A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE AMONG RURAL AND URBAN PRIMI ANTENATAL MOTHERS REGARDING TEMPORARY CONTRACEPTIVE METHODS

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Inpartial fulfillment of requirement for the degree of

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CERTIFICATE

This is to certify that this dissertation titled**,"A comparative study to assess the knowledge and attitude among rural and urban antenatal mothers regarding temporary contraceptive methods"**is a bonafide work done by **Mrs. P.Tamilselvi**College of Nursing, Madurai Medical College, Madurai - 20, submitted to the TamilnaduDr.M.G.R. Medical University, Chennai in partial fulfillment of the university rules and regulations towards the award of the degree of Master of Science in Nursing, Branch IV, Community health NursingUnder our guidance and supervision during the academic period from 2011 – 2013.

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ABSTRACT

A comparative study to assess the knowledge and attitude among rural and urban antenatal mothers regarding temporary contraceptive methods

Introduction

India's population is increasing very explosively. It contributes 15% of the world's population by having more than one billion people. Population explosion is found to be the main reason for shortages of resources and neutralization of the impact of progress of various developmental sectors.

The main**Objective of the study** to compare the knowledge and attitude among urban rural antenatal mothers regarding temporary contraceptive methods.**Conceptual framework**Penders health promotion model (1996) was applied for this study.**Research Approach**Quantitative approach.**Design** Descriptivestudy design was used in this study. **Setting**Antenatal clinic, at Urban health post, sellur. and antenatal clinic at Primary health center, samayanallur. **Sample-** Primi antenatal mothers.**Sample size** 200primi antenatal mothers.**Sampling Technique**Convenience sampling technique.**Tools** Structured knowledge and attitude questionnaire.**Result** Findingsof the study revealed that the higher proportion 59% of urban antenatal mothers having moderate knowledge and 92% of rural antenatal mothers are having inadequate knowledge. 82% of urban antenatal mothers are having good attitude and 88% of rural antenatal mother having poor attitude. Very few antenatal mothers having adequate knowledge and moderate attitude.**Conclusion**Community health Nurse plays an important role in health promotion of women. The findings of the study revealed that knowledge and attitude of antenatal mothers regarding temporary contraceptive methods in urban is higher than rural antenatal mothers.

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CHAPTER - I

INTRODUCTION

Delay the first, post pone the second, and prevent the third

- Neumann

India's population is increasing very explosively. It contributes 15%of the world's population by having more than one billion people. Population explosion is found to be the main reason for shortages of resources and neutralization of the impact of progress of various developmental sectors. Hundreds and millions people are still very poor, illiterate and unhealthy.Because of limited resources available in our country, population is very large and every year around 17 million are new births.

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

The reduction in women's productivity also places an economic burden on their families, communities and societies. Improving the social and economic status of women, which are affected by poor reproductive health, is a vital concern. Increasing a woman's educational level and control over financial resources can improve her status within the house hold, thereby increasing not only her role in decision making, knowledge about health and services available to her, that contribute to good health.Maternal and child health is a very important component of family welfare service which not only contributes to improved community health status but also helps in promoting small family norms and population stabilization.

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methodsas Birth control, also known as contraception and fertility control, refers to methods or devices used to prevent pregnancy. Planning and provision of birth control is called family planning.Safer sex practices such as the use of male or female condoms, can also help prevent transmission of sexually transmitted diseases. Contraceptive use in developing countries has cut the number of maternal deaths by 44% (about 270,000 deaths averted in 2008) but could prevent 73% if the full demand for birth control were met. Because teenage pregnancies are at greater risk of adverse outcomes such as preterm birth, low birth weight and infant mortality, By lengthening the time between pregnancies, birth control can also improve adult women's delivery outcomes and the survival of their children.Awareness of contraception is near-universal problem among married women .The vast majority of married women reported significant problems in accessing a choice of contraceptive methods. Knowledge about temporary contraception is essential to all married couples to decide the childbirth and interval between the pregnancies.

Family welfare in India is based on efforts largely sponsored by The Indian Government. In the 1965 - 2009 periods contraceptive usage has more than tripled (from 13% of married woman in 1970 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2.6 in 2009) but the national fertility rate is still high enough to long term population growth. India adds up to 1lakh (1, 00,000) people to its population every 15days. (K.Park, 2011).

Low female literacy level and the lack of wide spread availability of birth control methods is hampering the use of contraception in India. With the same old problem of disease, population explosion, of the earth resource, unemployment pollution and the like.Through out the world 2000 million people would still be trapped in the poverty, under development and over population, which will harm the health of the people.

In developed countries such as United States, there is different urban future. Challenges are arising loss from population growth than from changes in the

composition and distribution of urban population. The world's urbanization level increased steadily through the 20th century. The urban share is projected to reach 58% by 2025. The population of the more developed world was already 55% urbanized in 1950, reached 76% in 2001 and is expected to be 82% in 2025.

At present about 80% of the population is living in the developing countries of Asia, Africa and Latin America, In Asia, Africa the unprecedented population growth that characterized much of the 20th century has evolved into unparalleled urban growth. The limited nations projects says that world population will expand from 6.1 billion to 7.8 billion between 2000 and 2025. 90% of this growth will occur in urban areas of less developed countries. By 2020, a majority of the population will live in urban areas.

The urban population is projected to rise from 96 million to more than 6500 over the period, while the rural population is projected to fall from 48million to 34 million. The average rate is projected to fall to 0.41% during the first quarter of 21st century.

The rural population of more developed countries has been declining for decades from 370 million in 1950 to an anticipated 215 million in 2025. While the rural population of less developed countries is expected to add only another 170 million before starting to decline slowly around 2020. One of the reasons for over population is the gender gap attainment in education.

India is facing an acute problem of population explosion in the world. The population of India 2011 as on 1st march was 1.2 billion (1,210,193,422). 2001 population was 1 billion (100crores) annual 1.9% growth rates. In 2050 the world population will reach 10 billion and in 2150 it is projected to be 11.6 billion. The birth rate of India is attributed to the low level of literacy, limited useof contraceptives and traditional ways of life, according to the estimation of population project 2011.

Population growth has long been a concern of the Government, and India has a history of explicit population policy. In 1950s, the government began in a modest way, one of the earliest national, Government sponsored family planning efforts in the

developing world. The rural growth rate in the previous decades (1940 to 1951) has been below 1.3 percent and government planners optimistically believed that the population would continue to grow and roughly the same rate.

India's high infant mortality and elevated mortality in early childhood remain significant stumbling block to population control. India's fertility rate is decreasing, however and at 3.4 in 1994, it is lower than those of its immediate misdoubt, (Bangladesh had a rate of 4.5 and Pakistan had 6.7).The rate is projected for decrease to 3.0 by 2000, 2.6 by 2010 and 2.3 by 2020.

During the 1960s, 1970s, 1980s the growth rate had formed a sort of some states, such as, Kerala, Tamilnadu and to a lesson extent, Punjab, Maharashtra, and Karnataka, had made progress in lowering their growth rated, but most did not Under such conditions, India's populations may not stabilize until 2060.

Indiapopulation 2011, total population is1,210,193,422. Total males are 623,724248, female is 583, 469174 and growth rate is1.34%.

Tamilnadu total population is 7, 12, and 38,958, male total population is 36,980,871, total female population is 35,980,087, and growth rate is 15.60%.

Madurai total population is 3,041,038, male total population is 1,528,303, female total population is 1,512,730, and growth rate is 12.26.

Sellur (Urban) total population is52,194,total male population is 26,482, and total female population is 25,712.

Samayanallur (Rural) total population is 65,543, total male population is 33,242, and total female population is 32,301.

1.1 NEED FOR STUDY

The population explosion has led to the imposition and creation of serious problems in the country. At least the similar growth rate of population needs to be

maintained next decade. Over the past 30 years, family welfare becomes increasingly accepted and accessible. Still at least 100 million married women have unmet need for family welfare, that they would prefer to avoid pregnancy but are not adopting any contraceptive method.

The percentage of married women who want no more children and are using contraceptive (the "method" for limiting) is the primary component of the total potential demand for limiting. Asia and North America have similar patterns and trends of contraceptive use for limiting, while sub saharian Africa lag behind these regions.

A woman's ability to choose and when to become pregnant has a direct impact on her health and well-being. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing, and can prevent pregnancies among older women who also face increased risks. Family planning enables women who wish to limit the size of their families to do so. Women who have more than four children are at increased risk of maternal mortality.

In Madurai, during my clinical experience, the investigator had come across more number of mothers getting admitted in the hospital for second delivery, when the first child is not even one year of age.

Mothersattending Antenatal out patient department at Sellur Urban health post is 1,520 and II gravid without spacing mother is 1,250.

Mothers attending antenatal outpatient department at primary health centreSamayanallur is 1,350, and II gravid without spacing mothers is 1080.

The investigator also observed that the mother's option for Medical Termination of Pregnancy ratio is increasing and the statistical values proved the reason behind, which is due to non adaptation of contraception.

In India the estimated report of number of abortion are approximately 10.1 population, The WHO report in 2011 mentioned that in India, Mortality rate due to an abortion is reported as 44% of maternal mortality results from unsafe abortion.

As per the population reference Bureau-2011 the percentage of married women using contraceptive method isWorld -65%, India-57%,China85%,Japan68%.

Both in urban health post Sellur and rural primary health centreSamayanallur are very minimal in adopting family spacing method.

Temporary contraception methods used by urban(Sellur) antenatal mothers, Copper T insertion is 380/year, Combined pills 2210/year, and condom users is 3660/year.

Temporary contraceptive methods used by Rural(Samayanallur) antenatal mothers Copper T insertion is 360/year Combined pills/year, Condom is 1800/year.

In this regard this information's gave an impact to the investigator to take up this study.

In 1960 the Government emphasized on the lippies loop intrauterine device through intensive campaigns carried out by mobile medical team, the central Govt. Linked itsover all performance and financial assistant to the state. In spite of the Govt. initiating and providing services to create awareness with regard to family planning the people not coming forward to adopt the family planning methods to reduce the population rate in India. But when compared to China, India has the highest fertility level for last 10 years, the growth rate also increase to 21.34%.

Though one side the government is struggling very much and concentrating much on contraception in order to reduce population rate in India, on the other side of the coin, the population is still increasing.

