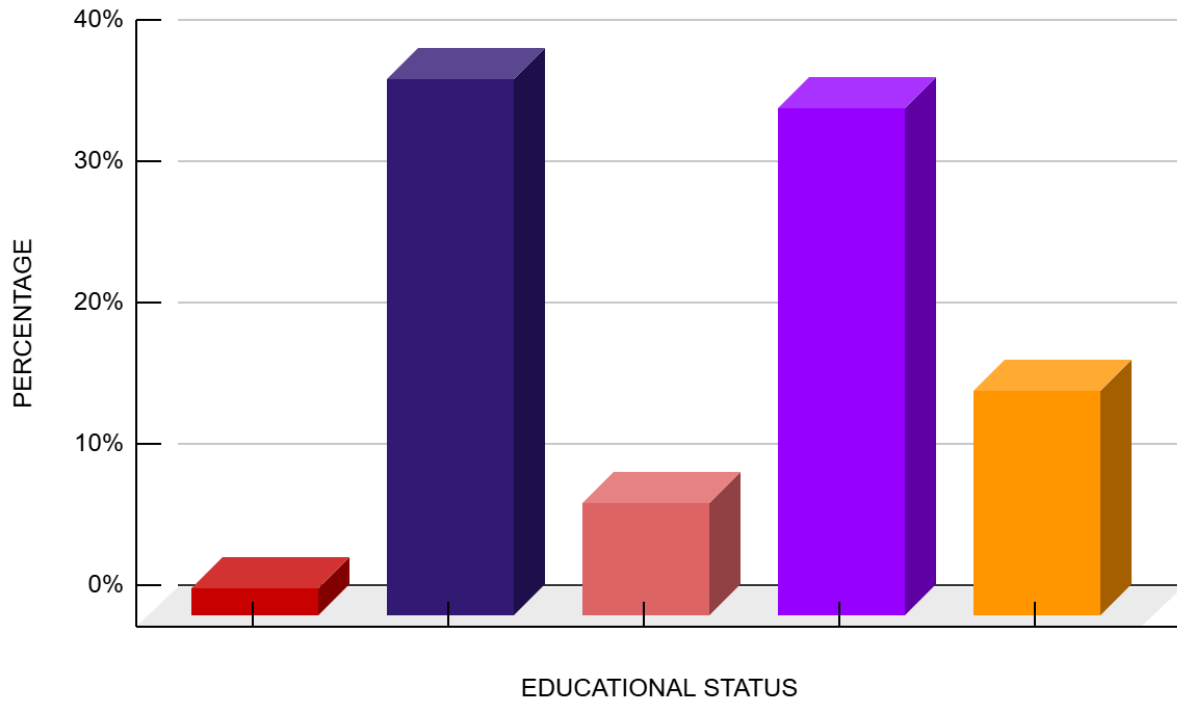


Figure 4.7: Bar diagram showing the Educational status of Mothers of Reproductive age.

Figure 4.7: shows that out of 50 mothers ; 2% had no formal education , 38% had 1^o education, 8% had 2^o education, 36% had higher secondary level of education and 16% were graduate and above.

DISTRIBUTION OF SAMPLES ACCORDING TO OCCUPATION

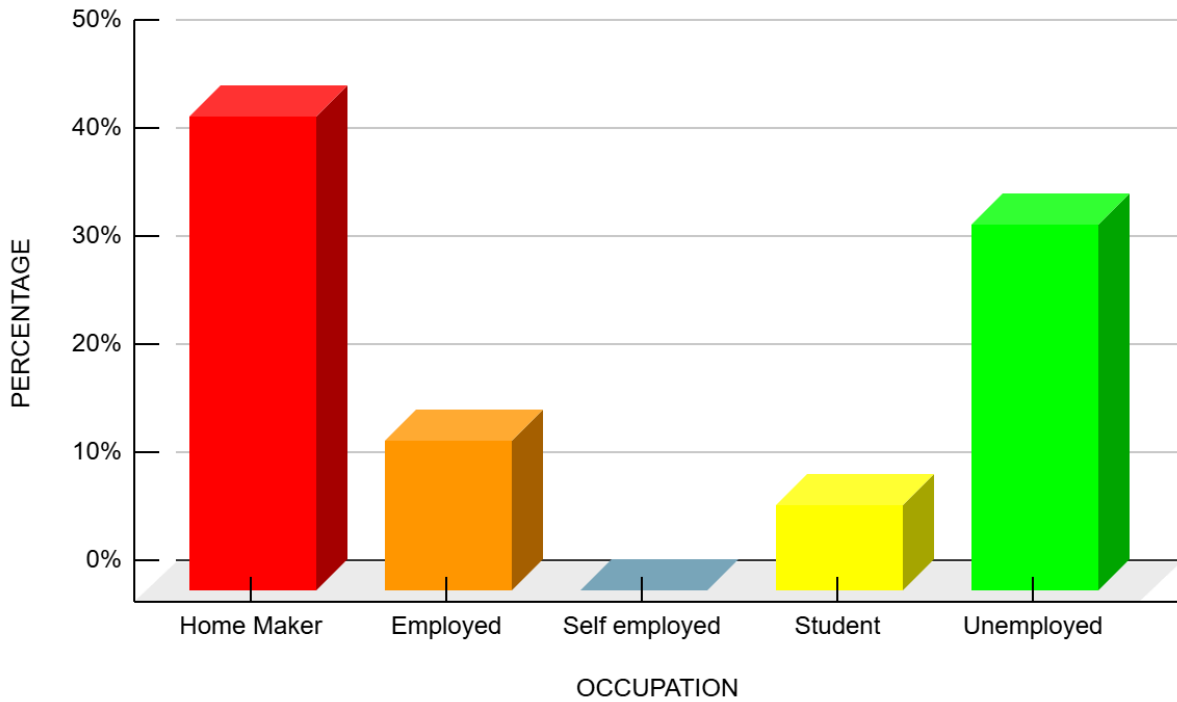


Figure 4.8: Bar diagram showing the Occupation of Mothers of Reproductive age.

Figure 4.8: shows that out of 50 mothers Occupation upon 22% belongs to Home maker and 14% belongs to Employed , 0% belongs to Self employed, 08% belongs to Student and 34% belongs to Unemployed.

DISTRIBUTION OF SAMPLES ACCORDING TO PARITY

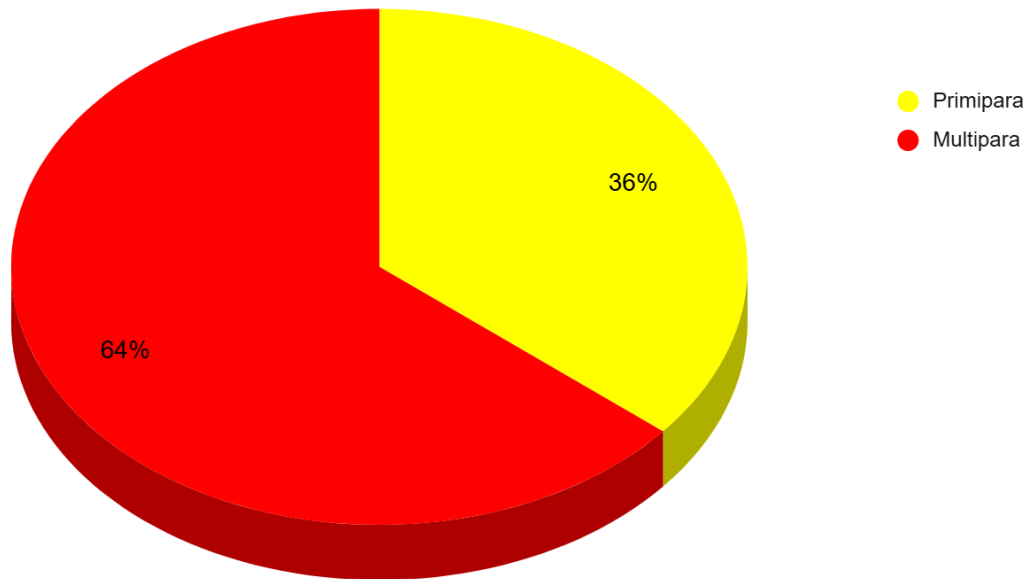


Figure 4.9: Pie diagram showing the Parity of Mothers of Reproductive age.

Figure 4.9: shows that out of 50 mothers Parity upon 36% belongs to Primipara Mothers and 64% belongs to Multipara Mothers.

4.5.2 SECTION B: ASSESSMENT OF LEVEL OF KNOWLEDGE OF MOTHERS AT REPRODUCTIVE AGE REGARDING FAMILY PLANNING METHODS.

TABLE 4.2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF KNOWLEDGE OF MOTHERS AT REPRODUCTIVE AGE REGARDING FAMILY PLANNING METHODS.

N=50

SI NO.	LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE
1.	Adequate Knowledge	00	00%
2.	Moderate Knowledge	13	26%
3.	Inadequate Knowledge	37	74%

DISTRIBUTION OF SAMPLES ACCORDING TO LEVEL OF KNOWLEDGE

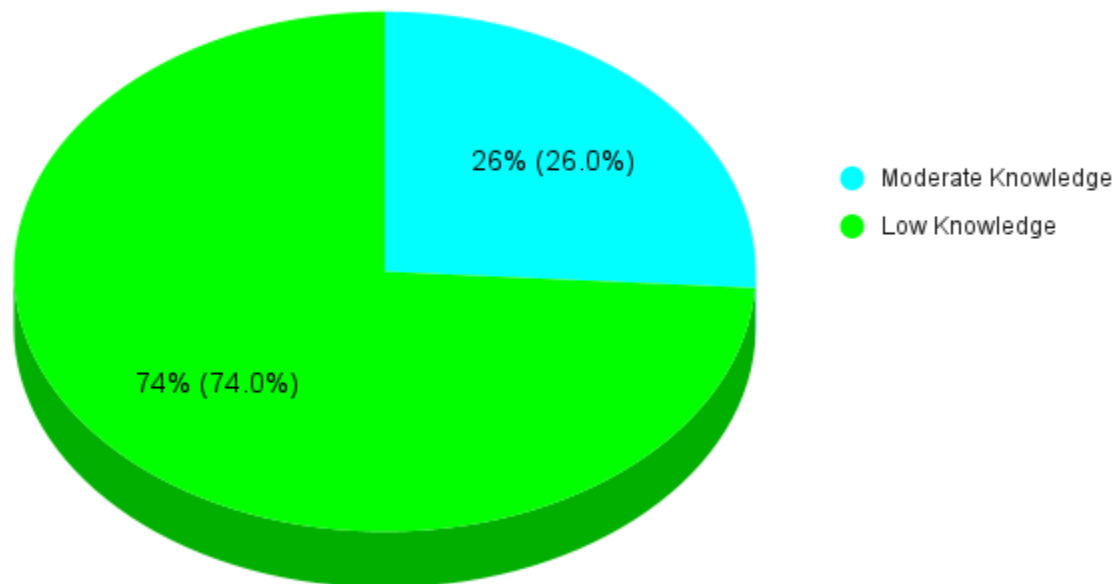


Figure 4.10: Pie diagram showing the level of knowledge of mothers of reproductive age regarding family planning methods

Table 4.2 and fig 4.10 shows that 26% had Moderate Knowledge and 74% had Low Knowledge

4.5.3 SECTION C: ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE REGARDING FAMILY PLANNING METHODS AMONG MOTHERS OF REPRODUCTIVE AGE WITH SELECTED VARIABLES.

Table 4.3 : Association between the level of knowledge regarding family planning methods with selected variables.

SELECTED VARIABLES	LEVEL OF KNOWLEDGE			df	Chi square value	Table value	Inference
	HIGH	MODERATE	LOW				
AGE				4	0.82	11.07	NS
18 - 25	0	5	17				
26 - 39	0	7	16				
40 - 49	0	1	4				
RELIGION				4	1.12	11.07	NS
Hindu	0	1	5				
Muslims	0	12	30				
Christian	0	0	2				
Others	0	0	0				
TYPE OF FAMILY				1	0.024	3.84	NS
Nuclear	0	6	18				
Joint	0	7	19				
SOURCE OF INFORMATION				8	17.31	15.51	S
Parents	0	20	4				
Teachers	0	1	2				
Health workers	0	3	12				
Media	0	4	3				
Friends	0	1	0				
PLACE OF							

RESIDENCE							
Rural	0	6	25	1	1.87	3.84	NS
Urban	0	7	12				
MONTHLY FAMILY INCOME							
10,000-30,000	0	2	21	6	9.72	12.59	NS
31,000-70,000	0	7	15				
71,000-100,000	0	3	1				
100,000&above	0	0	1				
EDUCATIONAL STATUS							
No formal education	0	0	1	8	0.553	15.51	NS
Primary	0	4	15				
Secondary	0	1	3				
Higher Secondary	0	5	13				
Graduate & above	0	2	6				
OCCUPATION							
Home maker	0	6	16	8	4.04	15.51	NS
Employed	0	3	4				
Self employed	0	0	0				
Student	0	2	2				
Unemployed	0	2	15				

PARITY							
Primipara	0	6	12	2	0.6	5.99	NS
Multipara	0	8	24				

NS : Non- significant

S : Significant

Table 4.3 shows chi square value of association between the level of knowledge of mothers of reproductive age regarding family planning methods was less than table value at $P < 0.05$ level of significance. Hence, the alternative hypothesis was rejected and the null hypothesis was accepted.

4.6 SUMMARY

*"The journey of a thousand miles begins with a single step."
– Lao Tzu⁵⁶*

The present study aimed to assess the knowledge regarding family planning methods among mothers of reproductive age in selected hospitals in Kannur District. The study findings showed that the majority of samples were in the age group of 26 – 39 years and majority of them belonged to Muslims(84%). About 74% of mothers had inadequate knowledge and 26% had moderate knowledge regarding family planning methods. The association between selected variables such as age, religion, type of family, place of residence, educational status, occupation and parity, with knowledge scores was analysed. Statistical tests showed no significant association, leading to the acceptance of the null hypothesis. The study was limited by the small sample size and the inclusion of mothers from hospitals at Kannur , which limits the generalizability of the findings. Future research with a larger and more diverse sample is recommended to validate and expand on these results.

CHAPTER - 5

RESULTS

“ Results drive respect. Respect yields authority. Leaders who deliver results, command respect.”
-Krishna Saagar Rao⁵⁷

5.1 INTRODUCTION

The Results section of a research study presents the findings obtained from the analysis of collected data. This section provides a clear, objective, and systematic account of the outcomes of the study without interpretation or discussion. The results are usually organized in accordance with the research objectives, hypothesis, or research questions and are supported by appropriate tables, figures, and statistical measures.⁴⁸

This chapter deals with the result of study findings obtained through analysis and interpretation of data which is collected from 50 mothers of reproductive age in selected hospitals at Kannur, with a self structured knowledge questionnaire to assess the level of knowledge regarding family planning methods.⁴⁹

In quantitative research, the results include descriptive statistics (such as frequencies, percentages, means, and standard deviations) and inferential statistics (such as t-tests, chi-square tests, or correlations) used to determine relationships or differences among variables. The emphasis is on presenting factual data accurately and concisely so that readers can understand what was found in the study.