The best decisions about family planning are those that people make for themselves, based on accurate information and a range of contraceptive options.

People who make informed choices are better able to use family planning safely and effectively. Providers and programmes have a responsibility to help peoplemake informed family planning choice, So, the investigator thought that it is necessary to assess the knowledge and attitude of antenatal mothers as of vital importance. And also some of the factors which plays a role or as a barrier in adopting temporary contraceptive methods. The woman may not have enough knowledge regarding temporary contraceptives, due to lack of exposure. Some of the client may not have attitude to follow the known contraception techniques. Both knowledge and attitude the woman have, but her circumstances like, the husbands are non cooperative one and not allow her to adopt any of the temporary contraceptives. In the otheraspect the choosing of appropriate contraceptive method is also the barrier in adopting temporary contraceptive methods.

All these queries motivated the investigator to describe the knowledge and attitude of antenatal mothers as a comparative study between rural and urban areas.During Community health nursing posting the facts were revealed to the investigator while interacting with primigravida women, they lack proper knowledge regarding use of temporary contraceptive measures and keep false belief about the same. Hence the investigator felt that it is necessary to evaluate their knowledge and attitude and educate them with a self instructional module.

1.2 STATEMENT OF THE PROBLEM

"A Comparative Study to Assess the Knowledge and Attitude among Rural and Urban Primi Antenatal Mothers Regarding Temporary Contraceptive Methods".

1.3 OBJECTIVES

1. To assess the knowledge and attitude on temporary contraceptive methods amongPrimiantenatal mothers residing in urban and rural areas
2. To correlate the knowledge and attitude on temporary contraceptive methods amongprimi antenatal mothers residing in urban and rural areas.
3. To associate the knowledge and attitude on temporary contraceptive methods among urban and rural primi antenatal mothers with selected demographic variables.

4. To prepare a self instructional learning module for Primi antenatal mothers regarding temporary contraceptive methods.

1.4 HYPOTHESIS

H1 There will besignificant correlation between urban and rural ante natalmothers regarding the knowledge and attitudeof temporary contraceptive methods.

H_2 There will be significant association between the knowledge and attitude of temporary contraceptive methods among urban and ruralprimi antenatal mothers with selected demographic variables.

1.5 ASSUMPTION

1. Primi Antenatal mothers those who are residing at ruralhave inadequate knowledge and attitude regarding temporary contraceptive methods.
2. Primi Antenatal mothers those who are residing at urban haveadequate knowledge and attitude regarding temporary contraceptive methods.
3. The self instructional module will enhance the knowledge towards the temporary contraceptive methods and to develop positive attitude.

1.6 OPERATIONAL DEFINITION

Knowledge:

It refers to the information regarding temporary contraceptive methods, which is assessed by response to the scheduled questionnaires.

Attitude:

It refers to the feelings and thoughts regarding the use of temporary contraceptive methods.

Temporary Contraceptive methods

It refers to, the selected temporary measures to prevent pregnancy temporarily.

Primi Antenatal Mother:

It refers to the women who are all having their first pregnancy.

Urban:

Belonging to or related to city or town. it refers to the Sellur area.

Rural:

Rural areas are far away from large city or towns; it refers to the Samayanallur area.

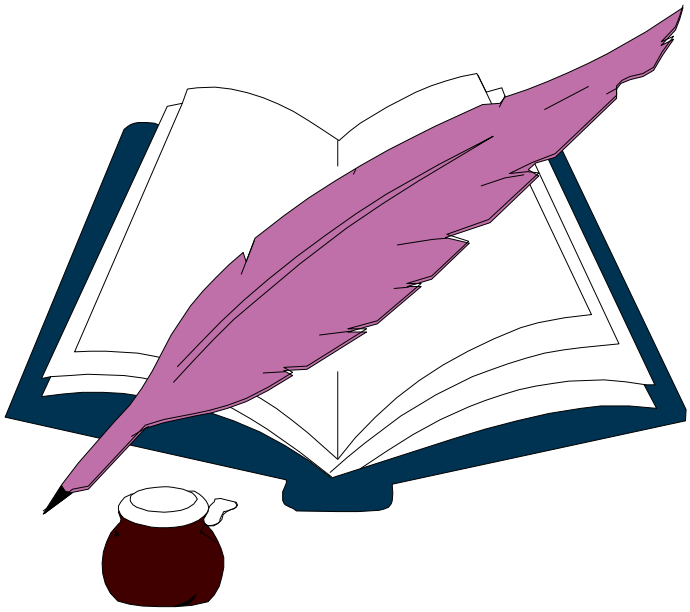
1.7DELIMITATION:

1. The study was limited to the antenatal mothers who were attending the antenatal clinic in Sellur health post(urban) and Samayanallur primary health centre (Rural)
2. Data collection period was limited to one month.

1.8 PROJECTED OUTCOME

- This study is aimed at finding out the knowledge and attitude on temporary contraceptive methodsof primiAntenatal mothers in urban and rural.
- By assessing this knowledge and attitude towards temporary contraceptive methods will help to prepare a self instructional module to enhance the knowledge and attitude.

Review of Literature



CHAPTER - II

REVIEW OF LITERATURE

This chapter presents a review literature of related literature relevant to the study of rural and urban antenatal mother's knowledge and attitude regarding temporary contraceptive methods. The review of literature entails systematic identification. Location, scrutiny and summary of written material that contains information relevant to the problem understudy. An extensive review of literature relevant to the research topic was done to gain insight and to collect maximum information for laying the foundation of the study. The purpose of review of literature is to obtain comprehensive knowledge based and in-depth information about the knowledge and attitude between rural and urban antenatal mothers regarding temporary contraceptive method.

This chapter has divided in to two parts:

Part-A Review of related literature

Part=B Conceptual frame work

Part-A

2.1 REVIEW OF RELATED LITERATURE

This section related to Literature is divided into foursections which explore the literature and the previous studies of knowledge and attitude on temporary contraceptive methods among antenatal mothers. This section is divided into the following headings.

1. Literature related to the knowledge, attitude and practice of temporary contraceptive methods among rural and urban population.
2. Literature related to contraceptive methods and associated demographic variables
3. Literature related to knowledge and attitude of contraceptive methods among antenatal mother in rural
4. Literature related to knowledge and attitude of contraceptive methods among antenatal mother in urban

I. LITERATURE RELATED TO THE KNOWLEDGE, ATTITUDE AND PRACTICE OF TEMPORARY CONTRACEPTIONAMONG RURAL AND URBAN POPULATION

Kavitha.P.R.Arunprasth, P.Krishnaraj (2012)conducted a descriptive study on to assess the knowledge regarding temporary family planning method among Primi postnatal mothers.Non experimental descriptive design was used, 30 samples were selected by purposive samples and techniques, structured interview schedule were used to gather the data. The study result shows that 10(33.3%) were inadequate knowledge. 13(43.3%) were moderately adequate knowledge and few 7(23.3%) of mothers had adequate knowledge. The study reports that there is no significant association between the demographic variables and knowledge so they need health education regarding methods and importance of family planning.

Roumi Deb (2010)conducted a study to know the extent of awareness, attitude and practices of familyplanning method at Meghalaya, the population was 1560 ever-married Khasi women aged 15-49 years The study result shows that there is a gap between the knowledge and thepractice of contraception among these women. Thetraditional contraceptive methods were found to be slightly more common (53%) themodern methods. Of all the modern methodsfemale sterilization is the most commonly used methods (30.4%), followed by oral pills (9 %), IUD/ Copper T (6 %), and weeklypills (2 %).The study reports that the awareness of FamilyPlanning Methods among East Khasi Hillpopulation is high but only half of the womenadopt family planning.

Khan.I.D. **(2008)** investigated adescriptive single cross-sectional study onknowledge attitude, practice, on contraceptives among 100 Married Armed Forces Personnel.The study results that the studied population revealed good knowledge of contraceptives. Target respondents with a mean age of 32 years, educated for more than 12 years,.The study highlights the Knowledge- Practice gap with regard to contraceptives particularly vasectomy (84:33). Attitudinally vasectomy was being preferred to tubectomy by the majority, it was practiced merely by 33% in practice.A

good knowledge of contraceptives and acceptance of the two child norm, vasectomy practice remains poor.

PanitchpakdiP,Podhipak. A,Sein.U.K.(2006)investigated the cluster survey study onfamily planning: knowledge, attitudes and practice survey in Zigone, Myanmar among 600 married women of reproductive age were currently practicing modern methods of contraception..The objective of the study was to determine the prevalence of various family planningmethods.The survey results showed a high awareness of specific contraceptive methods among the target group and the ever-use rate of birth spacing methods was about 54% .The most used method was oral contraceptives (64.6% of all users), followed by injectable contraceptives (32.3%). There was a small number of IUD users (1.1%), use of a permanent method (sterilization) was extremely low (0.3%).

SeemaBibi,AmnaMemeon, ZehraMemeon, (2005) conducted hospital based cross sectional surveyto assess contraceptive knowledge, practices, availability and accessibility of family planningservices and reasons for non-utilization of family planning services in interior of Sindh province, Pakistan in two district hospitals. The study result shows that Contraceptive useincreased with increasing age of mother, parity and number of living children. Tubal ligation (9.5%) and condoms (9.0%) were the most popular methods of family planning.The study reports that mass media was the primary source of information inapproximately 72.5% of the study population.

ShwetaDabral, S.L.Malik.et.al (2005)conducted a study toassess the Knowledge, Attitude and Practice of family planning among various populations is evaluated from time to time by various agencies. The study was conducted among Gujjars of Delhi. The data for the study was collected by interviewing ever-married Gujjar women aged 15-49 years from a sample of 558 households. The study results that the most commonly ever-used methods are Intra Uterine Devices (about $1/6^{th}$), condom (nearly $1/8^{th}$) and female sterilization ($2/3^{rd}$).

II. LITERATURE RELATED TO CONTRACEPTIVE METHODS AND DEMOGRAPHIC VARIABLES

Vasundhara Sharma,UdhayMohan, Vinita Das, Shalley,(2012)conducted a cross sectional study of socio demographic determinants and knowledge,attitude, practice: survey of family planning in is urban Primary Health Centre, BakshiKaTalaab, in rural area of Lucknow. The population of the study issix hundred and eightytwo postpartum women (within 42 days of delivery) who came to these health facilities for their child's vaccination were interviewed, by a preformed and pretested schedule. The results showed that maximum utilization of family methods were seen among Hindu women, women of age group 30 or more, parity four and more, educational level upto high school and above and those of higher socioeconomic class.. Only 2.8% were unsure of preferred method for future use.

WubegzierMekonnen, AlemayehuWolka.,(2011) conducted a study on determinants of low family planning use and high unmet need in Butajira District, South Central Ethiopia. The population was 5746 married women.The results shows that current contraceptive prevalence rate among married women is 25.4% (95% CI: 24.2, 26.5). Unmet need of contraception is 52.4% of which 74.8% was attributed to spacing and the rest for limiting. Reasons for the high unmet need include commodities' insecurity, religion, and complaints related to providers, methods, diet and work load. Contraception is 2.3 (95% CI: 1.7, 3.2) times higher in urbanites compared to rural highlanders. Married women who attained primary and secondary plus level of education have about 1.3 (95% CI: 1.1, 1.6) and 2 (95% CI: 1.4, 2.9) times more risk to contraception; those with no child death are 1.3 (95% CI: 1.1, 1.5) times more likely to use contraceptives compared to counterparts. Women discussing about contraception with partners were 2.2 (95% CI: 1.8, 2.7) times more likely to use family planning. Nevertheless, contraception was about 2.6 (95% CI: 2.1, 3.2) more likely among married women whose partners supported the use of family planning.

TayyabaMajeed,UsmaizaQuadir, ZahidMahamood, *Zahra Azeem, YasmeenAzeem, ZohaibAftab*(2011)conducted a cross-sectional multicenter study. The data collected by a random Sample of 760 women visiting five major hospitals of Lahore. The study results show that among the 760 women who studied mean age were was 27 with SD 5.72. The total birth control rate was 45%. Four hundred and eighteen women (55%) women did not use any method of contraception. Samples

choosing the permanent and non-permanent contraceptive methods have taken up 92.6% and 7.4%. In the sample that used permanent sterilization not even a single case of male sterilization was reported. Chi-square analysis showed that the use of contraceptive method was significantly associated with age (p-value 0.000), parity (p-value 0.001), and knowledge (0.000) no. of years after marriage (p-value 0.000) and frequency of intercourse (0.000).

Aniekan.MAbasiattai.(2010) conducted a study on use of Depot Medroxyprogesterone injectable contraception at the University of Uyo Teaching Hospital, Uyo The Data was collected from the record cards of all clients who accepted Medroxyprogesterone acetate injectable contraception over a nine-year period was studied. The resultsrevealed that there were 1065 new contraceptive acceptors out of which 166 (15.1%) accepted depot Medroxyprogesterone acetate. The model age group of the clients was 30-34 years (35.0%). Majority of clients were grandmultiparous (63.9%), married (82.0%), and 50.6% had primary level education. The study reports that the clients (84.2%) derived their sources of information on contraception from clinic personnel and friends/relatives.

Yalley,DalmaChankapa, Ranabir Pal, DechanlaIsqiring.(2010)conducted across-sectional study on Male Behavior toward Reproductive Responsibilities in Sikkim the population was590currentlymarriedmen. This study results shows that outofthe596male participants, the majority(55.87%)opinedthattheywerein favor of using acontraceptivemethod afteronechild.Mostparticipants(55.54%)saidthattheirmainsourceofinformationoncontraceptivemethodswere the governmenthealthstaff,while24.84%acknowledgedthatmostoftheirinformationcamefromthemasmedia.Eighty-twopercentreportedcurrentlyusingsomekindofthecontraceptivemethod.Condomwasusedasatemporarymethodbyonly16.27%oftheresponders,withthepermanentmethodofvasectomybeinadoptedforbyonly4.87%.Themethodmostwidelyusedbytheir partners was the oral contraceptive pill (43.41%), followed by Tubectomy (15.77%)andIUD (4.19%).

KameswararaoAvasarala.(2009)conducted across-sectional descriptive study on quality-of-life assessment of 50 family planning adopters and 50 non- family planning adopting families through user perspectives in the district of Karimnagar. in Andhra Pradesh. The results revealed a better standard of living for family planning adopters because they have amenities like housing, television, and vehicles and less mortality and morbidity ($P < 0.001$). However, they lack positive feelings towards life, general adaptation, personal relationships, and leisure opportunities. The study reported that, self-assessment by family planning adopters themselves revealed no significant increase in their qualitative life after family planning ($P = 0.05$).

Rajesh K. Chudasama,Naresh .R, Godarama.MohuaMoitra.(2009) conducted a study on Women's position and their behavior towards family planning in Surat. The data wascollected through stratified random sampling every 6th women of age group 15-49 years attending the family planning clinic at New Civil Hospital, Surat.The study result shows that 40% illiterate woman and 57.1% women having education up to primary level have adopted permanent methods of family planning. 69% housewives and 50% of service class women have adopted temporary or permanent methods of family planning. In the study discussion women with annual income up toRs. 5000, 71.4% practiced permanent methods of family planning compared to women with annual income above Rs. 5001.

Tuladhar.Formulus.H.et.al.,(2008)conducted across sectional descriptive study on awarenessand practice of family planningmethods inmethods among 200 women of reproductive age attending Gynaecologyoutpatient department at Nepal Medical College Teaching Hospital. The study results shows that the respondents (93.0%) were aware of at least one of family planningmethods out often methods, but only 65.0% had ever used it and contraceptive prevalence rate was 33.5% which was slightly higher than the national data as 28.5%. The best known method of temporary contraception was Depoprovera (78.0%) followed by oral contraceptive pills (74.0%) and condom (71.0%) and least known methods were vaginal foam tablets/jelly (34.0%) and natural methods (16.0%). Among permanent family planningmethods, awareness about female sterilization (81.0%) was more than male sterilization (77.0%) which was in accordance with studies done in other countries. Knowledge

about emergency contraception was quite low (12.0%) as it was newly introduced in the country. Regarding current use of contraception Depoprovera (11.0%) was the most widely used followed by oral contraceptive pills (4.5%) and condom (4.5%). 5.5% had undergone female sterilization while only 2.5% of male partner had sterilization Knowledge of non contraceptive benefits of family planningmethods was claimed by only 35.0% of the respondents, 27.0% reported awareness that condoms protect from HIV/AIDS and sexually transmitted diseases (STD) while knowledge about various adverse effects was widespread (52.5%). The most common source of information on contraception was media (55.5%), both printed and electronic.

Eugene.J. Eugene J.et.al (2007) conducted a study for estimated that widespread use of emergency contraception may significantly reduce the number of abortion-related morbidity and mortality. A convenient sample of 700 students of the University of Buea (Cameroon) was selected for the study. The response rate was 94.9% (664/700). General level of awareness of emergency contraceptive pills was 63.0% (418/664). Although the students generally had positive attitudes regarding emergency contraceptive pills, up to 65.0% (465/664) believed that emergency contraceptive pills were unsafe. Those with adequate knowledge generally showed favorable attitudes with regards to emergency contraceptive pills (Mann-Whitney U = 2592.5, p = 0.000). Forty-nine students (7.4%) had used emergency contraceptive pills themselves or had a partner who had used them. The study revealed that Awareness of emergency contraception pills by Cameroonian students is low and the method is still underused.

Md.Emajuddin.,Md.SodequelArefin.l, (2007) conducted a study on Dimension of Birth Control Method Adoption in the Santal and Oraon Ethnic Communities in Rural Bangladesh. The sample size was a total of 285 couples (145 couples for Santal and 140 couples for Oraon), who achieved desired family size norms, was randomly selected for this study. The results of the study revealed that most of the couples (90%) adopted birth control method to prevent unwanted birth after the completed desired family size norms. Majority of the wives (60%) rather than husbands (12.55%) in the communities accepted permanent birth control methods rather than temporary methods (20% for wives and 7.45% for husbands

respectively). The results of Pearson's Chi-Squire test suggest that family authority patterns, especially autocratic authority relation than syncretism or autonomic authority relation among the couples in both the ethnic communities significantly influenced wives to take more permanent birth control methods rather than temporary methods in rural Bangladesh (Chi-Squire= 255, df=4, 291.95, p<.05).

Mandal.N.K, Malik.SP.P.RoyS.B.MandalA.Mandal., (2007)conducted a Cross Sectional study on impact of religious faith and female literacy on fertility in a rural community of West Bengal A total of 671 filled in schedules were analyzed by Epi info package. This study reports that average number of pregnancies ever occurred among Muslim mothers (2.8) were higher in comparison with Hindu mothers (1.68). Regarding current fertility, live births in last 2 yrs was more among Muslim mothers (25.2%) as compared with their counterparts among Hindu community (12.4%). In both the cases differences were found to be statistically significant. Female literacy was found to have no impact on fertility as a whole, but while stratified, its positive role was evident among Hindu mothers but not among Muslim mothers.

Moataz Abdel-Fattah, Molaz .et.al, (2006) conducted a cross sectional survey to determinants of birth spacing among Saudi women. The study population was who have been married before, aged 15-49 years attending The Data was collected on socio-demographic, biological characteristics, beliefs, attitudes, and utilization of family planning services, pregnancy intervals and medical history. The results shows that the mean duration of inter birth interval was 2.38±1.24 years. The multivariate Cox regression revealed that a woman's education, work status, husband's work status, a woman's history of chronic diseases, and husband's encouragement of inter birth spacing were the only significant predictors of longer inter birth intervals. The great majority of participating women (98%) had a positive opinion of the effect of birth spacing on the family.

Bhattacharya. S.K. Ram.R, Goswam.G.S, Gupta.U.D, Bhattacharya. S, S.Roy. (2006) conducted a cross sectional study of unmet need for family planning among women of reproductive age group attending Immunization Clinic and Post-Partum unit of Calcutta National Medical College, in a medical college of Kolkata. 10% sample or all mothers attending the clinics for a period of one month were

selected by systematic random sampling method. This study reveals that Extent of unmet need for family planning is 41.67% of which 25.84% are limiters and 15.83% are spacers. Only 45.83% women are contraceptive users. Contraceptive rate increases with advancement of age and prevalence of unmet need is significantly higher in younger age group. With increase in literacy level tile prevalence of Spacers in the unmet need group has significantly increased and that of limiter decreased. The prevalence of spacers significantly decreases and limiter increases with, increase in numbers of living children. The major reason for unmet need is opposition from husband/ family and community (32%).