Overall, the Results section serves as the foundation for the discussion and interpretation, enabling researchers and readers to evaluate whether the study objectives were achieved and whether the hypothesis were supported or rejected.

5.2 OBJECTIVES

1. To assess the level of knowledge regarding family planning methods among mothers of reproductive age.
2. To find out the association between knowledge among mothers of reproductive age and selected variables (Age, Religion, Type of family, Source of information, Place of residence, Monthly family income, Education, Occupation, Parity).

5.3 HYPOTHESIS

H_i: There will be a significant association between knowledge among mothers of reproductive age and selected variables (Age, Religion, Type of family, Source of information, Place of residence, Monthly family income, Education, Occupation, Parity) .

5.4 RESULTS

The results presented a detailed analysis of data collected to assess the level of knowledge regarding family planning methods among mothers of reproductive age in selected Kannur ,District. The finding is organised into 3 sections.

5.4.1 SECTION A: DESCRIPTION OF SELECTED VARIABLES OF MOTHERS OF REPRODUCTIVE AGE.

5.4.2 SECTION B: ASSESSMENT OF LEVEL OF KNOWLEDGE OF MOTHERS OF REPRODUCTIVE AGE REGARDING FAMILY PLANNING METHODS.

5.4.3 SECTION C: ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE OF MOTHERS AT REPRODUCTIVE AGE REGARDING FAMILY PLANNING METHODS AND SELECTED VARIABLES.

5.4.1 SECTION A: DESCRIPTION OF SELECTED VARIABLES OF MOTHERS OF REPRODUCTIVE AGE.

This section describes the distribution of selected variables such as age, religion, type of family, source of information, place of residence, monthly family income, educational status , occupation, parity.

In this study 23 (46%) of mothers were at the age between 26 - 39, 22 (44%) were in the age group of 18 - 25 and 5 (10%) were at the age group of 40 - 49. Majority 42 (84%) were Muslims, 6 (12%) were Hindus, 2 (4%) were Christians among them. Most 26 (52%) belonged to a joint family and 24 (48%) were nuclear families. 24 (48%) got the information from parents, 15 (30%) from health workers, 7 (14%) from the media, 3 (6%) from teachers and 1 (2%) from friends. 31(62%) were in rural regions and 19 (38%) were in urban regions. 23 (46%) of them had 10,000 - 30,000 monthly family income, 22 (44%) of them had 31,000 - 70,000, 4 (8%) had 71,000 - 100,000 and 1 (2%) had the monthly family income of 100,000 and above. 19 (38%) of them had primary level of education, 18 (36%) of them had higher secondary level of education, 8 (16%) of them had graduated and above level of education, 4 (8%) them had secondary education and 1 (2%) had no formal level of education. 22(44%) of mothers were home makers, 17 (34%) were unemployed, 7 (14%) were employed, 4 (8%) were students and none of them were self-employed. 32 (64%) of mothers were Multipara whereas 18 (36%) were Primipara.

5.4.2 SECTION B: ASSESSMENT OF LEVEL OF KNOWLEDGE OF MOTHERS REPRODUCTIVE AGE REGARDING FAMILY PLANNING METHODS.

This section presents the distribution of knowledge regarding family planning methods among mothers of reproductive age .In this study, among 50 mothers 74% had inadequate knowledge and 26% had Moderate Knowledge and none of them had adequate knowledge regarding family planning methods.

5.4.3 SECTION C: ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE OF MOTHERS AT REPRODUCTIVE AGE REGARDING FAMILY PLANNING METHODS AND SELECTED VARIABLES.

This section presents the association between level of knowledge regarding family planning methods among mothers of reproductive age. There is significant association to source of information and no significant association between Age, Religion, Type of family, Place of residence, Monthly family income, Education, Occupation, Parity. So the null hypothesis was accepted and the alternative hypothesis was rejected.

5.5 SUMMARY

The result of the present study revealed that the majority of Mothers of reproductive age had a low level of knowledge regarding family planning methods, while none of them had adequate knowledge regarding family planning methods. Statistical analysis using the chi-square test showed that there was significant association with source of information and no significant association between age, religion, type of family, place of residence, monthly family income, educational status, occupation, parity. These findings highlight the need for improved knowledge and strategies to enhance Mothers to understand more about family planning methods.⁵⁰

CHAPTER - 6

DISCUSSION, SUMMARY AND CONCLUSION

"The conclusion is the place where you finish what you were trying to say." - H.W. Fowl⁵⁸

6.1 INTRODUCTION

This chapter encapsulates the pivotal findings of the study on "Knowledge of Mothers at Reproductive Age Regarding Family Planning Methods", undertaken at selected hospitals in Kannur. It provides an exhaustive summary of the major results, contextualized within the ambit of the stated objectives, and draws cogent conclusions that underscore the significance of the study. The chapter delineates the implications of the study in nursing practice, education, administration, and research, with a view to informing strategies that bolster knowledge and uptake of family planning methods among mothers of reproductive age. Furthermore, it candidly outlines the limitations of the study and offers actionable recommendations for future research, serving as a vital bridge between the research findings and their practical application in promoting reproductive health and well-being.

6.2 DISCUSSION

The findings of the present study have been discussed in terms of the objectives and in relation to observations made by other study findings which the investigators had reviewed. A self structured questionnaire was used in the study. Data collection was done from 50 samples through convenient sampling techniques. The knowledge of mothers at reproductive age regarding family planning methods was found to be inadequate knowledge, with most participants scoring between 0 - 30% . Specifically, while many were aware of hormonal pills and condoms, there were significant gaps in knowledge about long-acting.

6.2.1 To assess the level of knowledge of mothers of reproductive age regarding family planning methods.

The first objective of the present study was to assess the level of knowledge regarding mothers of reproductive age. In this present study, a self structured knowledge questionnaire was administered and analyzed by descriptive statistics. 74% of mothers had inadequate knowledge, (26%) had moderate knowledge and none of them had adequate knowledge regarding family planning methods.

6.2.2 To find out the association between the level of knowledge of mothers of reproductive age regarding family planning methods.

The second objective was to find out the association between the level of knowledge regarding family planning methods among mothers of reproductive age with selected variables. In the present study, there is significant association to source of information and no significant association between Age, Religion, Type of family, Place of residence, Monthly family income, Education, Occupation, Parity.

A cross-sectional study by Mansi Shukla, Mallika Fonseca, and Prasad Deshmukh assessed knowledge, attitude, and practices regarding family planning among 547 women aged 15–45 years attending a tertiary hospital in Mumbai. Data collected through a structured questionnaire showed that 91% of women were aware of at least one family planning method, but detailed knowledge and counseling were limited. About 62.5% were using contraception. The study concluded that although general awareness was high, adequate knowledge was insufficient, highlighting the need for structured health education programs.⁵¹

6.3 SUMMARY

A descriptive research approach was used in this study to assess the level of knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur District. The conceptual framework of this study was developed based on modified general system theory, where mothers are viewed as adaptive systems responding to external stimuli (knowledge) and demonstrating cognitive and behavioural adaptation in the form of their knowledge and progression levels. A total of 50 mothers were selected using purposive sampling based on inclusion criteria. Data were collected using a self-structured questionnaire. The selected variables were age, religion, type of family, place of residence, monthly family income, educational status, occupation, parity. Analysis was carried out using both descriptive and inferential statistics to meet the objectives of the study.

The findings revealed that:

1. In this study, among 50 mothers 74% had Inadequate knowledge and 26% had Moderate Knowledge and none of them had adequate knowledge regarding family planning methods.
2. Statistical analysis using the chi-square test showed that there was no significant association between the levels of knowledge regarding family planning methods with selected variables such as age, religion, type of family, source of information, place of residence, monthly family income, educational status, occupation, parity at the 0.05 level of significance except source of information.

3. The study findings highlight the need for improved knowledge and strategies to enhance mothers to understand more about family planning methods.

6.4 CONCLUSION

The main aim of the study was to assess the level of knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur District. The assessment provided insights into the mother's knowledge , its indications ,types of methods , as well as their current knowledge about family planning methods.

The following conclusions were drawn based on the findings of the study:

There is significant association between the level of knowledge regarding family planning methods among mothers of reproductive age with selected variables such age , religion, type of family, place of residence, monthly family income, educational status, occupation, parity. No significant association with source of information. The majority of mothers of reproductive age had an inadequate level of knowledge regarding family planning methods, while none of them had adequate knowledge regarding family planning methods .The findings highlight the need for improved knowledge and strategies to enhance mothers to understand more about family planning methods.

6.5 IMPLICATIONS OF THE STUDY

The implication of the study is discussed under:

6.5.1 NURSING PRACTICE

The study highlights the existing gaps in knowledge regarding family planning methods among mothers of reproductive age, indicating the need for regular health education and counseling by nurses in hospital settings.

Nurses can utilize the developed self-instructional module as an effective teaching tool to enhance mothers' understanding of different family planning methods, including spacing, permanent, and emergency contraception.

Improved knowledge among mothers can lead to better acceptance and correct use of family planning methods, thereby reducing unintended pregnancies and maternal health risks. The study reinforces the role of nurses as health educators and counselors in promoting informed decision-making related to family planning.

6.5.2 NURSING EDUCATION

The findings suggest the need to strengthen family planning and reproductive health content in nursing curricula.

Nursing students can be trained to use self-instructional modules, pamphlets, and audiovisual aids for educating mothers during antenatal, postnatal, and outpatient visits.

The study encourages incorporation of evidence-based teaching strategies to improve communication skills related to family planning counseling.

Nursing educators can use the results of the study as teaching material for research methodology and community health nursing subjects.

6.5.3 NURSING ADMINISTRATION

Nursing administrators can plan and implement regular in-service education programs on family planning methods for nursing staff.

The study supports the development of standardized educational materials, such as self-instructional modules, to be used in hospitals and community health settings.

Hospital administrators can ensure availability of adequate educational resources and counseling time for nurses to educate mothers effectively.

The findings can assist administrators in policy formulation and quality improvement initiatives related to maternal and reproductive health services.

6.5.4 NURSING RESEARCH

The study provides baseline data for future research related to knowledge, attitude, and practice of family planning methods. It opens avenues for conducting experimental or quasi-experimental studies to test the effectiveness of different educational interventions. Comparative studies can be undertaken between urban and rural settings, or among different age groups and socio-demographic categories. The study encourages further research on long-term impact of self-instructional modules on family planning practices and outcomes.

6.6 LIMITATIONS OF THE STUDY

- The study was limited to Mothers of reproductive age in selected hospitals at Kannur, which restricts the generalizability of the findings.
- The sample size was small (50 mothers) and selected using a purposive sampling technique, which may have introduced sampling bias.

6.7 RECOMMENDATIONS

- A similar study can be conducted with a larger sample size to strengthen the findings and improve generalizability.
- A longitudinal time series study can be carried out to explore changes in knowledge level.
- A similar study can be conducted among mothers from different hospitals.

REFERENCES

- 1.Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. Contraceptive technology. 21st ed. Ayer Company Publishers; 2018.
Nurse as Educator: Principles of Teaching and Learning for Nursing Practice.
- 2.Bastable SB. Nurse as educator: Principles of teaching and learning for nursing practice. 5th ed. Jones & Bartlett Learning; 2019.
- 3.State of World Population 2022 United Nations Population Fund (UNFPA). State of World Population Report 2022. New York: UNFPA; 2022.
- 4.Adding It Up: The Costs and Benefits of Investing in Contraceptive Services
Singh S, Darroch JE, Ashford LS, Vlassoff M. Adding it up: The costs and benefits of investing in contraceptive services. New York: Guttmacher Institute; 2014.
- 5.Park K. Park's textbook of preventive and social medicine. 26th ed. Jabalpur: Banarsidas Bhanot; 2021.
- 6.Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. Contraceptive technology. 21st ed. Ayer Company Publishers; 2018. Nurse as Educator: Principles of Teaching and Learning for Nursing Practice
- 7.Bastable SB. Nurse as educator: Principles of teaching and learning for nursing practice. 5th ed. Jones & Bartlett Learning; 2019.
- 8.State of World Population 2022 United Nations Population Fund (UNFPA). State of World Population Report 2022. New York: UNFPA; 2022.
- 9.Adding It Up: The Costs and Benefits of Investing in Contraceptive Services Singh S, Darroch JE, Ashford LS, Vlassoff M. Adding it up: The costs and benefits of investing in contraceptive services. New York: Guttmacher Institute; 2014.
- 10.Kothari CR, Garg G. Research methodology: methods and techniques. 3rd ed. New Delhi: New Age International Publishers; 2014.
- 11.Community Health Nursing Basavanthappa BT. Community health nursing. 3rd ed. New Delhi: Jaypee Brothers Medical Publishers; 2018.

- 12.State of World Population 2019 United Nations Population Fund. State of world population 2019: Unfinished business—The pursuit of rights and choices for all. New York: UNFPA; 2019.
- 13..State of World Population 2022 United Nations Population Fund (UNFPA). State of World Population Report 2022. New York: UNFPA; 2022.
- 14.Adding It Up: The Costs and Benefits of Investing in Contraceptive Services Singh S, Darroch JE, Ashford LS, Vlassoff M. Adding it up: The costs and benefits of investing in contraceptive services. New York: Guttmacher Institute; 2014.
- 15.Community Health Nursing Basavanthappa BT. Community health nursing. 3rd ed. New Delhi: Jaypee Brothers Medical Publishers; 2018.
- 16.State of World Population 2021: My Body Is My Own United Nations Population Fund (UNFPA). State of World Population 2021: My Body Is My Own – Claiming the right to autonomy and self-determination. New York: UNFPA; 2021.
- 17.Srivastava SS. An Introduction to Legal Research Methodology. 1st ed. Vijayawada: Asia Law House; 2025.
- 18.The Mathematical Papers of Isaac Newton I. Letter to Robert Hooke, 5 February 1675. In: Whiteside DM, editor. The Mathematical Papers of Isaac Newton. Vol. 6. Cambridge: Cambridge University Press; 1976. p. 339
- 19.Singh A, Pallikadavath S, Ram F, Ogollah R. Inequalities in the use of maternal and reproductive health services in India. BMC Public Health. 2019;19(1):1–12.
- 20.Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Contraception and health. Lancet. 2012;380(9837):149–56.Ahmed S, Li Q, Liu L, Tsui AO. 18.Maternal deaths averted by contraceptive use: an analysis of 172 countries. Lancet. 2012;380(9837):111–25.
- 21..Puri S, Bhatia V, Swami HM, Singh A. Awareness and practices of contraception among antenatal women in a tertiary care hospital. Indian J Community Med. 2007;32(2):128–3
- 22.Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. Lancet. 2020;396(10263):181–189.
- 23.Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Contraception and health. Lancet. 2012;380(9837):149–156.