Elizabeth G. Sutherland (2006) conducted study on contraceptive Behavior in the Western Chitwan Valley of Nepal: Effects of Season, Natural Resource Responsibility, Women's Status, and Accessibility of Family Planning Services. The data was collected from eligible sample of 1,347 women, 323 women (24%) were classified as having no need for contraception at baseline due to a desire to have more children. It revealed that 488 women (36%) desired to limit births but were classified as having a met need as a result of current use of contraception. An additional 533women (40%) were classified as having unmet need for contraception. The 488 women who desired to limit births and who were currently using a modern method at baseline, all were relying on sterilization, either through tubal ligation (22%) or spousal vasectomy (78%) of the small fraction of women with no need for contraception currently.

Rob Stephenson. et.al, (2006) conducted atarget population for the survey was ever-married women aged 13-49 years, with data collected at three levels: individual, household, and village. Data were collected for each of the 24 states of India and the National Capitol Territory of Delhi, resulting in a sample of 89,777women in 80,652 households. Muslim women and those from other religions had significantly lower odds of adopting sterilization than Hindu women (Muslim odds ratio [OR] 0.47, other religions OR 0.71). women who lived in districts with over 20% Muslim population had significantly lower odds of adopting sterilization (OR 0.83) compared to women who lived in districts in which less than 5% of the population were Muslims. Individual religion was a strong predictor of the decision to

adopt sterilization, and residence in a district in which more than 20% of the people were Muslims significantly lowered the odds of adoption of sterilization.

DhariniKumari.Y. (2005) conducted a study on women's position and their behavior towards Family planning in two districts of Andhra Pradesh. The subjects consisted of 600 currently married women in the age group of 15-49 years having at least one living child. The influences of variables such as education, occupation, income o f women, succession to property, and son-preference, etc are also studied.. The study reports that the adoption of family planning methods was higher (68%). among women who had education up to college and above, 68 % of women with white-collar jobs adopted permanent methods o f family planning (0.01) levels o f significance when tested by chi-square analysis). A majority of women (63.37%) with an annual income of Rs.30.00l/- and above practiced family planning. The study shows a positive relationship between on preference and family planning practices by women in Andhra Pradesh.

III. LITERATURE RELATED TO KNOWLEDGE AND ATTITUDE OF CONTRACEPTIVE METHODS AMONG ANTENATAL MOTHER IN RURAL:

Syed EsamMahmood.IramShaifali,Payal Mishra *(*2011) conducted cross sectional study on postpartum contraceptive use in rural Bareilly. All women who had delivered within last one year were interviewed by house to house survey to collect data regarding socio-demographic characteristics and contraceptive use by structured questionnaire. A total of 123 women participated in the study The study reports that only 13.8% mothers adopted postpartum contraception. Lack of knowledge (32.5%) and young infant being breastfed (28.5%) were the common reasons of not using any contraceptive method. Contraceptive use was higher amongst females aged less than 30 years and those belonging to middle socioeconomic class and nuclear families. The significant influence of the women' educational status on utilization of family planning methods was observed.

Arjit Kumar., P Bhardwaj, J P Srivastava, P Guptaet.al, (2011) conducted a study on family planning practices and method among women of urban slums of luck now city is based on utilization of family planning methods, their side effects and the factors influencing their uses. The study design was community-based study among the Women of reproductive age groups (15-45yrs) adopting family planning methods & those residing in urban slums of, Luck now. Sample size was 540, during July 2009 to July2011. by the Sampling Technique of thirty cluster sampling. This study report shows that the acceptance of family planning methods both temporary and permanent methods increased with level of literacy of women. About 53.40 % adopted I.U.C.D, 38.83% O.C pills & only 7.77% of their partners used condoms. 66.6% have undergone laparoscopic & 33.4% mini-lap sterilization. Vasectomy was not done for even a single partner. More number of illiterate and primary educated accepted permanent method after 3 or more children than higher educated who accepted it after 1 or 2 children. Among acceptors of permanent methods, total 70.27% were experiencing side effects and among temporary method users, it accounted 23.30%.

Jyotishikha Nanda, Dipak Kumar, PremanadaBharati. (2011) conducted a study on contraceptive practices among adolescent married women in Tamilnadu, India. The data collected from District Level Household Survey-Reproductive Child Health (DLHS-RCH), Round-II which was conducted in two phases (phase-I during 2002-2003 and phase-II during 2003–2004) in Tamil Nadu. The data consist of 732 ever-married women. The result shows that 59 (8%) were currently using family planning methods the other 673 (92 %) of the subjects are not currently using any of methods. In terms of social characteristics of married women, who were currently using or not using any one of the family planning methods, caste is found to be highly significant ($P<0.000$).The other variables place of residence and religion is significance ($P<0.05$). in case of age at marriage the % of using contraception methods is higher among 15-17 years 75% this proportion followed in 18-19 years age group, and who married less than 14 years also. The women who desired the next child to be boy was 129 (20%) and to be girl was 53 (8%), the number of sex was not preferred up to god was among 367 (57%) and 96 (15%) respectively. In economic characteristics percent of using contraception is considerably higher in the women

using of contraception methods. Difference between number of children ever born, gravid and of implementation of new programme, which may (P<0.000).

KapilYadav. (2010)conducted cross-sectional survey on an agreement and concordance regarding reproductive intentions and contraception between husbands and wives in rural Ballabgarh, India. The study design was a in 200 randomly selected married couples (in the age range of 15-44 years) in village Dayalpur, Haryana. The results shows that the observed concordance was 67.5% for ideal family size, 84.5% for contraceptive attitude, 88.5% for fertility desire, 93.5% for unmet need, and 97% for report of number of currently living children. The adjusted kappa statistic varied from a low of 0.43 (P # 0.001) (ideal family size) to a high of 0.96 (P # 0.001) (number of living children) with contraceptive attitude (0.7) (P # 0.001), unmet need (0.88) (P # 0.001), and current use of contraception (0.93) (P # 0.001) having kappa values in between. Overall, a greater degree of agreement was observed for reproductive health events as compared to family planning attitudes and intentions.

Padma Mohanan, AshaKamath, Sajjan.B.S. (2005) conducted a study on fertility pattern and family planning practices in a rural area in Daksina Kannada among married women in the age group 15-49 years living with their spouses who were residents of Asaigoli. The data was collected from 1007 women among whom 66 were pregnant, 16 had primary sterility and 4 reported as secondary sterility 896 women constituted the study sample. The study socio demographic variables were religion, income, family type, literacy, No of children and contraception used. The study results shows that permanent contraception was accepted by 70.7% of the women with 3 more children and only 29.3% accepted temporary contraceptive with 1 or 2 living children, which was statistically significant.

Ravichandran' (2005) conducted a study on Availability of Oral Pills and Condom at village level in a Community Development Block of Tamil Nadu.. Examine the demand factors (knowledge of spacing and spacing methods) for temporary contraceptive methods; and examine the relationship between the socio-economic variables and demand factors for temporary contraceptive methods. The study reports that the spacing methods known to the study women were IUD (to all),

Oral pill to 69% and condom to 72% . While all the women who knew about IUD and oral pills also knew about it being intended for females, 29% women (of the 72%) did not know that condoms are to be used by males. A fairly large proportion of women (61%) did not know about how condom is used for contraception. The lack of knowledge about oral pills was also high in that 53% did not know how to use it; even in the case of IUD although all the women had heard about the method, a fourth (26%) did not know how it was used.

IV. LITERATURE RELATED TO KNOWLEDGE AND ATTITUDE OF CONTRACEPTIVE METHODS AMONG ANTENATAL MOTHER IN URBAN

BrijeshSathian. (2012)conducted a study on hormonal contraception in Nepal : The data was collected from more than one in two women between the ages of 15-49 have never been to school (nearly 53%), 12 % have only some primary education, 5 % have completed primary, 21 %t have only some secondary education, and less than 10 % have completed secondary or higher level of education. The study result shows that the highest percent of Depo used is also proved by NDHS 2006 of Nepal which is found 66.9 %. Likewise, family planning pills ranks second, in those years pills user were around 25 %.The most widely known method of modern contraceptive usage among currently married women are Injectables 99 %, contraceptive pill is known by 95 % and 84 % married women know of implants. 31 % of married women currently would prefer to use Injectables.

Manu S.S. Rana.S.S, Madhav, Thallapya, Ramprasad, aryal, BrijeshSathian.(2012) conducted astudy the use of modern female temporary hormonal contraceptives and their health` effects in the Pokhara Sub-Metropolitan City of Western Nepal. A qualitative and quantitative data were collected from married women 120 of 15 to 49 years of age, who were using hormonal contraceptives. A majority of them had one boy and one girl as children. Though illiterate women were a majority, fifty percent knew all the four methods of female temporary contraceptives. Among the 120 women who were interviewed, 46.67 % said that they had no bad health effects, which meant that they had no warning and side effects, 52.50 % women said that they had side effects, and only 0.83 % of the

women said that they were suffering from lower abdominal pain or pelvic pain, which was the warning effect. Among them, most of the women (more than 50 percent) have been using Depo. The remaining 50 percent are using other methods.

Agarwal.A.R, P.Singh.(2005) conducted a study on analysis of adoption preference of family planning methods through multiple logistic regression. The data for this analysis obtain from 1160 eligible couple from Paharganj area of Delhi which 556 were non users 176 are IUD acceptors and 428 were sterilization acceptors and 428 are sterilization acceptors .The multiple logistic regression has been applied for IUD acceptors Vs non users and IUD VS sterilization. The study reports that the couple with 2 or more children had 10.6 times, with any one male or female child with education of high school the motivating factor was 17% and for higher education and up to 14%. The sterilization acceptors compared to IUD use 5.0% for male children and 3.3% for having female children. This study shows that female literacy is significant motivating factor for the adoption of family planning practices.

M.S. Kulkarni.(2005)conducted a study on Women's Exposure to Mass Media and Use of Family Planning Methods: A Case Study of Goa. The data for the present study was collected by conducting a survey on a predesigned and pretested questionnaire by interviewing married non-pregnant women aged 15-45 years in North Goa District. The samples were selected using a two stage stratified random sampling method. In the first stage 20 rural blocks and 5 urban blocks were selected and at second stage 10 married non pregnant women aged 15-45 years were selected from each of the first stage unit using simple random sampling method. This simple size for the present study was 250 married women in the age group 15-45 years. This study reports that use of family planning methods in Goa was 47.5 percent. The ever use of family planning method was 74.4%, 46.5% and 42.5% among women exposed to television, radio and newspaper respectively.

PART –B

2.2 CONCEPTUAL FRAME WORK

A conceptual frame work or model is defined as a set of concepts and the propositions that integrate them into a meaningful configuration. Conceptual frame situation and event of particular interest to a discipline, in this instance of nursing.

The present study aims to compare the knowledge and attitude of primi antenatal mothers regarding temporary contraceptive methods between urban and rural area.

Theconceptual frame work for this study based on the Pender's model of health promotion.Health promotion directed at increasing a client level of well being (Pender 1996).

The health promotion model proposed by Nola J Pender (1982; revised, 1996) was designed to be a "complementary counterpart to models of health protection."

THE MODEL FOCUSES ON FOLLOWING THREE AREAS:

- Individual characteristics and experiences
- Behavior-specific cognitions and affect
- Behavioral outcomes

MAJOR CONCEPTS AND DEFINITIONS

- Individual Characteristics and Experience
- Prior related behavior
- Frequency of the similar behavior in the past. Direct and indirect effects on the likelihood of engaging in health promoting behaviors.

PERSONAL FACTORS

Personal factors categorized as biological, psychological and socio-cultural.These factors are predictive of a given behavior and shaped by the nature of the target behavior being considered.

- **Personal biological factors** - include variable such as age gender body mass index pubertal status, aerobic capacity, strength, agility, or balance.
- **Personal psychological factors** - include variables such as self esteem self motivation personal competence perceived health status and definition of health.
- **Personal socio-cultural factors** - include variables such as race ethnicity, accuculturation, education and socioeconomic status.

PERCEIVED BENEFITS OF ACTION

- Anticipated positive outcomes that will occur from health behavior.

PERCEIVED BARRIERS TO ACTION

- Anticipated, imagined or real blocks and personal costs of understanding a given behavior.

PERCEIVED SELF EFFICACY

- Judgment of personal capability to organize and execute a health-promoting behavior.
- Perceived self efficacy influences perceived barriers to action so higher efficacy result in lowered perceptions of barriers to the performance of the behavior.

ACTIVITY RELATED AFFECT

- Subjective positive or negative feeling that occur before, during and following behavior based on the stimulus properties of the behavior itself.
- Activity-related affect influences perceived self-efficacy, which means the more positive the subjective feeling, the greater the feeling of efficacy. In turn, increased feelings of efficacy can generate further positive affect.

INTERPERSONAL INFLUENCES

- Cognition concerning behaviors, beliefs, or attitudes of the others. Interpersonal influences include: norms (expectations of significant others), social support (instrumental and emotional encouragement) and modeling (vicarious learning through observing others engaged in a particular behavior).
- Primary sources of interpersonal influences are families, peers, and healthcare providers.

SITUATIONAL INFLUENCES

- Personal perceptions and cognitions of any given situation or context that can facilitate or impede behavior.
- Situational influences may have direct or indirect influences on health behavior.

BEHAVIOURAL OUTCOME

COMMITMENT TO PLAN OF ACTION

- The concept of intention and identification of a planned strategy leads to implementation of health behavior.

IMMEDIATE COMPETING DEMANDS AND PREFERENCES

- Competing demands are those alternative behavior over which individuals have low control because there are environmental contingencies such as work or family care responsibilities.
- Competing preferences are alternative behavior over which individuals exert relatively high control, such as choice of ice cream or apple for a snack.

HEALTH PROMOTING BEHAVIOUR

Endpoint or action outcome directed toward attaining positive health outcome such as optimal well-being, personal fulfillment, and productive living.

The Pender's health promotion model modified and applied for this study to assess the knowledge and attitude among urban and rural antenatal mothers regarding temporary contraceptive methods.

INDIVIDUAL CHARACTERISTICS AND EXXPERIENCES

PRIOR RELATED BEHAVIOR

Antenatal Mothers, KnowledgeAttitude towards Contraception,Cultural Practices.

PERSONAL FACTORS

Demographic Variables

- Age, Education, Occupation ,Monthly income.

Biologic Variables

- Religion, Type of family,Residence, Mother tongue.

BEHAVIOUR SPECIFIC CONGNITIVEAND AFFECT

Perceivedbenefit of action

Improvement in mother health, Small family norm, Greater attention to child.

Perceived barrier of action

Inadequate knowledge, Fear about methods, Misbelieves,Poor support system.

Interpersonal influences

Husband, Medical care provider,relatives , Friends,Family.

Situational influences

Media, Television,Newspaper, Health care provider, Access to health care.

BEHAVIOURAL OUTCOME

Commitment of plan of action

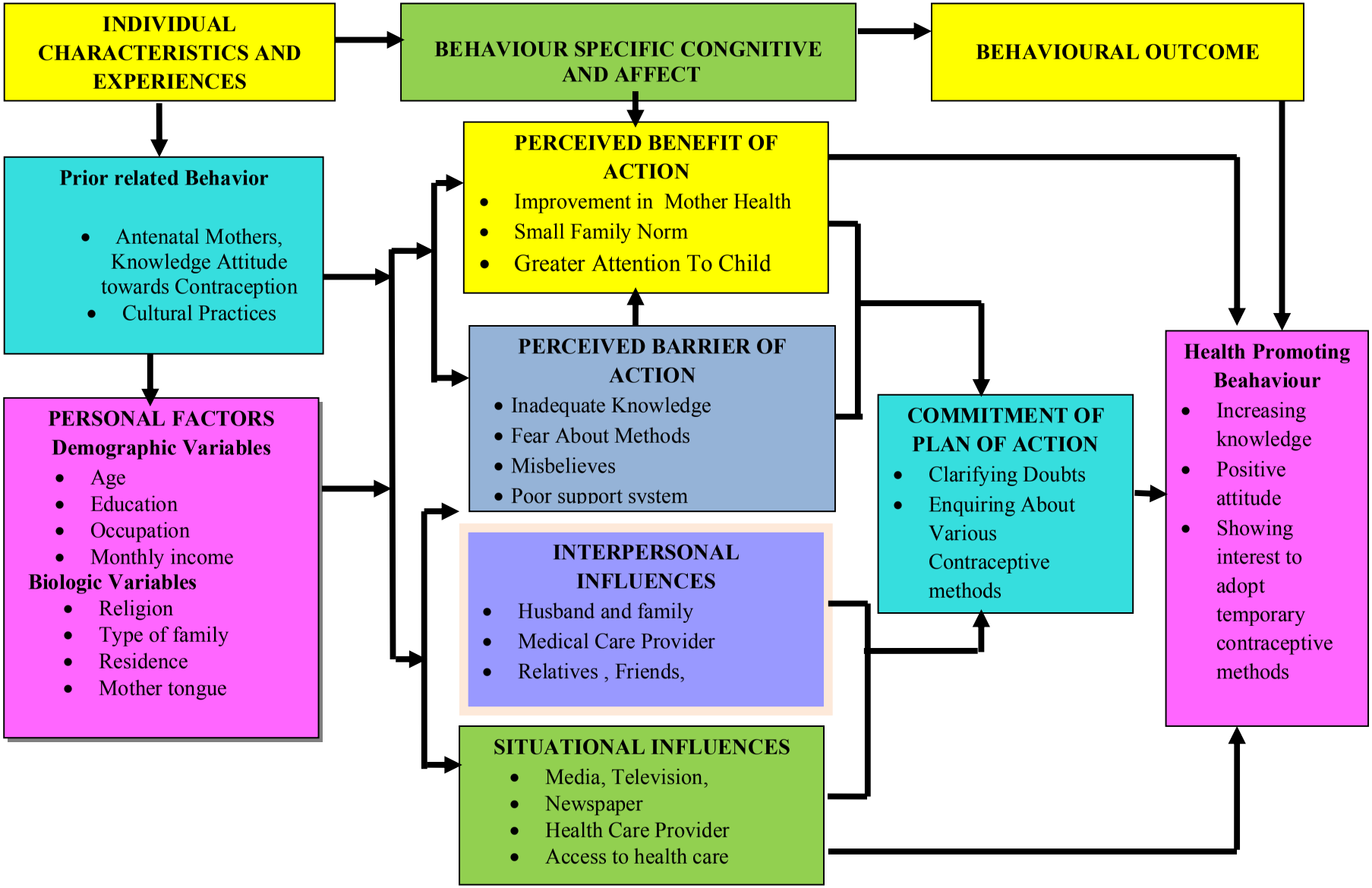
Clarifying doubts, Enquiring about various methods

HEALTH PROMOTING BEAHAVIOUR

Clarifying Doubts,Enquiring about Various contraceptive methods

Health Promoting Beahaviour

Increasing knowledge, Positive attitude,Showing interest to adopt temporary contraceptive methods.



MODIFIED HEALTH PROMOTION MODEL OF NOLA J PENDER(1996)

Methodology

CHAPTER-III

METHODOLOGY

This chapter deals with the description of the methods and different steps used for collecting and organizing data for the investigation. It includes the description of the research approach , the research design, setting , population, the sample and the sample size, the sampling technique, the sampling criteria, the development and description of the tool, the pilot study, the data collection procedure and the plan for data analysis in the study. This present study was done to compare the knowledge and attitude regarding temporary contraceptive methods among antenatal mothers between Urban and Rural areas.

3.1 RESEARCH APPROACH

The investigator selected **Quantitativeapproach.**

3.2 RESEARCH DESIGN

The research design selected for this study is **Descriptive study design.**

3.3 VARIABLES

Research variable: - Knowledge and attitude regarding temporary contraceptive methods.

3.4 SETTING OF THE STUDY

The study was conducted in Urban health post (sellur) and Rural primary health centre (Samayanallur).