24. Bearak J, Popinchalk A, Alkema L, Sedgh G. Global, regional, and subregional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model. *Lancet Glob Health*. 2018;6(4):e380–e389.
25. Ierland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Contraception and health. *Lancet*. 2012;380(9837):149–56. Ahmed S, Li Q, Liu L, Tsui AO. 18. Maternal deaths averted by contraceptive use: an analysis of 172 countries. *Lancet*. 2012;380(9837):111–25.
26. Kumar P, et al. A descriptive study on contraceptive awareness and practices among postnatal mothers in a tertiary care hospital.
27. Nair S, et al. Contraceptive prevalence and method mix among women in Kerala: A community-based cross-sectional study. 2020.
28. Joseph A, George M. Contraceptive practices among postnatal mothers: A hospital-based descriptive study. 2021.
29. Bongaarts J, et al. Educational differentials in knowledge of family planning methods: A multinational analysis. 2022.
30. Sharma S, Verma P. Knowledge regarding family planning methods among women: A descriptive survey. 2020.
31. Singh A, et al. Awareness of contraceptive methods among postnatal mothers in a tertiary care hospital. 2021.
32. Rao M, et al. Knowledge, attitudes, and misconceptions regarding family planning among women: A cross-sectional study. 2022.
33. Patel R, et al. Knowledge of emergency contraception and spacing methods among women: A descriptive analytical study. 2023.
34. Nair R, Thomas J. Knowledge regarding family planning methods among mothers in Kerala: A descriptive cross-sectional study. 2020.
35. Mathew L, et al. Knowledge and understanding of contraceptive side effects among postnatal mothers: A hospital-based study. 2021.
36. Shukla M, Fonseca M, Deshmukh P. A study on contraceptive knowledge, attitudes and practices among women in the reproductive age group.

37. Joseph L, et al. Effectiveness of structured teaching program on knowledge regarding family planning methods among postnatal mothers: A pre-experimental study. 2022.
38. World Health Organization. Family planning/Contraception. Geneva: WHO; 2023. Available <https://www.who.int/news-room/fact-sheets/detail/family-planningcontraception>
39. World Health Organization. Maternal mortality. Geneva: WHO; 2023. Available from: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality> World Health Organization. Family planning/contraception. Geneva: WHO; 2020.
40. International Institute for Population Sciences (IIPS) & ICF. National Family Health Survey (NFHS-5), 2019–21: India. Ministry of Health and Family Welfare; 2020. International Institute for Population Sciences (IIPS) & ICF. National Family Health Survey (NFHS-5), 2019–21: India. Mumbai: IIPS; 2021.
41. International Institute for Population Sciences (IIPS) & ICF. National Family Health Survey (NFHS-5), Kerala Fact Sheet 2019–21. Mumbai: IIPS; 2021. United Nations Population Fund. State of World Population 2021: My body is my own. UNFPA; 2021.
42. Online Sources / Government & Organization Reports Ministry of Health and Family Welfare (MoHFW). National Programme for Family Planning. Government of India; 2022.
43. Ministry of Health and Family Welfare. National Family Planning Programme: Programme overview. New Delhi: MoHFW; 2018.
44. Ministry of Health and Family Welfare. National Family Planning Programme in India: An overview. New Delhi: MoHFW; 2018.
45. World Health Organization. Family planning/contraception methods. Geneva: World Health Organization; 2020.
46. World Health Organization Programming strategies for postpartum family planning. Geneva: World Health Organization; 2013.
47. World Health Organization. Maternal mortality: Evidence brief. Geneva: World Health Organization; 2019.
48. International Institute for Population Sciences (IIPS), ICF. National Family Health Survey (NFHS-5), India 2019–21. Mumbai: IIPS; 2022.

49. World Health Organization. Trends in maternal mortality: 2000–2017. Geneva: World Health Organization; 2019.
50. World Health Organization. Family planning/contraception methods [Internet]. Geneva: World Health Organization; 2023 [cited 2026 Feb 11]. Available from: <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>.
51. World Health Organization. Family Planning: A Global Health Priority [Internet]. Geneva: WHO; 2024 [cited 2026 Feb 11]. Available from: <https://www.who.int/news-room/factsheets/detail/family-planning-contraception>.
52. World Health Organization. Maternal mortality: Evidence brief. Geneva: World Health Organization; 2019.
53. United Nations Department of Economic and Social Affairs, Population Division. World Family Planning 2020: Highlights. New York: United Nations; 2020. World Health Organization.
54. United Nations Population Fund. State of World Population 2019: Unfinished business – the pursuit of rights and choices for all. New York: UNFPA; 2019.
55. National Institute of Population Research and Training (NIPORT), ICF. National Family Health Survey (NFHS-5), India, 2019–21. Mumbai: IIPS; 2022.
56. International Institute for Population Sciences (IIPS), ICF. National Family Health Survey (NFHS-5), India 2019–21. Mumbai: IIPS; 2022.
57. United Nations Children's Fund (UNICEF). Misconceptions and knowledge gaps in modern contraceptive methods: A global review. New York: UNICEF; 2021. International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), 2019–21: India. Mumbai: IIPS; 2021.
58. Rao KS. Results drive respect. Respect yields authority. Leaders who deliver results, command respect. Leadership quote attributed to Krishna Saagar Rao. Goodreads; 2026 [cited 2026 Feb 11]. Available from: <https://www.goodreads.com/quotes/tag/results-quote>. Fowl HW. Personal communication regarding research writing principles; 2026 Feb 11.

ANNEXURE A
INSTITUTIONAL ETHICAL CLEARANCE CERTIFICATE

COLLEGE OF NURSING
KANNUR MEDICAL COLLEGE

ANJARAKANDY, KANNUR – 670 612 Phone: 0497-2855006
e-mail:collegeofnursing@anjarakandy.in

CERTIFICATE OF APPROVAL

No. CONSRC/01/2026

DATE: 13.01.2026

This is to certify that the study titled 'A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING FAMILY PLANNING METHODS AMONG MOTHERS OF REPRODUCTIVE AGE AT SELECTED HOSPITALS IN KANNUR DISTRICT WITH A VIEW TO DEVELOP A SELF INSTRUCTIONAL MODULE' was reviewed by the Scientific Research Committee of College of Nursing, Kannur Medical College, Anjarakandy and approved on 13.01.2026.


Research Coordinator




PRINCIPAL 13/01/2026
Dr. J. Sathya Shenbega Priya
PRINCIPAL
College Of Nursing
Kannur Medical College
Anjarakandy, Kannur-670 612

ANNEXURE B
LETTER GRANTING PERMISSION TO CONDUCT PILOT STUDY

COLLEGE OF NURSING
KANNUR MEDICAL COLLEGE
(Recognized by Indian Nursing Council and Kerala Nurses and Midwives Council, affiliated
to Kerala University of Health Sciences)
ANJARAKANDY, KANNUR - 670 612, Phone: 0497-2855006
e - mail: collegeofnursing@anjarakandy.in

CON/01/2026/12

DATE: 09.01.2026

To

The General Manager
KMC, Anjarakandy

Subject: Request for permission to conduct Pilot study by seventh semester BSc Nursing students Reg:-

Respected Madam,

As part of BSc Nursing curriculum, the following seventh semester BSc Nursing students need to conduct Pilot Study. The students are selected the topic "A Descriptive study to assess the knowledge regarding the Family Planning methods among mothers of reproductive age at selected hospital, Kannur with a view to develop self instructional module.

1. Sreya P
2. Sreyasi
3. Sreelakshmi P B
4. Sreelakshmi Suresh
5. Staniya Jilj
6. Vignesh Gopinath
7. Vivek S

I request you to kindly help our students to conduct the study at your esteemed institution from 14.01.2026 to 19.01.2026. The students will meet you personally.

Thanking you



PRINCIPAL.
Dr. J. Sathya Priya
Principal
College of Nursing
Kannur Medical College
Anjarakandy, Kannur-670 612

ANNEXURE C
LETTER GRANTING PERMISSION TO CONDUCT MAIN STUDY

COLLEGE OF NURSING
KANNUR MEDICAL COLLEGE

(Recognized by Indian Nursing Council and Kerala Nurses and Midwives Council, affiliated
to Kerala University of Health Sciences)
ANJARAKANDY, KANNUR – 670 612, Phone: 0497-2855006
e - mail: collegeofnursing@anjarakandy.in

CON/01/2026/18

DATE: 13.01.2026

To

The Medical Superintendent
HNC Mattannur Mission Hospital
Mattannur

Subject: Request for permission to conduct Main study by seventh semester BSc Nursing students Reg:-

Respected Madam,

As part of BSc Nursing curriculum, the following seventh semester BSc Nursing students need to conduct Main Study. The students are selected the topic "A Descriptive study to assess the knowledge regarding the Family Planning methods among mothers of reproductive age at selected hospital, Kannur with a view to develop self instructional module.

1. Sreya P
2. Sreyasi
3. Sreelakshmi P B
4. Sreelakshmi Suresh
5. Staniya Jilj
6. Vignesh Gopinath
7. Vivek S

I request you to kindly help our students to conduct the study at your esteemed institution from 20.01.2026 to 24.01.2026. The students will meet you personally.

Permitted to
Collection.



Thanking you

J. Sathya Sreetha Priya
13/1/2026
Dr. J. Sathya Sreetha Priya
PRINCIPAL
College Of Nursing
Kannur Medical College
Anjarakandy, Kannur-670 612

ANNEXURE D
LETTER GRANTING PERMISSION TO CONDUCT MAIN STUDY

COLLEGE OF NURSING
KANNUR MEDICAL COLLEGE

(Recognized by Indian Nursing Council and Kerala Nurses and Midwives Council, affiliated
to Kerala University of Health Sciences)
ANJARAKANDY, KANNUR – 670 612, Phone: 0497-2855006
e - mail: collegeofnursing@anjarakandy.in

CON/01/2026/12

DATE: 13.01.2026

To

The Medical Superintendent
Christuraj Hospital
Kuthuparamba, Kannur

Subject: Request for permission to conduct Main study by seventh semester BSc Nursing students Reg:-

Respected Madam,

As part of BSc Nursing curriculum, the following seventh semester BSc Nursing students need to conduct Main Study. The students are selected the topic "A Descriptive study to assess the knowledge regarding the Family Planning methods among mothers of reproductive age at selected hospital, Kannur with a view to develop self instructional module.

1. Sreya P
2. Sreyasi
3. Sreelakshmi P B
4. Sreelakshmi Suresh
5. Staniya Jilj
6. Vignesh Gopinath
7. Vivek S



I request you to kindly help our students to conduct the study at your esteemed institution from 20.01.2026 to 24.01.2026. The students will meet you personally.

Thanking you

J. Sathya Shenbega Priya
13/1/26
PRINCIPAL
Dr. J. Sathya Shenbega Priya
PRINCIPAL
College Of Nursing
Kannur Medical College
Anjarakandy, Kannur-670 612



You are permitted to conduct this study in our Health Care Mission. Approved by Administrator, Christuraj Hospital.

ANNEXURE E
INFORMED CONSENT FORM

I _____ is willing to participate in the project carried out by MS Sreelakshmi P B, MS Sreelakshmi Suresh, MS Sreya P, MS Sreyasi C V, MS Staniya Jilj, MR Vignesh Gopinath MR Vivek S 7th Semester B. Sc. Nursing students of College Of Nursing, Kannur Medical College, Anjarakandy on the topic:

“A descriptive study to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur, District with a view to develop self instructional module”

I am willing to cooperate with the researcher by providing necessary information. I am informed that information provided by me will be used only for study purpose and that the confidentiality of my response will be maintained. I am also informed that I can refrain from study whenever I want.

Name:

Signature:

Date

ANNEXURE F

സമ്മതപത്രം

ഞാൻ/(പേര്) _____ (വിലാസം) എന്നയാൾ/ ആളുകൾ. ഈ ഗവേഷണ/പഠനത്തിന്റെ ഭാഗമായി ഞങ്ങളിൽ നിന്ന് ശേഖരിക്കുന്ന എല്ലാ വിവരങ്ങളും (വ്യക്തിഗത വിവരങ്ങൾ, ആരോഗ്യവുമായി ബന്ധപ്പെട്ട വിവരങ്ങൾ ഉൾപ്പെടെ) പൂർണ്ണമായും രഹസ്യമായി സൂക്ഷിക്കപ്പെടുമെന്ന് എനിക്ക്/ഞങ്ങൾക്ക് വ്യക്തമാക്കിയിട്ടുണ്ടെന്ന് ഇതുവഴി അറിയിക്കുന്നു.

ഈ പഠനത്തിന്റെ ആവശ്യത്തിനായി മാത്രമേ ഈ വിവരങ്ങൾ ഉപയോഗിക്കുകയുള്ളൂ എന്നും, നിയമപരമായ അനുമതി ആവശ്യമായ സാഹചര്യം ഒഴികെ, ഞങ്ങളുടെ വ്യക്തിത്വം വെളിപ്പെടുത്തുന്ന തരത്തിൽ യാതൊരു സാഹചര്യത്തിലും ഈ വിവരങ്ങൾ പുറത്തുവിടുകയില്ലെന്നും ഞങ്ങൾക്ക് ഉറപ്പ് നൽകിയിട്ടുണ്ട്.

ഞങ്ങളിൽ നിന്ന് ശേഖരിക്കുന്ന വിവരങ്ങൾ സുരക്ഷിതമായി സൂക്ഷിക്കപ്പെടുകയും, പഠനം പൂർത്തിയായതിന് ശേഷം ഗവേഷണ മാർഗനിർദ്ദേശങ്ങൾ അനുസരിച്ച് മാത്രം ഉപയോഗിക്കപ്പെടുകയും ചെയ്യും. ഈ പഠനത്തിൽ പങ്കെടുക്കുന്നത് പൂർണ്ണമായും എന്റെ/ഞങ്ങളുടെ സ്വമേധയാ ഉള്ള തീരുമാനമാണെന്നും ഏതുസമയത്തും യാതൊരു കാരണവും വ്യക്തമാക്കാതെ പഠനത്തിൽ നിന്ന് പിന്മാറാനുള്ള അവകാശം എനിക്ക്/ഞങ്ങൾക്ക് ഉണ്ടെന്നും എനിക്ക്/ ഞങ്ങൾക്ക് ബോധ്യമുണ്ട്.

- പേര്:
- ഒപ്പ്:
- തീയതി:

ANNEXURE G

TOOL

STRUCTURED KNOWLEDGE QUESTIONNAIRE ON FAMILY PLANNING METHODS GENERAL INSTRUCTIONS

- Put a tick mark on the appropriate answer.
- Read all questions carefully.
- Do not give more than one answer for a question.
- Each correct answer carries 1 mark and the wrong answer carries 0 mark.
- Try to respond to all questions.

1. What is meant by family planning?

- a) Planning marriage
- b) Planning number and spacing of children
- c) Planning family income
- d) Planning housing facilities

2. What is the main objective of family planning?

- a) Increasing fertility
- b) Preventing marriage
- c) Improving maternal and child health
- d) Delaying puberty

3. Who should adopt family planning methods?

- a) Married women only
- b) Married men only
- c) Peoples of reproductive age
- d) Elderly people

4. Where are family planning services provided free of cost in India?

- a) Private hospitals
- b) Medical colleges only
- c) Government health institutions
- d) Pharmacies

5. Why is family planning indicated in high-risk pregnancies?

- a) To increase fertility
- b) To avoid maternal complications and unwanted pregnancies
- c) To avoid marriage
- d) To increase population

6. Which method is a barrier method of contraception?

- a) IUCD
- b) Condom
- c) Oral pills

d) Injectable

7. Which IUCD is commonly used in India?

- a) Lippes loop
- b) Copper-T 380A
- c) Norplant
- d) Implanon

8. Which method is a natural method of contraception?

- a) Condom
- b) Rhythm method
- c) Oral pills
- d) IUCD

9. When should emergency contraceptive pills be taken?

- a) Before intercourse
- b) Within 72 hours after intercourse
- c) After missed period
- d) After pregnancy confirmation

10. How long is Copper-T 380A effective?

- a) 1 year
- b) 3 years
- c) 5 years
- d) 10 years

11. Which temporary method also prevents sexually transmitted infections?

- a) IUCD
- b) Oral pills
- c) Condom
- d) Injectable

12. Which contraceptive method is suitable in the postpartum period?

- a) Vasectomy
- b) Tubectomy
- c) Progesterone only pill
- d) Hysterectomy

13. What is a common side effect of oral contraceptive pills?

- a) Blindness
- b) Nausea
- c) Deafness
- d) Paralysis

14. What is a common side effect of IUCD insertion?

- a) Weight loss
- b) Excessive bleeding
- c) Hair fall
- d) Hypertension

15. What menstrual change may occur with hormonal contraceptives?

- a) Amenorrhea in first 2-3 cycle
- b) Increased appetite

- c) Fever
- d) Cough

16. What is a common side effect of Injectable contraceptives?

- a) Skin rash
- b) Irregular bleeding
- c) Blindness
- d) Bone fracture

17. Which temporary method requires correct and consistent use for effectiveness?

- a) Tubectomy
- b) Condom
- c) IUCD
- d) Implant

IV. Permanent methods of family planning

18. Which permanent method is used for Females?

- a) Vasectomy
- b) Tubectomy
- c) Condom
- d) IUCD

19. Which permanent method is used for Males?

- a) Tubectomy
- b) Hysterectomy
- c) Vasectomy
- d) Castration

20. When is permanent family planning Method recommended?

- a) Before marriage
- b) After completion of family
- c) During adolescence
- d) During first pregnancy

21. What is the main advantage of permanent methods?

- a) Temporary spacing
- b) Long-term effectiveness
- c) Reversibility
- d) STI Prevention

22. When does vasectomy become effective after the procedure?

- a) Immediately
- b) After 1 week
- c) After clearance of sperm
- d) After 24 hours

23. Why is counseling essential before permanent family planning methods?

- a) To encourage sterilization
- b) To ensure informed consent
- c) To reduce hospital stay

d) To prevent infection

24. When should alternative contraception be used after vasectomy?

a) Immediately after surgery

b) After vasectomy

c) Until semen analysis confirms absence of sperm

d) Not required any alternative

25. Which is a hormonal intrauterine device?

a) Copper-T

b) Multiload

c) Mirena

d) Lippes Lopp

26. Which injectable contraceptive provides protection for 3 months?

a) Norplant

b) DMPA

c) IUCD

d) Condom

27. Which newer contraceptive method is implanted under the skin?

a) Oral pills

b) Injectable

c) Implanon

d) Copper-T

28. Which newer contraceptive method releases hormones locally inside the uterus?

a) Copper-T

b) Multiload

c) Mirena

d) Lippes loop

29. How long does the contraceptive implant (Implanon) provide protection?

a) 6 months

b) 1 year

c) 3 years

d) 5 years

30. Which newer contraceptive method works by releasing progesterone continuously into the bloodstream?

a) Copper -T

b) Condom

c) Injectable contraceptive (DMPA)

സെക്ഷൻ -എ
ഡെമോഗ്രാഫിക് ഡാറ്റ

(ഉചിതമായ ഉത്തരം ✓ അടയാളപ്പെടുത്തുക)

1. പ്രായം (വർഷങ്ങളിൽ)

18 – 25

26 – 39

40 - 49

2. മതം

ഹിന്ദു

മുസ്ലീം

ക്രിസ്ത്യൻ

മറ്റുള്ളവ

3. കുടുംബത്തിന്റെ തരം

ന്യൂക്ലിയർ കുടുംബം

ജോയിന്റ് ഫാമിലി

4. കുടുംബാസൂത്രണ രീതികളെക്കുറിച്ചുള്ള വിവരങ്ങളുടെ ഉറവിടം

മാതാപിതാക്കൾ

അധ്യാപകർ

ആരോഗ്യ പ്രവർത്തകർ

മാധ്യമങ്ങൾ (ടിവി/ഇന്റർനെറ്റ്) സുഹൃത്തുക്കൾ

5. വസതിയുടെ സ്ഥലം

നഗരം

ഗ്രാമം

6. പ്രതിമാസ കുടുംബ വരുമാനം

10,000 - 30,000

31,000 - 70,000

71,000 - 100,000

100,000 & above

7. വിദ്യാഭ്യാസ നില

പഠനം ഇല്ല

പ്രാഥമികം

സെക്കൻഡറി

ഹയർ സെക്കൻഡറി

ബിരുദം നേടി & ഉയർന്നത്

8. തൊഴിൽ

ഗൃഹനാഥ

തൊഴിൽ

സ്വയം തൊഴിൽ

വിദ്യാർത്ഥി

തൊഴിലില്ല

9. പ്രസവം

ആദ്യമായി ഗർഭം ധരിക്കുന്ന സ്ത്രീ

□രണ്ടോ അതിലധികമോ തവണ ഗർഭം ധരിച്ച് 20 ആഴ്ചയിൽ കൂടുതൽ ഗർഭാവസ്ഥ സെക്ഷൻ ബി

കുടുംബാസൂത്രണ രീതികളെക്കുറിച്ചുള്ള ഘടനാപരമായ അറിവ് ചോദ്യാവലി പൊതുവായ നിർദ്ദേശങ്ങൾ

- ഉചിതമായ ഉത്തരത്തിൽ ഒരു ടിക്ക് അടയാളം ഇടുക.
- എല്ലാ ചോദ്യങ്ങളും ശ്രദ്ധാപൂർവ്വം വായിക്കുക.
- ഒരു ചോദ്യത്തിന് ഒന്നിൽ കൂടുതൽ ഉത്തരം നൽകരുത്.
- ഓരോ ശരിയായ ഉത്തരത്തിനും 1 മാർക്ക് ലയിപ്പിക്കുന്നു, തെറ്റായ ഉത്തരത്തിന് 0 മാർക്ക് ലയിപ്പിക്കുന്നു.
- എല്ലാ ചോദ്യങ്ങൾക്കും ഉത്തരം നൽകാൻ ശ്രമിക്കുക.

കുടുംബാസൂത്രണം

I. കുടുംബാസൂത്രണത്തിന്റെ നിർവചനം

1. കുടുംബാസൂത്രണം എന്നതുകൊണ്ട് എന്താണ് ഉദ്ദേശിക്കുന്നത്?

- a) വിവാഹം ആസൂത്രണം ചെയ്യുക
- b) കുട്ടികളുടെ എണ്ണവും അകമിടവും ആസൂത്രണം ചെയ്യുക
- c) കുടുംബ വരുമാനം ആസൂത്രണം ചെയ്യുക
- d) ഭവന സൗകര്യങ്ങൾ ആസൂത്രണം ചെയ്യുക

2. കുടുംബാസൂത്രണത്തിന്റെ പ്രധാന ലക്ഷ്യം എന്താണ്?

- a) പ്രത്യുൽപാദന ശേഷി വർദ്ധിപ്പിക്കുക
- b) വിവാഹം തടയുക
- c) മാതൃ-ശിശു ആരോഗ്യം മെച്ചപ്പെടുത്തുക
- d) പ്രായപൂർത്തിയാകുന്നത് വൈകിപ്പിക്കുക

3. കുടുംബാസൂത്രണ രീതികൾ ആരാണ് സ്വീകരിക്കേണ്ടത്?

- a) വിവാഹിതരായ സ്ത്രീകൾ മാത്രം
- b) വിവാഹിതരായ പുരുഷന്മാർ മാത്രം
- c) പ്രത്യുൽപാദന പ്രായത്തിലുള്ള ആളുകൾ
- d) മുതിർന്നവർ

4. ഇന്ത്യയിൽ ഏത് സ്ഥലങ്ങളിൽ കുടുംബാസൂത്രണ സേവനങ്ങൾ സൗജന്യമായി നൽകുന്നു?

- a) സ്വകാര്യ ഹോസ്പിറ്റലുകൾ
- b) മെഡിക്കൽ കോളേജുകൾ മാത്രം
- c) ഗവൺമെന്റ് ആരോഗ്യ സ്ഥാപനങ്ങൾ
- d) ഫാർമസികൾ

5. ഉയർന്ന അപകടസാധ്യതയുള്ള ഗർഭധാരണത്തിൽ കുടുംബാസൂത്രണം എന്തിനാണ് സൂചിപ്പിച്ചിരിക്കുന്നത്?

- a) പ്രത്യുൽപാദന ശേഷി വർദ്ധിപ്പിക്കാൻ
- b) മാതൃ സങ്കീർണതകളും അഭികൃതിയില്ലാത്ത ഗർഭധാരണവും ഒഴിവാക്കാൻ
- c) വിവാഹം ഒഴിവാക്കാൻ
- d) ജനസംഖ്യ വർദ്ധിപ്പിക്കാൻ

II. കുടുംബാസൂത്രണത്തിന്റെ താൽക്കാലിക രീതികൾ

6. ഏത് രീതിയാണ് ഗർഭനിരോധനത്തിന്റെ ഒരു തടസ്സ രീതി?

- a) IUCD

- b) കോണ്ടം
- c) ഓറൽ ഗുളികകൾ
- d) സുരക്ഷിതകാലം നോക്കൽ

7. ഇന്ത്യയിൽ സാധാരണയായി ഉപയോഗിക്കുന്ന IUCD ഏതാണ്?

- a) ലിപ്പെസ് ലൂപ്പ് (ഇത് ഗർഭാശയത്തിൽ ഭ്രൂണം പറ്റിപ്പിടിക്കുന്നത് തടയുന്നു, അല്ലെങ്കിൽ ബീജങ്ങളെ ഗർഭാശയത്തിൽ പ്രവേശിക്കുന്നത് തടയാൻ സഹായിക്കുന്നു)
- b) കോപ്പർ-ടി 380A
- c) നോർപ്ലാസ്റ്റ് (കൈത്തണ്ടയുടെ ഉൾവശത്ത് ചർമ്മത്തിനടിയിൽ ചെറിയ ട്യൂബുകൾ ശസ്ത്രക്രിയയിലൂടെ ഘടിപ്പിക്കുന്നു.)
- d) ഇംപ്ലാന്റോൺ (ജനന നിയന്ത്രണ ഇംപ്ലാന്റ്)

8. ഏത് രീതിയാണ് ഗർഭനിരോധനത്തിന്റെ ഒരു പ്രകൃതിദത്ത രീതി?

- a) കോണ്ടം
- b) റിഥം രീതി (സുരക്ഷിതകാലം നോക്കൽ)
- c) ഓറൽ ഗുളികകൾ
- d) IUCD

9. അടിയന്തര ഗർഭനിരോധന ഗുളികകൾ എപ്പോൾ കഴിക്കണം?

- a) ബന്ധത്തിന് മുമ്പ്
- b) ബന്ധത്തിന് ശേഷം 72 മണിക്കൂറിനുള്ളിൽ
- c) ആർത്തവം നഷ്ടപ്പെട്ടതിന് ശേഷം
- d) ഗർഭധാരണം സ്ഥിരീകരിച്ചതിന് ശേഷം

10. കോപ്പർ-ടി 380A എത്രനാൾ ഫലപ്രദമാണ്?

- a) 1 വർഷം
- b) 3 വർഷം
- c) 5 വർഷം
- d) 10 വർഷം

11. ഏത് താൽക്കാലിക രീതിയാണ് ലൈംഗികമായി പങ്കുവെക്കുന്ന അണുബാധകളെ തടയുന്നത്?

- a) IUCD
- b) ഓറൽ ഗുളികകൾ
- c) കോണ്ടം
- d) സുരക്ഷിതകാലം നോക്കൽ

12. പ്രസവാനന്തര കാലഘട്ടത്തിൽ ഏത് ഗർഭനിരോധന രീതി അനുയോജ്യമാണ്?

- a) വാസക്യൂമി (വൃഷണത്തിൽ നിന്ന് ലിംഗത്തിലേക്ക് ബീജം കൊണ്ടുപോകുന്ന വാസ് ഡിഫൻസ് എന്ന ട്യൂബുകൾ മുറിച്ചു അടയ്ക്കുന്നു.)
- b) ട്യൂബക്യൂമി (ഫാലോപ്യൻ ട്യൂബുകൾ മുറിക്കുകയോ, ക്ലിപ്പ് ചെയ്യുകയോ, ബ്ലോക്ക് ചെയ്യുകയോ ചെയ്യുന്നു.)
- c) പ്രോജസ്റ്ററോൺ മാത്രം ഗുളിക
- d) ഗർഭാശയ നീക്കം

13. ഓറൽ ഗർഭനിരോധന ഗുളികകളുടെ ഒരു സാധാരണ പാർശ്വഫലം എന്താണ്?

- a) അസ്വത
- b) ഓക്കൽ
- c) ബധിരത
- d) പക്ഷാഘാതം

14. IUCD ഉൾപ്പെടുത്തലിന്റെ ഒരു സാധാരണ പാർശ്വഫലം എന്താണ്?

- a) ഭാരം കുറയുന്നു

- b) അമിത രക്തസ്രാവം
- c) മുടി കൊഴിച്ചിൽ
- d) രക്തസമ്മർദ്ദം

15.ഹോർമോൺ ഗർഭനിരോധന മാർഗ്ഗങ്ങൾ ഉപയോഗിച്ച് എന്ത് ആർത്തവ മാറ്റം സംഭവിക്കാം?

- a) ആദ്യത്തെ 2-3 സൈക്കിളിൽ അമിനോറിയ
- b) വർദ്ധിച്ച അഭിരക്തം
- c) പനി
- d) ചുമ

16.ഇൻജക്റ്റബിൾ ഗർഭനിരോധന മാർഗ്ഗങ്ങളുടെ ഒരു സാധാരണ പാർശ്വഫലം എന്താണ്?

- a) ചർമ്മത്തിൽ പാടുകൾ
- b) ക്രമരഹിതമായ രക്തസ്രാവം
- c) അസ്വത
- d) അസ്ഥി ഒടിവ്

17.ഫലപ്രാപ്തി ഉറപ്പാക്കാൻ ഏത് താൽക്കാലിക രീതിക്ക് ശരിയായതും സ്ഥിരവുമായ ഉപയോഗം ആവശ്യമാണ്?