URBAN SETTING

Sellur Urban Health Post is located in centre of Sellur area. Antenatal clinic conducted every Monday and Friday and other week days taking ultra sound scan for Antenatal mothers.The antenatal outpatient clinic functions from 8 Am to 12 Noon and average of 1350 antenatal women/month. The antenatal records shows that an

average of 80 to 100 antenatal mothers attending the antenatal clinic. The 8 beds in obstetric unit are shared antenatal and postnatal wards and one labour ward.

RURAL SETTING

The Government Samayanallur Primary Health centre was started in the year 1992, 7thmarch. The Hospital situated15kms away from Madurai. Totaloutpatient 1200, every Tuesday conducting Antenatal clinic and also taking ultra sonogram for antenatal mothers in week days. The antenatal outpatient clinic functions from 8 Am to 12 Noon and average of 1250 antenatal women per month. The antenatal records shows that an average of 80 to 100 antenatal mothers attending the antenatal clinic. The 30 beds in obstetric unit are shared antenatal and postnatal wards and one labour ward.

3.5 POPULATION

TARGET POPULATION

The target population of the study consist of antenatal mothers residing in Sellur and Samayanallur.

ACCESSIBLE POPULATION

The accessible population of the study consist of Primi antenatal mothers attending antenatal outpatient clinicin Urbanhealth post Sellur, and Primary health centre Samayanallur.

3.6 SAMPLE

The sample for present study comprised of primi antenatal mothers in rural and urban area and who have met the inclusion criteria.

SAMPLE SIZE

The sample size of the present study is 200 primi antenatal mothers. 100 Mothers from rural and 100 mothers from urban were selected as samples for the study, who fulfil the inclusion criteria.

3.7 SAMPLING TECHNIQUE

Convenience Sampling techniquewas used for this study.

3.8 CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

- The mother who had first pregnancy.
- Antenatal mothers attending the outpatient department.
- Antenatal mothers below the age of 49 years.
- The mother who are willing to participate.

EXCLUSION CRITERIA

- Multigravid mother
- The mother had pregnancy associated withmedical illness.

3.9 DEVELOPMENT OF THE TOOL

The Structured interview questionnaire was developed which is based on the objectives of the study; through review of literature on related studies, journals, and books,and opinion from the experts. All these were helped in the ultimate development of the tool.

3.10 DESCRIPTIONOF THE TOOLS

The instrument used in this study consists of two sections which are as follows.

PART – I

Demographic variables(Age, educational status,religion, occupation of mother and occupation of husband, monthly income, type of family, religion, mother tongue etc.)

PART –II

It consisted of multiple choice questions which were prepared to assess the knowledge of temporary contraceptive methods. The questions were related to

knowledge of temporary contraceptive methods, and knowledge of natural, chemical, hormonal, and physical contraceptive methods.

PART – III

Attitude questionnaire on temporary contraceptive methods which contains scheduled 5 points Likert's scale.

3.11 SCORE INTERPRETATION

The score that helps to ascertain the knowledge and attitude of the subjects in the sample based on the distribution of items. The researcher gave the score, which helped to rank the sample's knowledge and attitude regarding temporary contraceptive methods.

Part II - The knowledge of temporary contraception.

This Part consists of 28 items with total marks 60. Each item had various options ranging from 1-7 which includes both correct and wrong responses. Correct responses were given 1 mark and wrong responses were given 0 mark. Depending upon item's responses maximum score, minimum score and no score was determined by the researcher. For instance, In 22nd item, 4 options were given and all 4 options were correct. Hence the maximum score for that item was 4 and minimum score was 1.Moreover In 14 th item, 4 options were given, in that 3 options were correct and 1 option was wrong. Hence Maximum score for that item was 3 and minimum score was 1.

- Right answer - 1
- Wrong answer - 0
- Total number of question – 28.
- Total marks –60

SCORING PROCDURE FOR KNOWLEDGE

LEVEL OF KNOWLEDGE		INTERPRETATION
Below 30	-	Inadequate
30 – 45	-	Moderate
Above 45	-	Adequate

PART – III –The Attitude regarding temporary contraception methods.

The attitude questionnaire consisting of 10 positive questions and 10 negative questions.Likert scale was applied to assess the attitude levels.

Positive questions -10

Strongly agree -5, Agree–4,Uncertain –3, Disagree –2, stronglydisagree –1.

Negative questions - 10

Strongly agree -1, Agree– 2,Uncertain -3, Disagree – 4, stronglydisagree -5.

Total marks -100

SCORING PROCEDURE

Level of Attitude		**Interpretation**
Below 50	-	Poor
51-75	-	Moderate
Above 75	-	Good

3.12 CONTENT VALIDITY

In order to measure the content validity, the tool was given to 6 experts among that one expert from Social and preventive medicine, 3 experts from Obstetrics and Gynaecology and 2 expert Community Health Nursing Department. Experts were requested to judge the items for clarity, relevance, comprehensiveness and appropriateness of the content. Appropriate modifications were made in each section as per the suggestions given by the experts. Only items with 100% agreement were included in the interview schedule.

3.13 RELIABILITY

Reliability is the degree of consistency that the instrument of the procedure demonstrates whatever is measuring it does so consistently. After pilot study reliability of the study was assessed by using test retest method. Knowledge questionnaire and reliability was assessed using test retest method and its correlation coefficient r-valve is 0.84. Attitude questionnaire reliability was assessed using test retest method and its correlation coefficient r-value is 0.80. These correlation coefficients are very high and it is good tool for assessing knowledge and attitude on temporary contraceptive methods. The tool was feasible and practicable.

3.14 ETHICAL CONSIDERATION

A formal consideration was obtained from City Health Officer Madurai Corporation, Madurai, and Deputy Director of health services, Madurai. Ethical consideration was acquired from the ethical committee, Madurai Medical College, Madurai. Information was given to all the primi antenatal mothers about the purpose of the study. Written informed consent was obtained from the primi antenatal mothers. The sample had the complete freedom to withdraw the study to their reason. No physiological or psychological harm was made to the antenatal mothers.

3.15 PILOT STUDY

A pilot study was conducted from 01.08.2012 to 07.08.2012 at antenatal outpatient department of Sellur urban health post andSamayanallur primary health centre. By means of convenient sampling technique the mothers were selected for pilot study. The sample size was 20,ten antenatal mothers from rural setting and ten from urban setting. The structured interview schedule was administered. The investigator found that the instrument was feasible to use and no further modifications were needed before actual implementation of the study. The result of pilot study was the knowledge and attitude of urban primi antenatal mothers were higher than the rural primi antenatal mothers.

3.16 DATA COLLECTION PROCEDURE

The main study was conducted from 16.08.2012 to 15.09.2012 at Urban Health Post, sellur and Primary Health Centre Samayanallur. The formal permission

was obtained from the City health officer, Madurai Corporation Madurai, and Deupty Director of Health Services Viswanathapuram, Madurai. Urban health post, the Antenatal outpatient department runs from 8am to 12noon every Mondayand Fridayand the Govt. Primary Health centre Samayanallur,the Antenatal outpatient department runs from 8am to 12noon everyTuesday and ultrasonagram is taking all week days except Sunday both urban and rural. The researcher was given a brief self introduction to the antenatal mothers. The researcher gather a primi antenatal mother those who fulfil the inclusion criteria. By means of convenience sampling technique the primi antenatal mothers were selected for this study.The consent was obtained from the antenatal mothers. The interview method was used to collecting the knowledge and attitude questionnaire regarding temporary contraceptive methods. For each antenatal mother 30 minutes had spent for interviewing.

During the first week of data collection, 25 samples were taken from Antenatal clinic, Urban Sellur, and 25 samples from antenatal clinic Rural Samayanallur bymeans of convenience sampling method. The demographic data, knowledge and attitude questionnaire on temporary contraceptive methods were collected by means of interview method. During the second week, 25 samples were taken fromUrban ante natal clinic, and 25 were taken from rural at primary health centre, Samayanallur. During the third week 25 samples were taken from Urban ante natal clinic, sellur, and 25 were from rural at primary health centre, Samayanallur The fourth week 25 samples were taken from Urban ante natal clinic,sellur and 25 samples were from rural primary health centre, Samayanallur and the data were collected. Totally 200 samples were taken.fromUrban health post (Sellur), and 100 were taken from Antenatal clinic, and Primary health centre, Samayanallur(Rural) 100 samples were taken.

3.17 DATA ANALYSIS

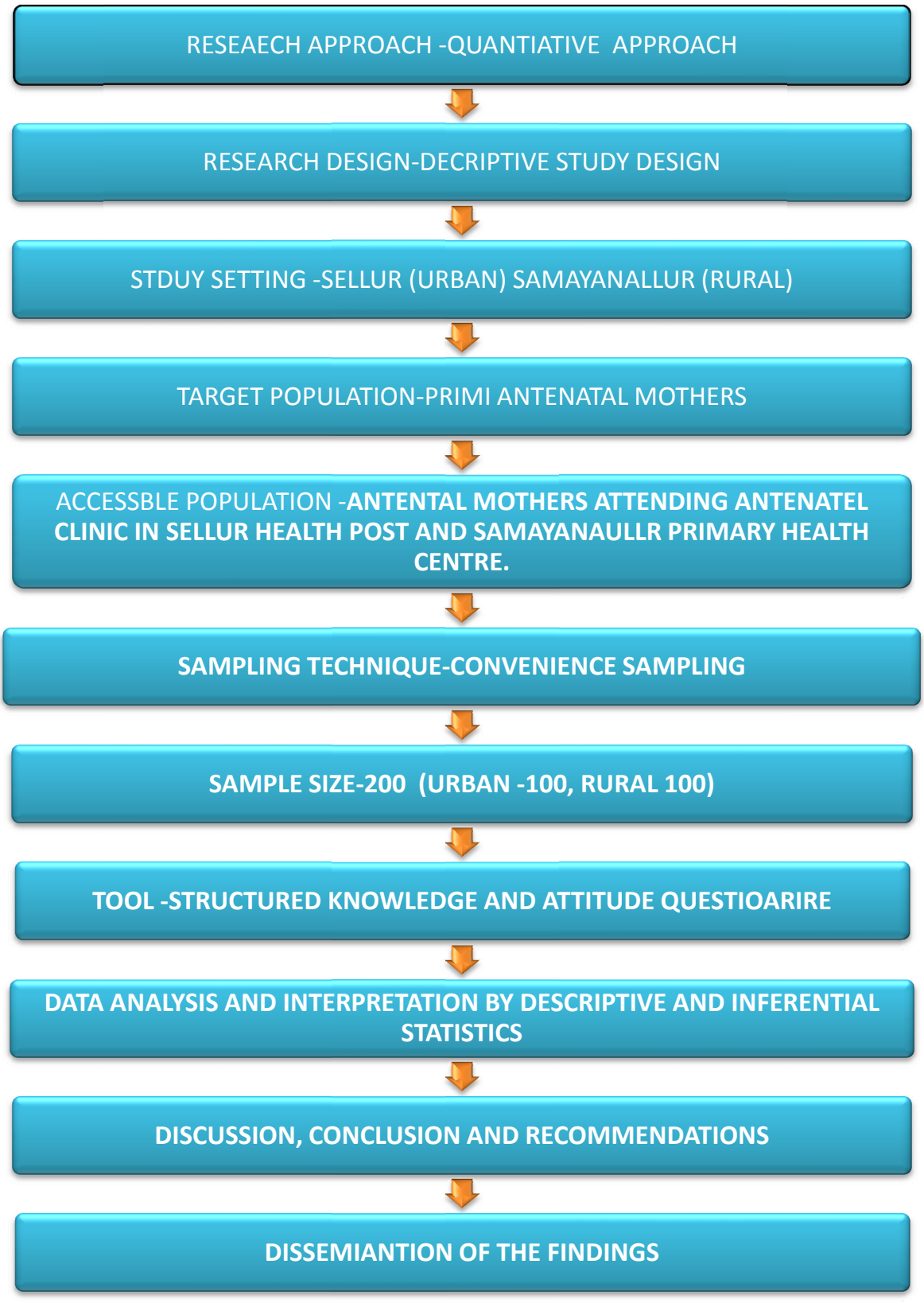
Data analysis enables the researcher to reduce summarize, organize,evaluate, interpret and communicate numerical information to obtain answer to research question. Statistical analysis was used to compare between rural and urban population.Analysis and interpretation was done based on the objectives of the study. The data was analyzed using descriptive and inferential statistics like frequency,