- a) സൂബക്യൂമി (ഫാലോപ്യൻ സൂബുകൾ മുറിക്കുകയോ, ക്ലിപ്പ് ചെയ്യുകയോ, ബ്ലോക്ക് ചെയ്യുകയോ ചെയ്യുന്നു.)
- b) കോണ്ടം
- c) IUCD
- d) ഗർഭനിരോധന ഇംപ്ലാന്റ്

III. കുടുംബാസൂത്രണത്തിന്റെ സ്ഥിരമായ രീതികൾ

18.സ്ത്രീകൾക്ക് ഏത് സ്ഥിരമായ രീതിയാണ് ഉപയോഗിക്കുന്നത്?

- a) വാസക്യൂമി (വൃഷണത്തിൽ നിന്ന് ലിംഗത്തിലേക്ക് ബീജം കൊണ്ടുപോകുന്ന വാസ് ഡിഫറൻസ് എന്ന സൂബുകൾ മുറിച്ച് അടയ്ക്കുന്നു.)
- b) സൂബക്യൂമി (ഫാലോപ്യൻ സൂബുകൾ മുറിക്കുകയോ, ക്ലിപ്പ് ചെയ്യുകയോ, ബ്ലോക്ക് ചെയ്യുകയോ ചെയ്യുന്നു.)
- c) കോണ്ടം
- d) IUCD

19.പുരുഷന്മാർക്ക് ഏത് സ്ഥിരമായ രീതിയാണ് ഉപയോഗിക്കുന്നത്?

- a) സൂബക്യൂമി (ഫാലോപ്യൻ സൂബുകൾ മുറിക്കുകയോ, ക്ലിപ്പ് ചെയ്യുകയോ, ബ്ലോക്ക് ചെയ്യുകയോ ചെയ്യുന്നു.)
- b) ഗർഭാശയ നീക്കം
- c) വാസക്യൂമി (വൃഷണത്തിൽ നിന്ന് ലിംഗത്തിലേക്ക് ബീജം കൊണ്ടുപോകുന്ന വാസ് ഡിഫറൻസ് എന്ന സൂബുകൾ മുറിച്ച് അടയ്ക്കുന്നു.)
- d) കാന്റേഷൻ (വൃഷ്ണച്ഛേദം)

20.സ്ഥിരമായ കുടുംബാസൂത്രണ രീതി എപ്പോഴാണ് ശുപാർശ ചെയ്യുന്നത്?

- a) വിവാഹത്തിന് മുമ്പ്
- b) കുടുംബം പൂർത്തിയാക്കിയ ശേഷം
- c) കൗമാരത്തിൽ
- d) ആദ്യ ഗർഭകാലത്ത്

21.സ്ഥിരമായ രീതികളുടെ പ്രധാന നേട്ടം എന്താണ്?

- a) താൽക്കാലിക അകമിടൽ
- b) ദീർഘകാല ഫലപ്രാപ്തി

c)റിവേഴ്സിബിലിറ്റി (ഇവ താൽക്കാലിക മാർഗ്ഗങ്ങളാണ്. ഉദാഹരണത്തിന്, ഗുളികകൾ, കോണ്ടം, ഐ.യു.ഡി (IUD) എന്നിവ.ഇവ ഉപയോഗിക്കുന്നത് നിർത്തിയാൽ ഒരാൾക്ക് വീണ്ടും ഗർഭം ധരിക്കാൻ സാധിക്കും.)

d)ലൈംഗികജന്യ രോഗ പ്രതിരോധം

22.നടപടിക്രമത്തിന് ശേഷം വാസകൃമി എത്രനാൾ ഫലപ്രദമാകും?

- a) ഉടനെ
- b) 1 ആഴ്ചയ്ക്ക് ശേഷം
- c)സ്പെർമിന്റെ അഭാവം സ്ഥിരീകരിച്ചതിന് ശേഷം
- d) 24 മണിക്കൂറിന് ശേഷം

23.സ്ഥിരമായ കടുബാസൂത്രണ രീതികൾക്ക് മുമ്പ് കൗൺസിലിംഗ് എന്തിനാണ് അത്യാവശ്യം?

- a)വന്ധ്യംകരണത്തെ പ്രോത്സാഹിപ്പിക്കാൻ
- b)അറിവുള്ള സമ്മതം ഉറപ്പാക്കാൻ
- c)ഹോസ്പിറ്റൽ താമസം കുറയ്ക്കാൻ
- d) അനുബന്ധ തടയാൻ

24.വാസകൃമിക്ക് ശേഷം എപ്പോൾ ഗർഭിണിരോധനം ഉപയോഗിക്കണം?

- a) ശസ്ത്രക്രിയയ്ക്ക് ശേഷം ഉടൻ
- b)വാസകൃമിക്ക്(വൃഷണത്തിൽ നിന്ന് ലിംഗത്തിലേക്ക് ബീജം കൊണ്ടുപോകുന്ന വാസ് ഡിഫറൻസ് എന്ന ട്യൂബുകൾ മുറിച്ച് അടയ്ക്കുന്നു.
- c)ബീജത്തിന്റെ അഭാവം സ്ഥിരീകരിക്കുന്നത് വരെ
- d)ഗർഭിണിരോധന മാർഗ്ഗം ആവശ്യമില്ല

25.ഏത് ഹോർമോൺ ഇൻട്രൂട്ടറൈൻ ഉപകരണമാണ്?

- a) കോപ്പർ-ടി
- b)മൾട്ടിലോഡ്(ഒരേസമയം ഒന്നിലധികം കാര്യങ്ങൾ ലോഡ് ചെയ്യുന്ന രീതി.)
- c)മിറേന(ഗർഭാശയത്തിലേക്ക് ലെവോനോർജിസ്ട്രേൽ പോലെയുള്ള ഒരു പ്രോജസ്റ്റോജെനിക് ഹോർമോൺ ഏജന്റ് പുറത്തുവിടുന്ന ഒരു ഗർഭാശയ ഉപകരണമാണ്) .
- d)ലിപ്പെസ് ലൂപ്പ് (ഗർഭപാത്രത്തിനുള്ളിൽ ഈ ഉപകരണം നിക്ഷേപിക്കുമ്പോൾ അത് ബീജസങ്കലനത്തെ തടയുകയും ഗർഭധാരണം ഇല്ലാതാക്കുകയും ചെയ്യുന്നു)

26.ഏത് ഇൻജക്റ്റബിൾ ഗർഭിണിരോധനമാണ് 3 മാസത്തേക്ക് സംരക്ഷണം നൽകുന്നത്?

- a) നോർപ്ലാറ്റ്
- b) ഡിഎംപിഎ
- c) IUCD
- d) കോണ്ടം

27.ഏത് പുതിയ ഗർഭിണിരോധന രീതിയാണ് ചർമ്മത്തിന് കീഴിൽ സ്ഥാപിച്ചിരിക്കുന്നത്?

- a) ഓറൽ ഗുളികകൾ
- b)കുത്തിവയ്ക്കാവുന്ന
- c)ഇംപ്ലാന്റോൺ (ഗർഭിണിരോധന ഇംപ്ലാന്റ് ഒരു ജനന നിയന്ത്രണ ഉപകരണമാണ്, അത് നിങ്ങളുടെ മുകൾ ഭാഗത്തേക്ക് തിരുകുകയും ഗർഭം തടയുന്നതിന് പ്രോജസ്റ്റിൻ എന്ന ഹോർമോൺ ചെയ്യുന്നു.)
- d) കോപ്പർ-ടി

28.ഏത് പുതിയ ഗർഭിണിരോധന രീതിയാണ് ഗർഭാശയത്തിനുള്ളിൽ ലോക്രായായി ഹോർമോൺ പുറത്തു വിടുന്നത്?

- a) കോപ്പർ-ടി
- b) മൾട്ടിലോഡ് (ഒരേസമയം ഒന്നിലധികം കാര്യങ്ങൾ ലോഡ് ചെയ്യുന്ന രീതി.)

c) മിറേന (ഗർഭാശയത്തിലേക്ക് ലെവോനോർജിസ്ട്രൽ പോലെയുള്ള ഒരു പ്രോജസ്റ്റോജെനിക് ഹോർമോൺ ഏജന്റ് പുറത്തുവിടുന്ന ഒരു ഗർഭാശയ ഉപകരണമാണ്)

d) ലിപ്പെസ് ലൂപ്പ് (ഗർഭാശയത്തിനുള്ളിൽ വെക്കുന്ന ഈ ലൂപ്പ്, ബീജത്തിന് അണ്ഡവുമായി ചേരാനുള്ള കഴിവിനെ തടഞ്ഞാണ് ഗർഭധാരണം ഇല്ലാതാക്കുന്നത്.)

29. ഗർഭിണിരോധന ഇംപ്ലാന്റ് (ഇംപ്ലാന്റോൺ) എത്രനാൾ സംരക്ഷണം നൽകുന്നു?

a) 6 മാസം

b) 1 വർഷം

c) 3 വർഷം

d) 5 വർഷം

30. ഏത് പുതിയ ഗർഭിണിരോധന രീതിയാണ് പ്രൊജസ്റ്ററോൺ തുടർച്ചയായി രക്തപ്രവാഹത്തിലേക്ക് പുറത്തുവിടുന്നത്?

a) കോപ്പർ-ടി

b) കോണ്ടം

c) കുത്തിവയ്ക്കാവുന്ന ഗർഭിണിരോധനം (DMP)

d) റിംഗ് രീതി (ആർത്തവചക്രത്തെ അടിസ്ഥാനമാക്കിയുള്ള ഗർഭിണിരോധന രീതി.)

ANSWER KEY :-

1	Planning number and spacing of children	16	Within 72 hours after unprotected intercourse
2	To improve maternal and child health	17	Tubectomy
3	Government health system	18	Vasectomy
4	After marriage	19	Nausea
5	Newly married couples	20	Lactational amenorrhea method
6	Government health centers	21	To maintain gap between pregnancies
7	Population stabilization	22	LAM
8	Couple together	23	All individuals of reproductive age
9	All of the above	24	Receive proper counseling
10	Choosing a method after adequate information	25	ASHA/ANM
11	Rhythm method	26	DMPA
12	Condom	27	Implanon
13	Condom	28	Mirena
14	10 years	29	3 years
15	Oral contraceptive pill	30	Injectable contraceptive (DMPA)

ANNEXURE H

SELF INSTRUCTIONAL MODULE FAMILY PLANNING METHODS



Presented By,
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GENERAL INSTRUCTIONS

- Read the module carefully from beginning to end to understand the flow of content.
- Take your own time to understand the topics.
- Try to attend the exercise after every module.

SPECIFIC OBJECTIVES

At the end of reading the module, women of reproductive age will be able to understand family planning methods.

GENERAL OBJECTIVES

At the end of reading the module, the women of reproductive age will able to:

- define family planning methods
- describe the indications of family planning methods
- classify the family planning methods

INTRODUCTION



Family planning is an essential component of reproductive and maternal health services. It enables couples to decide freely and responsibly the number of children they want and the spacing between pregnancies. Proper family planning reduces maternal and infant mortality, prevents high-risk pregnancies, promotes women's health, and contributes to social and economic development. Availability of safe and effective contraceptive methods allows individuals and couples to plan their families according to their health status and personal preferences.

MODULE I

INTRODUCTION

This module deals with the definition of family planning methods.

DEFINITION

Family planning is defined as the voluntary adoption of contraceptive methods by individuals or couples to prevent or delay pregnancy and to regulate the number and spacing of children. According to the World Health Organization (WHO), family planning allows people to attain their desired number of children and determine the spacing and timing of pregnancies through the use of contraceptive methods.

EXERCISE - I

1. What is mean by family planning?

MODULE II

INTRODUCTION

This module is deals with the indications of family planning

INDICATIONS

Family planning is indicated in the following situations:

1. Medical Indications

- Prevention of high-risk pregnancies.
- Maternal diseases such as:
 - ❖ Severe anemia.
 - ❖ Cardiac disease.
 - ❖ Hypertension.
 - ❖ Diabetes mellitus.
 - ❖ Renal disorders.
- Prevention of repeated cesarean deliveries.

2. Obstetrical Indications

- Short birth interval (<2 years).
- Grand multiparity.
- Previous obstetric complications.
- History of preterm birth or stillbirth.

3. Social and Economic Indications

- Financial limitations.
- Educational and career planning.
- Improving the quality of life of family members.

4. Genetic Indications

- Family history of hereditary disorders.
- Risk of congenital abnormalities.

5. Population Control

- Prevention of overpopulation.
- Better utilization of resources.

EXERCISE - II

1. What are the indications of family planning?

MODULE III

INTRODUCTION

This module deals with the classification of family planning methods which includes temporary methods, permanent methods and newer contraceptive methods.

CLASSIFICATION OF FAMILY PLANNING METHODS

Family planning methods are broadly classified into:

- Temporary (Spacing) Methods.
- Permanent Methods.
- Newer Contraceptive Methods

I. Temporary (Spacing) Methods



These methods are reversible and suitable for couples who want children in the future.

A. Natural Methods (Behavioral Methods)

1. Calendar (Rhythm) Method



Avoid sexual intercourse during the fertile period calculated from the menstrual cycle.

2. Basal Body Temperature Method

Daily temperature recording helps detect ovulation.

3. Cervical Mucus Method (Billings Method)

Fertile phase identified by clear, stretchy cervical mucus.

4. Coitus Interruptus (Withdrawal Method)

Withdrawal of penis before ejaculation.

5. Lactational Amenorrhea Method (LAM)

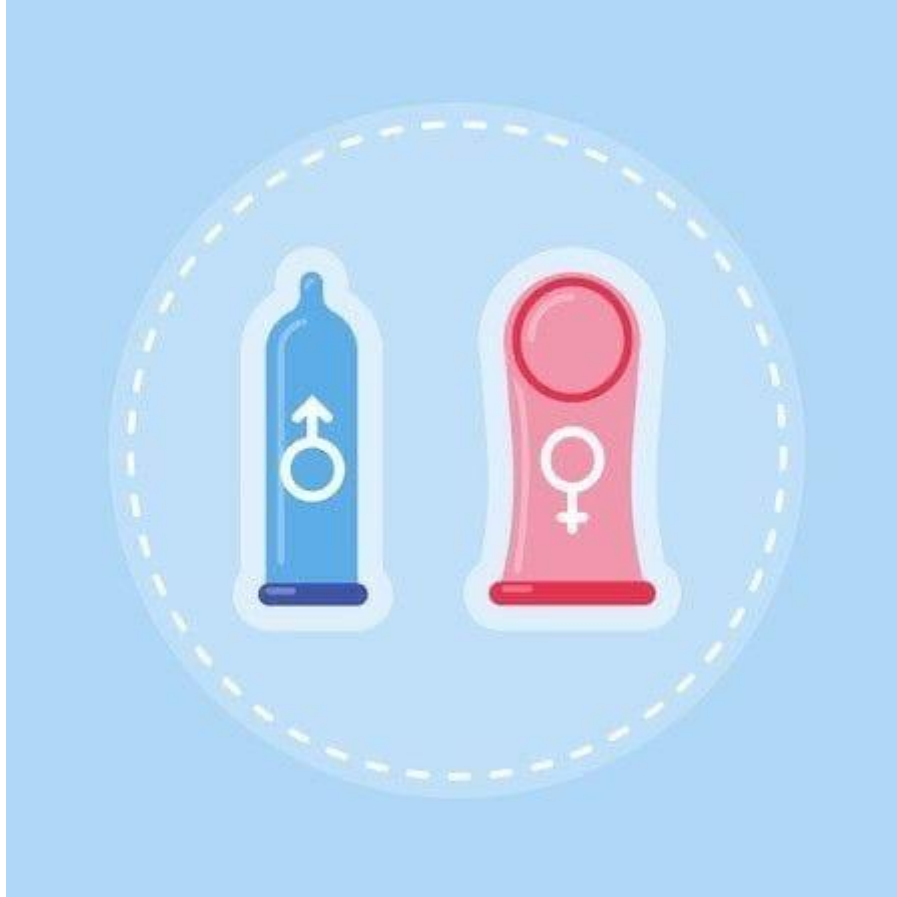
Effective when:

- The baby is exclusively breastfed.
- Amenorrhea present.
- Within the first 6 months postpartum.

B. Barrier Methods

Prevent sperm from entering the uterus.

- Male condom.
- Female condom.



- Diaphragm.
 - Cervical cap.
 - Spermicidal creams or jellies.
- Advantages
- Protection against sexually transmitted infections.
- Limitations
- User dependent.

C. Hormonal Methods

Prevent ovulation or implantation.

1. Oral Contraceptive Pills



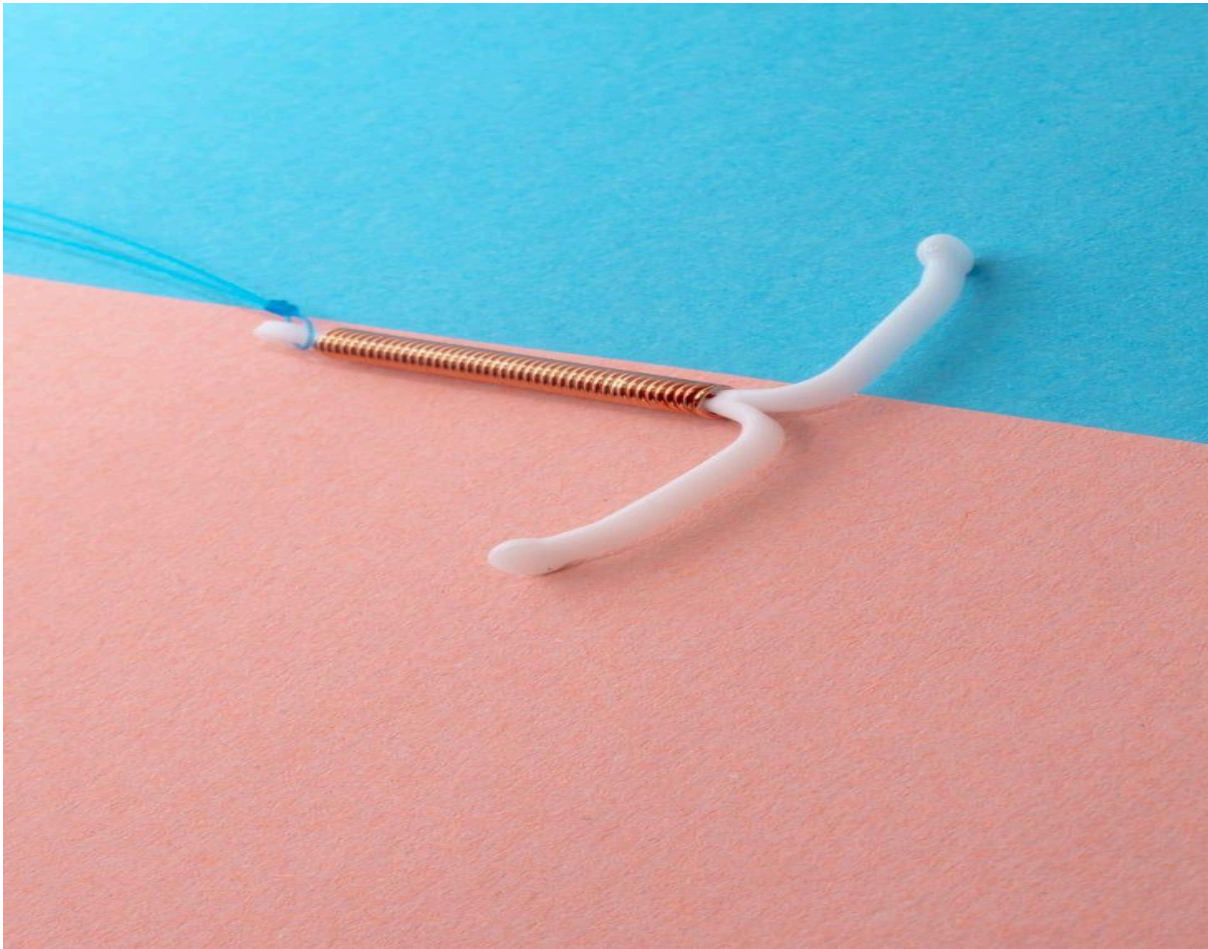
- Combined oral pills.
- Progesterone-only pills.

2. Injectable Contraceptives
Given every 2–3 months.

3. Hormonal Implants
Inserted under skin and effective for several years.

4. Emergency Contraceptive Pills
Used within 72 hours after unprotected intercourse.

D. Intrauterine Contraceptive Devices (IUCD)



Inserted into the uterus by trained personnel.

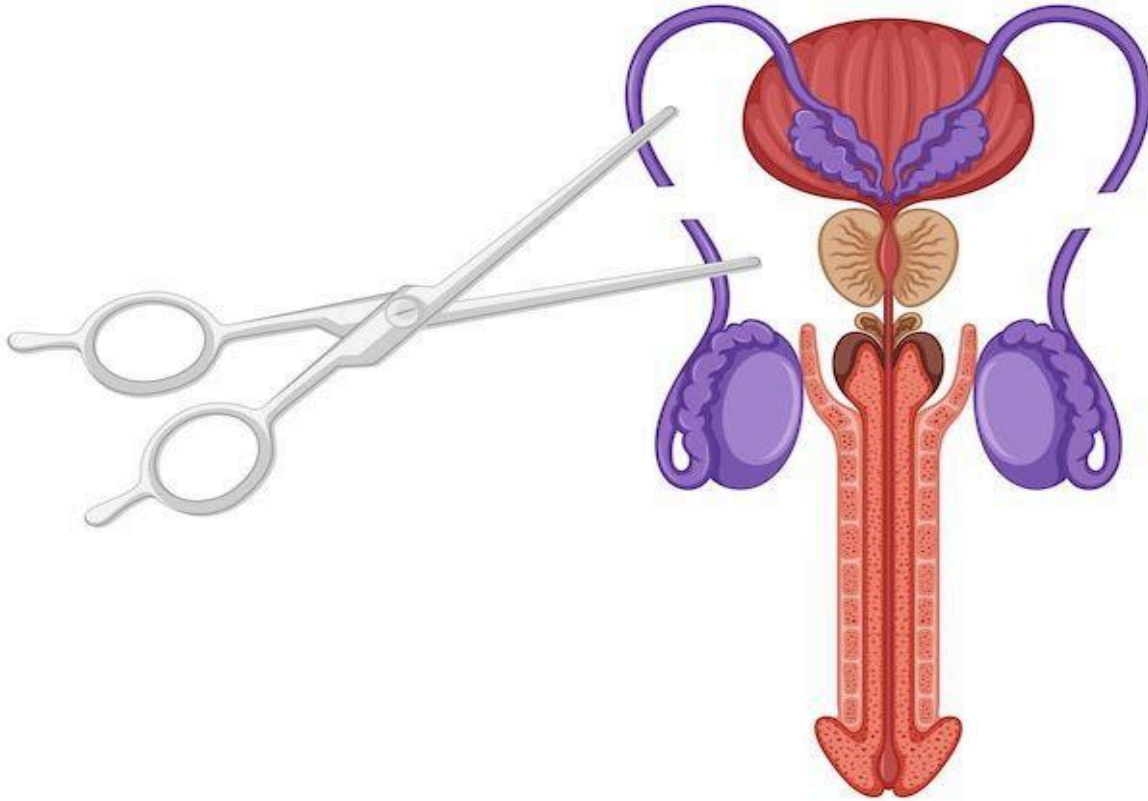
Examples:

- Copper T 380A.
- Multiload 375.
- Hormonal IUCD.
- Mechanism
- Prevent fertilization and implantation.
- Advantages
- Long-term reversible method.

II. Permanent Methods (Sterilization)

Suitable for couples who have completed their family.

Vasectomy Procedure



Vas deferens are cut and tied to prevent sperm transport.

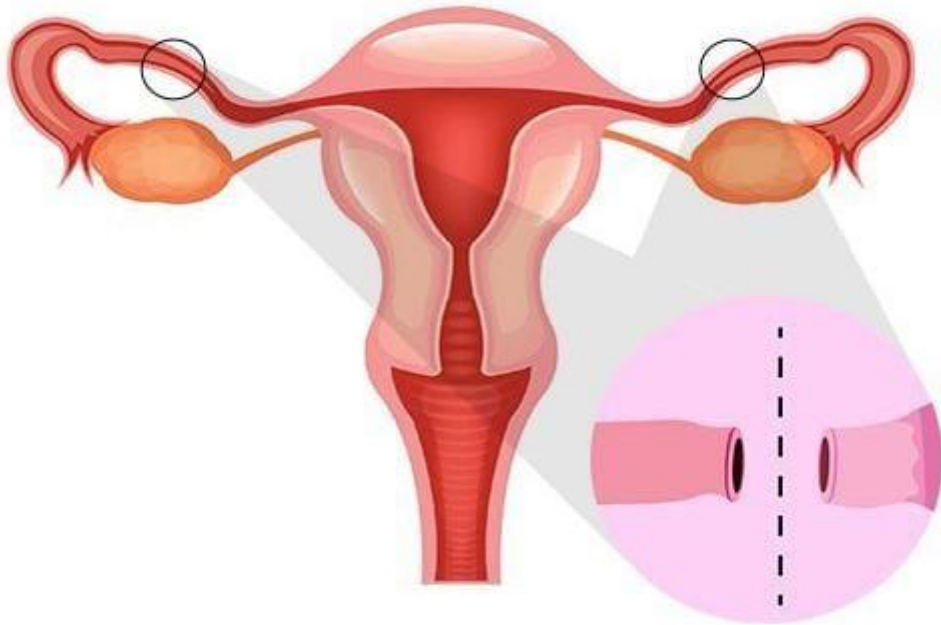
→ Advantages:

- Simple procedure.
- No effect on sexual performance.

→ Limitations:

- Permanent method.

B. Female Sterilization — Tubectomy



Fallopian tubes are cut or blocked.

Types

- Postpartum sterilization.
- Interval sterilization.
- Laparoscopic sterilization.
- Advantages:
 - Highly effective.
- Limitations:
 - Surgical risks.

III. Newer Contraceptive Methods

Modern techniques with improved effectiveness and convenience.

1. Hormonal Implants

Small rods inserted under arm skin releasing hormones for 3–5 years.

2. Hormonal IUCD (Levonorgestrel IUCD)

Releases hormones locally inside the uterus.

- Benefits:
 - Reduced menstrual bleeding.

3. Injectable Contraceptives (DMPA)

Single injection provides protection for 3 months.

4. Emergency Contraception

- Emergency pills.
- Copper IUCD within 5 days.

5. Improved Barrier Devices

Advanced condoms and female barrier devices.

EXERCISE - III

1. What are the types of family planning methods?
2. What are the temporary methods of contraception?
3. What are the permanent methods of contraception?
4. What are the newer methods of contraception?

CONCLUSION

Family planning plays an important role in promoting the health and well-being of women, children, and families. The use of appropriate temporary, permanent, and newer contraceptive methods helps couples to plan the number of children and maintain adequate spacing between pregnancies. Proper knowledge, awareness, and counseling enable women of reproductive age to make informed decisions regarding suitable family planning methods according to their health needs and personal preferences. Effective family planning practices help prevent unwanted pregnancies, reduce maternal and infant morbidity and mortality, and improve the overall quality of family life and community health.

BIBLIOGRAPHY

1. DC Dutta's Textbook of Obstetrics. 9th ed. New Delhi: Jaypee Brothers Medical Publishers; 2018.
Family Planning and Contraception: pp. 526–560.
2. A Comprehensive Textbook of Midwifery and Gynecological Nursing. 4th ed. New Delhi: Jaypee Brothers Medical Publishers; 2019. Family Welfare and Contraceptive Methods: pp. 312–338.
3. Textbook of Midwifery and Reproductive Health Nursing. New Delhi: S Vikas Publishing House; 2017. Family Planning Methods: pp. 284–305.
4. Park's Textbook of Preventive and Social Medicine. 26th ed. Jabalpur: Banarsidas Bhanot Publishers; 2021. Family Planning Programme: pp. 512–533.

SELF INSTRUCTIONAL MODULE - MALAYALAM

കുടുംബാസൂത്രണ മാർഗങ്ങൾ



അവതരിപ്പിച്ചത്,

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ശ്രീലക്ഷ്മി സുരേഷ്
ശ്രേയ പി
ശ്രേയസി സി.വി
സ്റ്റാനിയ ജിൻജ്
വിഘ്നേഷ്ഗോപിനാഥ്
വിവേക് എസ്

പൊതുവായ നിർദ്ദേശങ്ങൾ

- ഉള്ളടക്കത്തിന്റെ പ്രവാഹം മനസ്സിലാക്കുന്നതിനായി മോഡ്യൂൾ ആരംഭം മുതൽ അവസാനം വരെ ശ്രദ്ധാപൂർവ്വം വായിക്കുക.
- വിഷയങ്ങൾ മനസ്സിലാക്കുന്നതിനായി സ്വന്തം സമയം എടുത്ത് പഠിക്കുക.
- ഓരോ മോഡ്യൂളിനും ശേഷം നൽകിയിരിക്കുന്ന ചോദ്യങ്ങൾ ചെയ്യാൻ ശ്രമിക്കുക.

പ്രത്യേക ലക്ഷ്യം

മോഡ്യൂൾ വായിച്ചു കഴിഞ്ഞാൽ പ്രജനന പ്രായത്തിലുള്ള സ്ത്രീകൾക്ക് കുടുംബാസൂത്രണ മാർഗങ്ങളെക്കുറിച്ച് മനസ്സിലാക്കാൻ കഴിയണം.

പൊതുവായ ലക്ഷ്യങ്ങൾ

മോഡ്യൂൾ വായിച്ചു കഴിഞ്ഞാൽ പ്രജനന പ്രായത്തിലുള്ള സ്ത്രീകൾക്ക്:

- കുടുംബാസൂത്രണ മാർഗങ്ങൾ നിർവചിക്കാൻ കഴിയണം.
- കുടുംബാസൂത്രണ മാർഗങ്ങളുടെ സൂചനകൾ / ആവശ്യകതകൾ വിശദീകരിക്കാൻ കഴിയണം.
- കുടുംബാസൂത്രണ മാർഗങ്ങളെ വർഗ്ഗീകരിക്കാൻ കഴിയണം.