percentage, chi-square‘t ‘test Pearson correlation coefficient. The significant findings were expressed in the form of table.

3.19PROTECTION OF HUMAN RIGHTS

The proposed study was conducted after the approval of dissertation committee of the college of Nursing Madurai Medical college Madurai. In order to protect the human rightsethical committee approval obtained on the month of July from ethical committee, Madurai Medical college, Madurai. In addition the permission was obtained from city health officer, Madurai corporation Madurai, and Deputy Director of Health Service, Viswanathapuram, Madurai. Both written and verbal consent was obtained from all the study subjects and the data collection was kept confidential. The possible benefit of participating in the study was explained to all the samples. Reassurance was given to the study samples, that confidentiality and privacy was maintained throughout the study. Consent was obtained from each subject before starting the data collection and assurance was given then the anonymity of each individual was maintained.

3.19 SHEMATIC REPRESENTATION OF RESEARCH DESIGN



Data Analysis and Interpretation

CHAPTER- IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected and thereby to compare the knowledge and attitude of Primi Antenatal mothers regarding temporary contraceptive methods between urban and rural area and to determine the relationship with selected demographic variables. Analysis is the appraisal of the data and interpretation of the data consisting of relation between findings of the study to the research problem and theoretical framework for the study. An important function of the process of interpretation is to link the findings of the study to the main stream of scientific knowledge in the field. The data were collected from 200 Primi antenatal mother (100 from rural and 100 from Urban area) being analyzed, classified and tabulated on the basis of the objectives of the study.

PRESENTATION OF THE DATA

The study findings of the samples are presented in the following sections

Section: I: Description of demographic variables of the antenatal mothers residing at rural and urban area.

Section: II: Level of knowledge and attitude on temporary contraceptive methods among urban and rural area.

Section III: Correlation between the knowledge and attitude on temporary contraceptive methods among urban and rural primi antenatal mothers.

Section IV: Association between knowledge and attitude of temporarycontraceptive methods among primiantenatal mother in urban and rural area with selected demographic variables.

Section –I

DESCRIPTION OF DEMOGRAPHIC VARIABLES

TABLE 1

Frequency and percentage wise distribution of Antenatal Mothers Regarding Temporary Contraceptive Methods according to their demographic data

n=200

S.No	Demographic variables	Urban(n=100)		Rural(n=100)	
		F	%	f	%
1.	**Age:**				
	18-25yrs	64	64	57	57
	26-33yrs	30	30	27	27
	34-41yrs	6	6	12	12
	42-49yrs	-	-	4	4
2.	**Educational status husband:**				
	No formal education	22	22	15	15
	Primary	22	22	30	30
	Secondary	39	39	37	37
	Degree	17	17	18	18
3	**Educational status Mothers:**				
	No formal education	23	23	11	11
	Primary	19	19	26	26
	Secondary	39	39	41	41
	Degree	19	19	22	22
4.	**Occupation of husband ;**				
	Unemployed	20	20	19	19
	Agriculture	15	15	10	10
	Private	60	60	60	60
	Government	5	5	11	11
5.	**Occupation of Mothers**				
	a. Home maker	57	57	55	55
	b. Labour	16	16	16	16
	c Private	21	21	23	23
	d Government	6	6	6	6

S.No	Demographic variables	Urban(n=100)		Rural(n=100)	
6.	**Monthly income of the family**				
	Below 1000	29	29	26	26
	Rs 1001-2000	22	22	15	15
	Rs 2001-3000	23	23	27	27
	Rs above 3001	26	26	32	32
7.	**Religion:**				
	Hindu	70	70	68	68
	Christian	17	17	15	15
	Muslim	8	8	6	6
	Others	5	5	11	11
8.	**Type of Family**				
	Joint family	39	39	60	60
	Nuclear family	52	52	29	29
	Extended family	2	2	9	9
	Others	7	7	2	2
9	**Residence**				
	Rural	-	-	100	100
	Urban	100	100	-	-
10	**Mother tongue:**				
	Tamil	86	86	81	81
	Telugu	12	12	14	14
	Kanadam	1	1	2	2
	Others	1	1	3	3
11	**Nurse coming to your residence:**				
	Yes	87	87	84	84
	No	13	13	16	16
12	**Advice insisted:**				
	Immunization	36	36	47	47
	Contraceptive methods	31	31	19	19
	Institutional delivery	16	16	22	22
	Regular checkup	17	17	12	12

S.No	Demographic variables	Urban(n=100)		Rural(n=100)	
13	**Any family member follow contraceptive method:**				
	Yes	48	48	78	78
	No	52	52	22	22
13.1	**Which relation has followed:**				
	Sibling	37	37	31	31
	Fathers relatives	13	13	17	17
	Mothers relatives	33	33	33	33
	Husband relatives	17	17	19	19
14	**Entertainment:**				
	Reading news paper	11	11	32	32
	Reading books	13	13	17	17
	Watching TV	51	51	35	35
	Talk with neighbors	25	25	16	16

The above table infers that demographic variables of antenatal mothers attending the antenatal out patient at Sellur and Samayanallur. In which age of mother's majority of the mothers belongs the age group was 18-25 years in urban 64% and rural 57%. Regarding, Education status of husband maximum percentage of them studied highersecondary in urban 39% and rural 37%. Education status of mothers maximum percentage of them studied higher secondary in urban were 39% and rural 41%. In the aspect of, Occupation of husband most of them were private workers both in urban and rural were 60%. Occupation of mothers most of them were homemakers in urban 57% and rural were 55%.

With regard to, Monthly income of the family most of them earn below Rs 1000, in urban were 29% in rural Rs 2001-3000 earn were 27%. With the aspect of, Religions of antenatal mothers majority of them belongs Hindu religion were in both urban 70%and in rural 68%.type of family of antenatal mothers mostly half of them belongs 52% nuclear family in urban, 60% joint family in rural. Residence is clearly clarifies that both of them resides in their place were 100%. Mother tongue of antenatal mother's majority of them speaks Tamil language in both urban 86%and in rural 81%. Regarding the village health nurses home visit to their family in urban 87% were told "yes" and in rural areas 84% were

told “yes”. Advice to the antenatal mothers in which immunization was mostly insisted 36% in urban and 47%in rural.Which relation has followed temporary contraceptive method majority of them were siblings both in urban37 % and in rural 31%.Which relation followed that temporary contraceptive methods of the antenatal mothers mostly by siblings were 37?% in urban and rural were by mothers relatives were 33%. Regarding entertainment of the antenatal mothers most of them watching the Television both in urban51 % and in rural 35%.

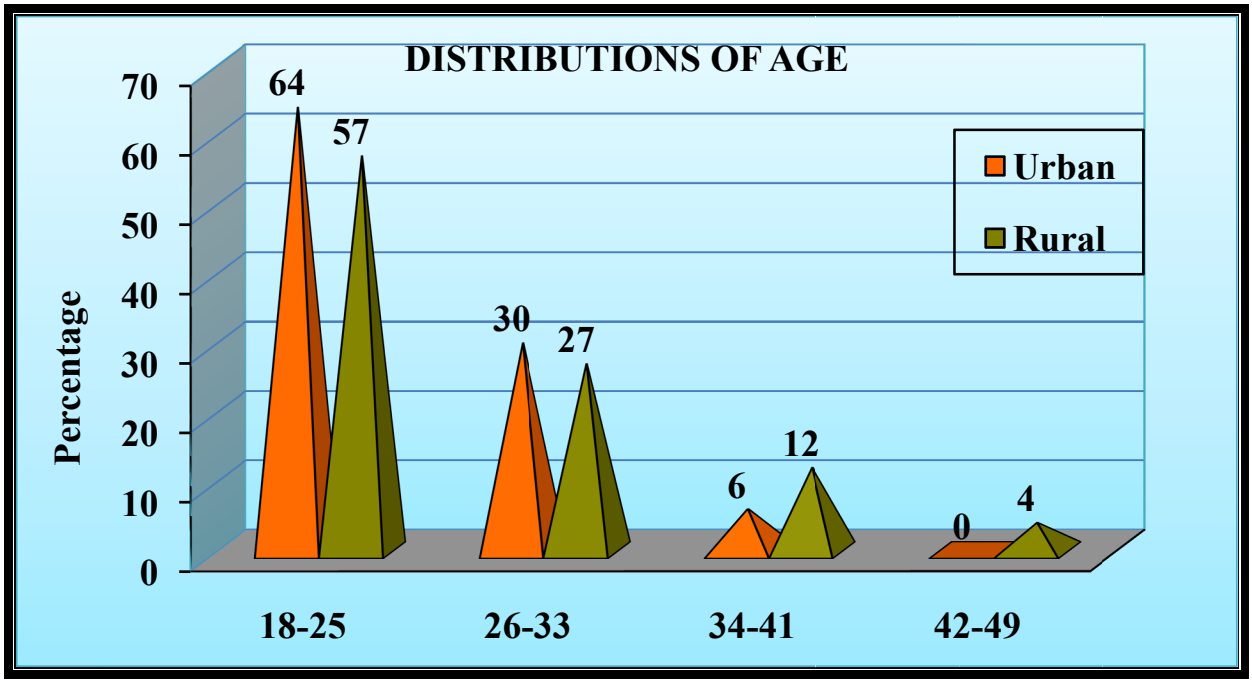


Fig:2.Percentage distribution of age of antenatal mothers

The above diagram shows that according to age of antenatal mothers were majority of the mothers belongs the age group were 18-25 years in urban 64% and Rural 57%.