കുടുംബാസൂത്രണം പ്രജനനാരോഗ്യ സേവനങ്ങളുടെ പ്രധാന ഘടകമാണ്. ദമ്പതികൾക്ക് തങ്ങൾ ആഗ്രഹിക്കുന്ന കുട്ടികളുടെ എണ്ണം തീരുമാനിക്കാനും ഗർഭധാരണങ്ങൾക്കിടയിൽ ആവശ്യമായ ഇടവേള പാലിക്കാനും സഹായിക്കുന്ന രീതികളാണ് കുടുംബാസൂത്രണം. ഇത് മാതാവിന്റെയും കുഞ്ഞിന്റെയും ആരോഗ്യസംരക്ഷണത്തിനും, ഉയർന്ന അപകടസാധ്യതയുള്ള ഗർഭധാരണങ്ങൾ ഒഴിവാക്കുന്നതിനും, കുടുംബത്തിന്റെ സാമൂഹ്യ-സാമ്പത്തിക പുരോഗതിക്കും സഹായിക്കുന്നു. സുരക്ഷിതവും ഫലപ്രദവുമായ ഗർഭനിരോധന മാർഗങ്ങൾ ഉപയോഗിച്ച് ഉത്തരവാദിത്തമുള്ള മാതാപിതൃത്വം ഉറപ്പാക്കാൻ കഴിയും.

മോഡ്യൂൾ -I

ആമുഖം

ഈ മോഡ്യൂളിൽ കുടുംബാസൂത്രണ രീതികളുടെ നിർവചനത്തെക്കുറിച്ച് വിശദീകരിക്കുന്നു

നിർവചനം

കുടുംബാസൂത്രണം എന്നത് ഗർഭധാരണം തടയുന്നതിനും കുട്ടികളുടെ എണ്ണം നിയന്ത്രിക്കുന്നതിനും ഗർഭധാരണങ്ങൾക്കിടയിൽ ഇടവേള ഉറപ്പാക്കുന്നതിനുമായി ദമ്പതികൾ സ്വമേധയാ സ്വീകരിക്കുന്ന ഗർഭനിരോധന മാർഗങ്ങളെയാണ് സൂചിപ്പിക്കുന്നത്.

ലോകാരോഗ്യ സംഘടന പ്രകാരം കുടുംബാസൂത്രണം ആളുകൾക്ക് അവരുടെ ഇഷ്ടാനുസരണം കുട്ടികളുടെ എണ്ണം തീരുമാനിക്കാനും ഗർഭധാരണത്തിന്റെ സമയവും ഇടവേളയും നിയന്ത്രിക്കാനും സഹായിക്കുന്ന സേവനമാണ്.

ചോദ്യാവലി - I

1. കുടുംബാസൂത്രണം എന്നത് എന്താണ്?

മോഡ്യൂൾ -II

ആമുഖം

ഈ മോഡ്യൂൾ കുടുംബാസൂത്രണത്തിന്റെ സൂചനകളെ കുറിച്ചാണ് വിശദീകരിക്കുന്നത്.

സൂചനകൾ / ആവശ്യകത

1. മെഡിക്കൽ സൂചനകൾ

- ഉയർന്ന അപകടസാധ്യതയുള്ള ഗർഭധാരണം ഒഴിവാക്കാൻ.
 - ❖ ഗുരുതര രക്തക്ഷയം.
 - ❖ ഹൃദ്രോഗം.
 - ❖ ഉയർന്ന രക്തസമ്മർദ്ദം.
 - ❖ പ്രമേഹം.
 - ❖ വൃക്കരോഗങ്ങൾ.
- ആവർത്തിച്ച സിസേറിയൻ പ്രസവം ഒഴിവാക്കാൻ.

2. പ്രസവസംബന്ധമായ സൂചനകൾ

- രണ്ട് പ്രസവങ്ങൾക്കിടയിലെ ഇടവേള കുറവ് (<2 വർഷം).
- നിരവധി പ്രസവങ്ങളുടെ ചരിത്രം (Grand multipara).
- മുൻ പ്രസവസങ്കീർണ്ണതകൾ.
- പ്രീസോ പ്രസവം അല്ലെങ്കിൽ സ്റ്റിൽബർത്ത് ചരിത്രം.

3. സാമൂഹ്യ-സാമ്പത്തിക സൂചനകൾ

- സാമ്പത്തിക പരിമിതികൾ.
- വിദ്യാഭ്യാസവും തൊഴിൽ പദ്ധതികളും.
- കുടുംബത്തിന്റെ ജീവിത നിലവാരം മെച്ചപ്പെടുത്താൻ.

4. ജനിതക (Genetic) സൂചനകൾ

- പാരമ്പര്യ രോഗങ്ങളുടെ സാധ്യത.
- ജന്മവൈകല്യങ്ങളുടെ അപകടസാധ്യത.

5. ജനസംഖ്യ നിയന്ത്രണം

- ജനസംഖ്യ വർദ്ധനവ് നിയന്ത്രിക്കാൻ.
- ലഭ്യമായ വിഭവങ്ങളുടെ മികച്ച ഉപയോഗം.

ചോദ്യാവലി - II

1. കുടുംബാസൂത്രണത്തിന്റെ സൂചനകൾ എന്തൊക്കെയാണ്?

മോഡ്യൂൾ -III

ആമുഖം

ഈ മോഡ്യൂൾ കുടുംബാസൂത്രണ മാർഗങ്ങളുടെ വർഗീകരണത്തെക്കുറിച്ചാണ് വിശദീകരിക്കുന്നത്. ഇതിൽ താൽക്കാലിക മാർഗങ്ങൾ, സ്ഥിരമായ മാർഗങ്ങൾ, പുതിയ ഗർഭനിരോധന മാർഗങ്ങൾ എന്നിവ ഉൾപ്പെടുന്നു.

കുടുംബാസൂത്രണ മാർഗങ്ങളുടെ വർഗീകരണം

കുടുംബാസൂത്രണ മാർഗങ്ങളെ പ്രധാനമായും താഴെ പറയുന്ന മൂന്ന് വിഭാഗങ്ങളായി തിരിക്കാം:

- 1.താൽക്കാലിക മാർഗങ്ങൾ
- 2.സ്ഥിര മാർഗങ്ങൾ
- 3.നവീന ഗർഭനിരോധന മാർഗങ്ങൾ (Newer Contraceptive Methods).

I. താൽക്കാലിക മാർഗങ്ങൾ



ഭാവിയിൽ കുട്ടികളെ ആഗ്രഹിക്കുന്ന ദമ്പതികൾക്ക് അനുയോജ്യമായ, തിരിച്ച് മാറ്റാൻ കഴിയുന്ന മാർഗങ്ങളാണ്.

A. സ്വാഭാവിക മാർഗങ്ങൾ (Natural Methods)

1. കലണ്ടർ / റിതം മാർഗം



മാസവിരാമ ചക്രം കണക്കാക്കി ഫലഭൂയിഷ്ട ദിവസങ്ങളിൽ ലൈംഗികബന്ധം ഒഴിവാക്കുക.

2. ബേസൽ ബോഡി ടെമ്പറേച്ചർ മാർഗം

ശരീര താപനിലയിലെ ചെറിയ മാറ്റം ഉപയോഗിച്ച് ഒവുലേഷൻ തിരിച്ചറിയുന്നു.

3. സർവിക്കൽ മ്യൂക്കസ് (Billings) മാർഗം

തിളങ്ങുന്ന നീളമുള്ള മ്യൂക്കസ് കാണുന്ന ദിവസങ്ങൾ ഫർട്ടൈൽ കാലഘട്ടം.

4. വിഡ്രോവൽ മാർഗം (Coitus Interruptus)

സ്ത്രീകളെ അറിയിക്കുന്നതിന് മുമ്പ് ലിംഗം പിൻവലിക്കുക.

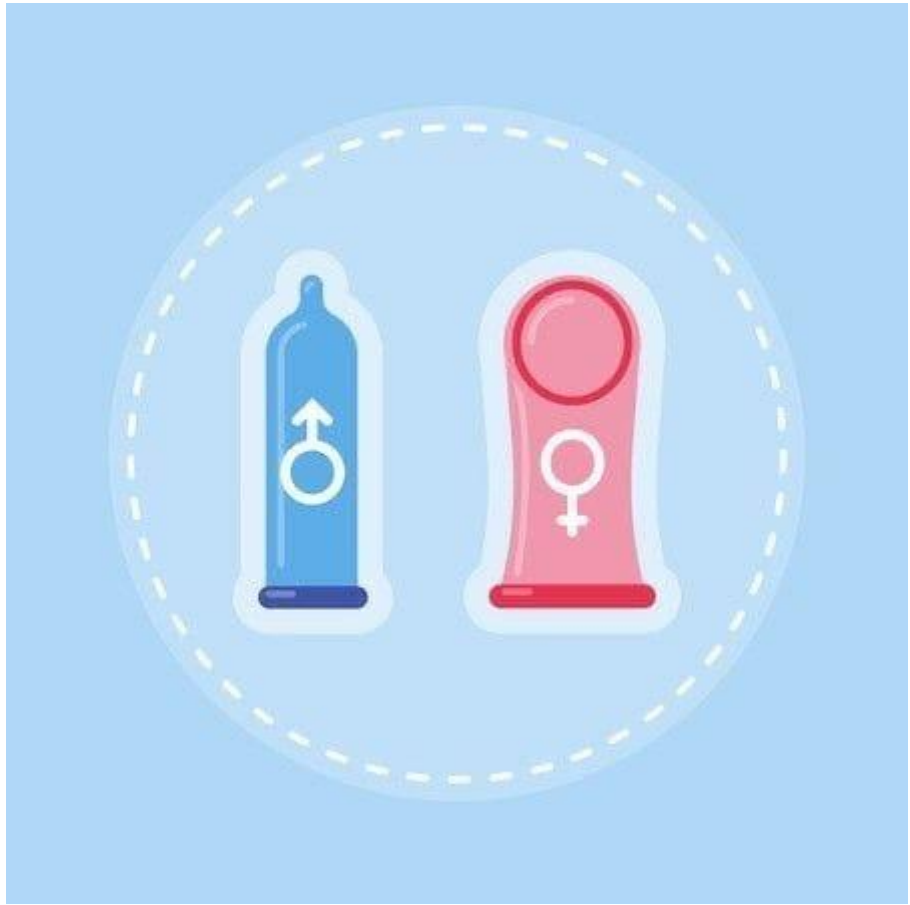
5. ലാക്ടേഷണൽ അമേനോറിയ മാർഗ്ഗം (LAM)

- 6 മാസം വരെ.
- എക്സ്ട്രൂസിവ് മുലയൂട്ടൽ.
- മാസവിരാമം ഇല്ലാത്തത്.

B. ബാരിയർ മാർഗ്ഗങ്ങൾ (Barrier Methods)

സ്പെർമുകൾ ഗർഭാശയത്തിൽ പ്രവേശിക്കുന്നത് തടയുന്നു.

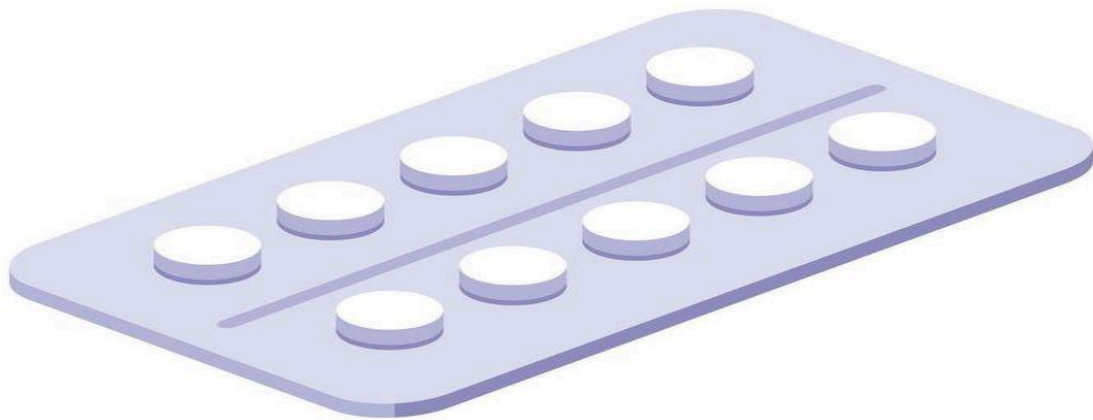
- പുരുഷ കോൺഡം.
- സ്ത്രീ കോൺഡം.



- ഡയഫ്രം.
- സർവിക്കൽ ക്യാപ്.
- സ്പെർമിസൈഡൽ ക്രീം / ജെല്ലി.
- ഗുണങ്ങൾ
- ലൈംഗിക രോഗങ്ങളിൽ നിന്നും സംരക്ഷണം.
- ദോഷങ്ങൾ
- ശരിയായ ഉപയോഗം ആവശ്യമാണ്.

C. ഹോർമോൺ മാർഗ്ഗങ്ങൾ (Hormonal Methods)

1. ഓറൽ കോൺട്രാസെപ്റ്റീവ് ഗുളികകൾ



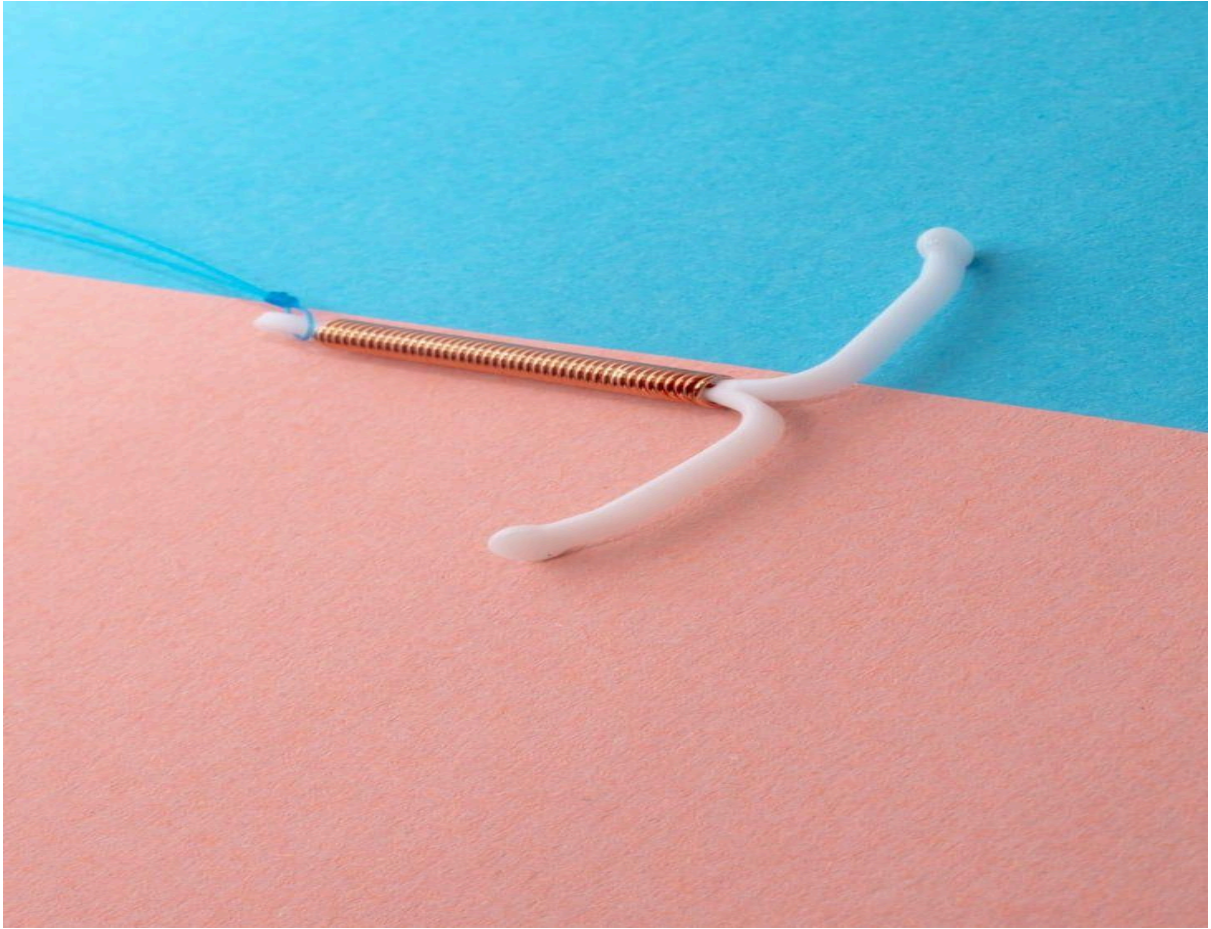
- കോബൈൻഡ് പിൽ.
- പ്രൊജസ്റ്റിൻ മാത്രം ഗുളിക.

2. ഇഞ്ചക്ഷൻ ഗർഭനിരോധനം
2-3 മാസത്തിൽ ഒരിക്കൽ നൽകുന്നു.

3. ഹോർമോണൽ ഇംപ്ലാന്റുകൾ
കൈയുടെ ചർമ്മത്തിനടിയിൽ സ്ഥാപിക്കുന്നു.

4. എമർജൻസി കോൺട്രാസെപ്റ്റീവ് പിൽ
72 മണിക്കൂറിനുള്ളിൽ ഉപയോഗിക്കുക.

D. ഗർഭാശയത്തിനുള്ളിൽ സ്ഥാപിക്കുന്ന ഉപകരണങ്ങൾ (IUCD)



പരിശീലനം നേടിയ ആരോഗ്യപ്രവർത്തകൻ ഗർഭാശയത്തിൽ സ്ഥാപിക്കുന്നു.

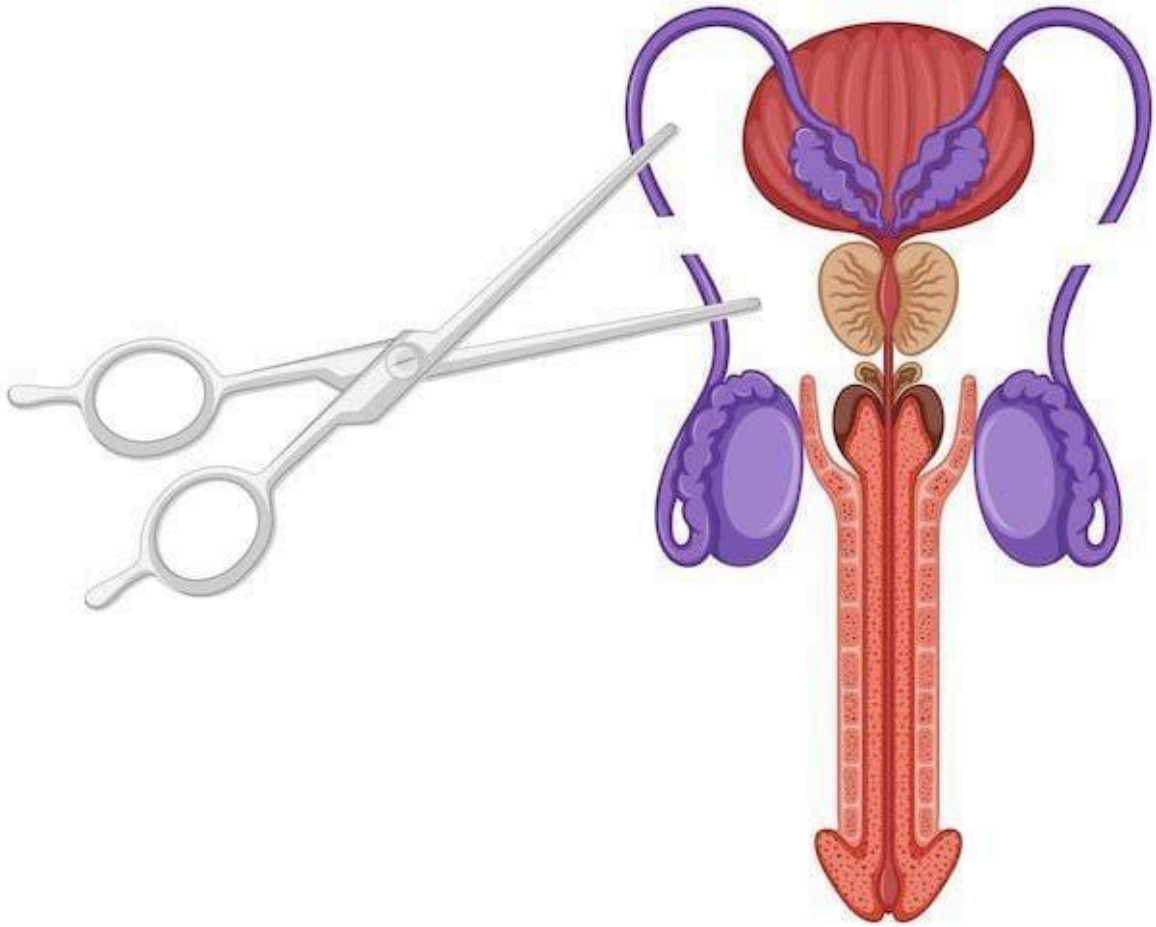
ഉദാഹരണങ്ങൾ:

- കോപ്പർ ടി.
- മൾട്ടിലോഡ്.
- ഹോർമോണൽ IUCD.
- ഗുണങ്ങൾ
- ദീർഘകാല സംരക്ഷണം.

II. സ്ഥിര (Permanent Methods)

കുടുംബം പൂർത്തിയായ ദമ്പതികൾക്ക് അനുയോജ്യം.

A. പുരുഷ സ്റ്റെറിലൈസേഷൻ — വാസക്ടമി

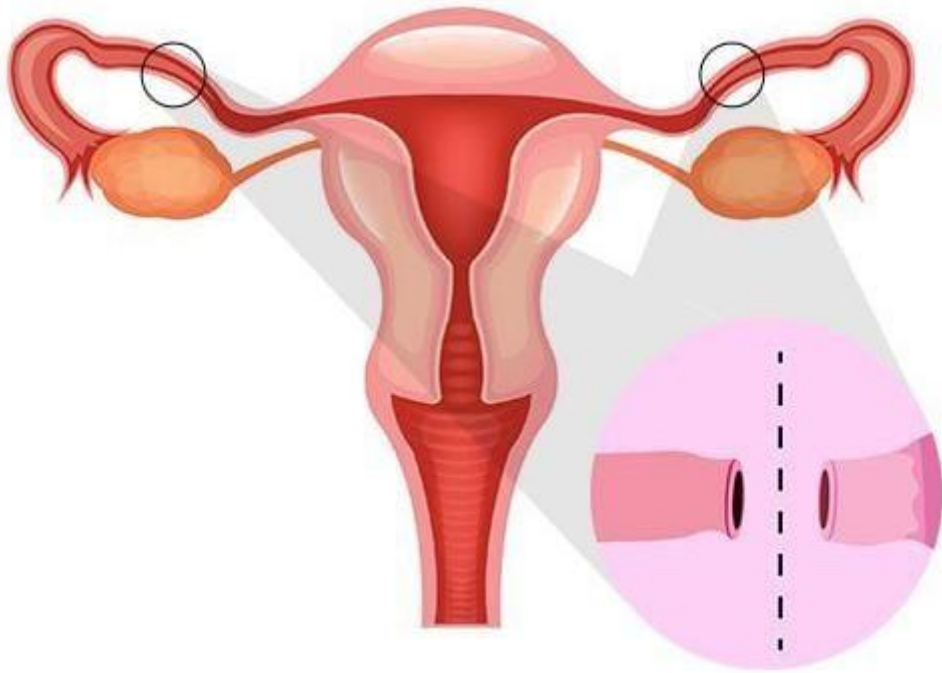


വാസ് ഡിഫറൻസ് മുറിച്ച് കെട്ടുന്നു.

→ ഗുണങ്ങൾ:

- ലളിതമായ ശസ്ത്രക്രിയ.

B. സ്ത്രീ സ്റ്റെറിലൈസേഷൻ — ട്യൂബെക്ടമി



ഫലോപ്യൻ ട്യൂബുകൾ മുറിച്ച് തടയുന്നു.

- തരം
 - പ്രസവാനന്തര സ്റ്റെറിലൈസേഷൻ.
 - ഇടവേള സ്റ്റെറിലൈസേഷൻ.
 - ലാപറോസ്കോപ്പിക് മാർഗം.

III. നവീന ഗർഭനിരോധന മാർഗങ്ങൾ (Newer Contraceptive Methods)

1. ഹോർമോണൽ ഇംപ്ലാന്റുകൾ
3-5 വർഷം വരെ സംരക്ഷണം നൽകുന്നു.
2. ഹോർമോണൽ IUCD
ഗർഭാശയത്തിൽ ഹോർമോൺ പുറപ്പെടുവിക്കുന്നു.
 - ഗുണം:
 - മാസവിരാമ രക്തസ്രാവം കുറയുന്നു.
3. ഇൻജെക്ടബിൾ കോൺട്രാസെപ്റ്റീവ് (DMPA)
ഒരു ഇഞ്ചക്ഷൻ 3 മാസം സംരക്ഷണം.
4. എമർജൻസി കോൺട്രാസെപ്ഷൻ
എമർജൻസി ഗുളികകൾ.
5. ദിവസത്തിനുള്ളിൽ കോപ്പർ IUCD.

5. മെച്ചപ്പെടുത്തിയ ബാരിയർ ഉപകരണങ്ങൾ പുതിയ ഡിസൈൻ കോൺഡങ്ങൾ.

ചോദ്യാവലി- III

1. കുടുംബാസൂത്രണ മാർഗങ്ങളുടെ തരം ഏതൊക്കെയാണ്?
2. താൽക്കാലിക ഗർഭനിരോധന മാർഗങ്ങൾ ഏതൊക്കെയാണ്?
3. സ്ഥിരമായ ഗർഭനിരോധന മാർഗങ്ങൾ ഏതൊക്കെയാണ്?
4. പുതിയ ഗർഭനിരോധന മാർഗങ്ങൾ ഏതൊക്കെയാണ്?

സംഗ്രഹം

കുടുംബാസൂത്രണം മാതാവിന്റെയും കുഞ്ഞിന്റെയും ആരോഗ്യ സംരക്ഷണത്തിനും കുടുംബത്തിന്റെ സാമൂഹ്യ-സാമ്പത്തിക പുരോഗതിക്കും വളരെ പ്രധാനപ്പെട്ടതാണ്. വിവിധ താൽക്കാലിക, സ്ഥിര, നവീന ഗർഭനിരോധന മാർഗങ്ങൾ ഉപയോഗിച്ച് ദമ്പതികൾക്ക് കുട്ടികളുടെ എണ്ണയും ഗർഭധാരണങ്ങൾക്കിടയിലെ ഇടവേളയും ഉത്തരവാദിത്തത്തോടെ നിയന്ത്രിക്കാൻ കഴിയും. ശരിയായ അറിവും കൗൺസിലിംഗും ആരോഗ്യപ്രവർത്തകരുടെ മാർഗനിർദ്ദേശവും ലഭിക്കുന്നതിലൂടെ സ്ത്രീകൾക്ക് അവരുടെ ആരോഗ്യനിലക്കും ജീവിത സാഹചര്യങ്ങൾക്കും അനുയോജ്യമായ കുടുംബാസൂത്രണ മാർഗം തിരഞ്ഞെടുക്കാൻ കഴിയും. ഇതിലൂടെ അനാവശ്യ ഗർഭധാരണങ്ങൾ ഒഴിവാക്കാനും മാതൃ-ശിശു മരണനിരക്ക് കുറയ്ക്കാനും കുടുംബത്തിന്റെ ആരോഗ്യവും ക്ഷേമവും മെച്ചപ്പെടുത്താനും സാധിക്കും.

ANNEXURE I
LETTER SEEKING FOR CONTENT VALIDITY

From,

Research group-7 VII Semester BSc Nursing College of Nursing. Kannur medical college.

Respected Madam,

We VII th Semester BSc Nursing students conducting a research project on the statement "**A descriptive study to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals at Kannur with a view to develop self instructional module.**" in the second week of January by using structured knowledge questionnaires as a tool for the study. We would like to get your valuable suggestions about the tool that was prepared by us. Kindly go through our questionnaire and validate the tool.

Your's sincerely,

VII th semester students

Group -7 of Research and Statistics,

College of Nursing,

Kannur Medical College,

Place: Anjarakandy

Date: 09/01/2026

CERTIFICATE OF VALIDATION

This is to certify that the members of Nursing Research Group 07. B.Sc. (N) 7th Semester, College Of Nursing, Kannur Medical College, Anjarakandy, have developed a self instructional module as part of their research project titled "**A descriptive study to assess the knowledge regarding family planning methods among mothers of reproductive age at selected hospitals in Kannur with a view to develop a self instructional module.**" This was validated by the undersigned expert and found to be clear, relevant, and suitable for the study.

Validated by:

Name of the Expert:

Signature:

Designation and seal:

Date:

Institution:

APPENDIX J

LIST OF EXPERTS FOR CONTENT VALIDITY

SI NO.	NAME OF THE EXPERT	DESIGNATION
1.	Dr. Poornima	MBBS, Dept. Of Obstetrics and Gynaecology Kannur Medical college, Anjarakandy.
2.	Dr. Sinu	MBBS, MD, Dept. Of Obstetrics and Gynaecology Kannur Medical college, Anjarakandy.
3.	Ms. Jeyachitra S.S	Asso. Professor, HOD, Dept. Of Midwifery/Obstetrics and Gynaecological Nursing. College of Nursing, Kannur Medical College, Anjarakandy
4.	Mrs. Aswathi S.N	Asst. Professor, Dept of Midwifery/Obstetrics and Gynaecological Nursing, Canossa College Of Nursing, Kannur
5.	Ms. Anupallavi N.V	Lecturer, Dept of Midwifery/Obstetrics and Gynaecological Nursing. Sree Anjaneya College Of Nursing. Modakallur.