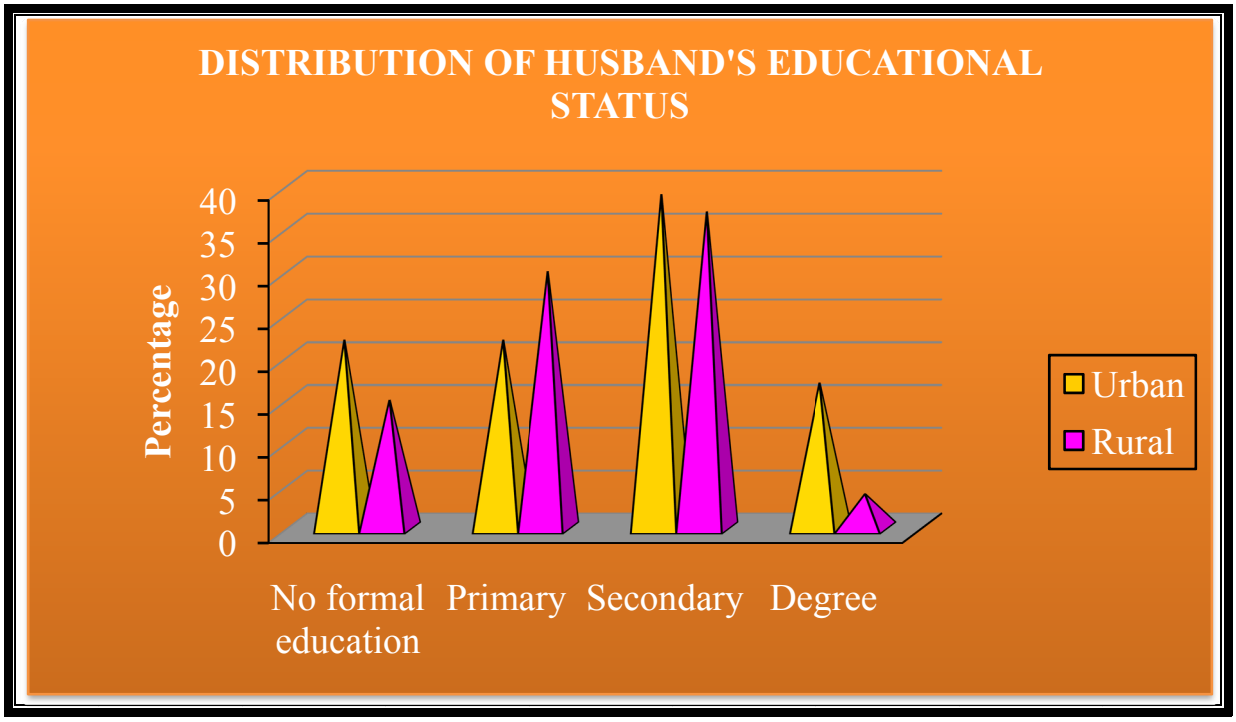


Fig.3.**Percentage distribution of educational status**

The above diagram shows that education of husband maximum percentage of them studied up to higher secondary education in urban 39% and rural 37%.

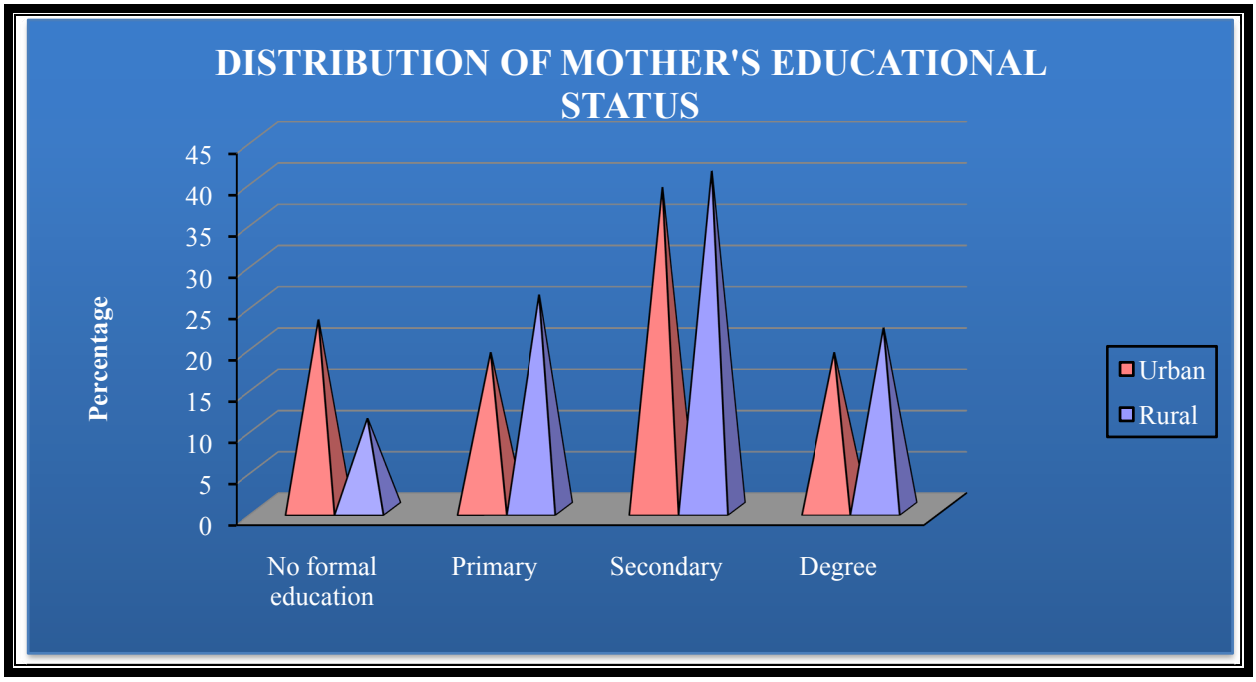


Fig:4 Percentage distribution of mothers educational status

The above diagram showsthat most of the ante natal mothers studied up to higher secondary in urban were 39% and rural 41%.

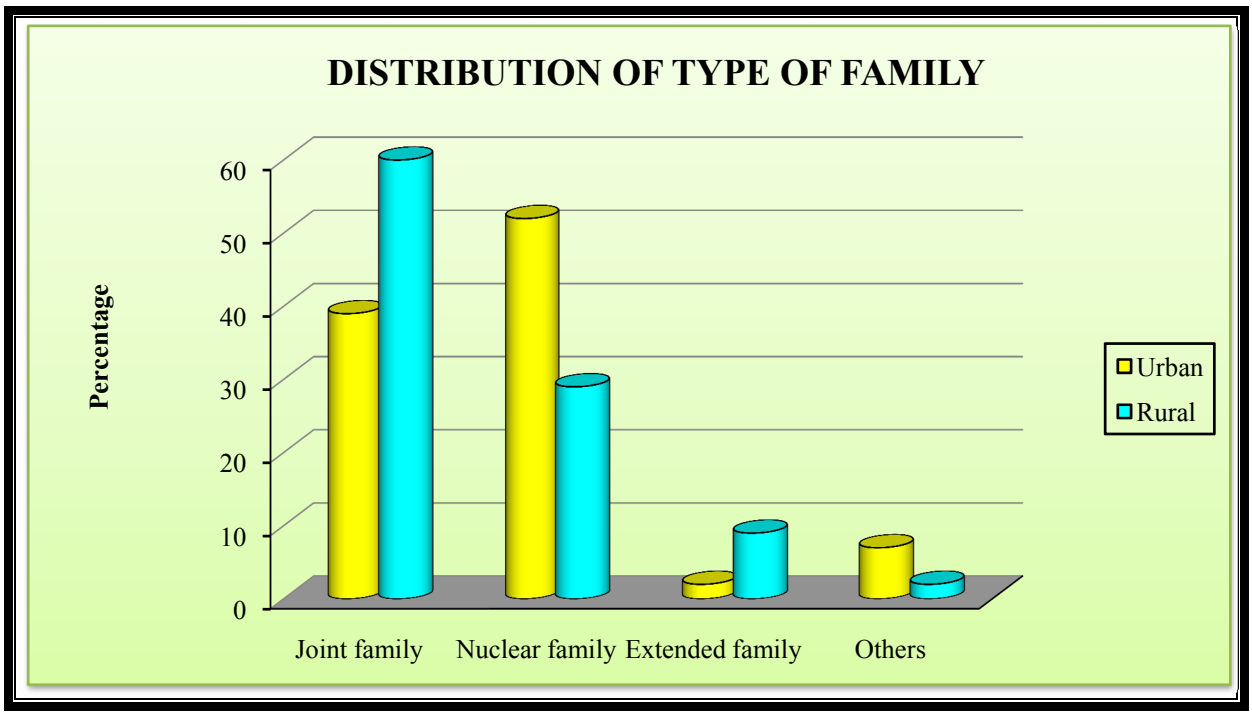


Fig.5.**Percentage distribution of type of family**

The above diagram shows that type of family wise highest of antenatal mother's live in joint family in rural 60% and in urban Nuclear family 52%.

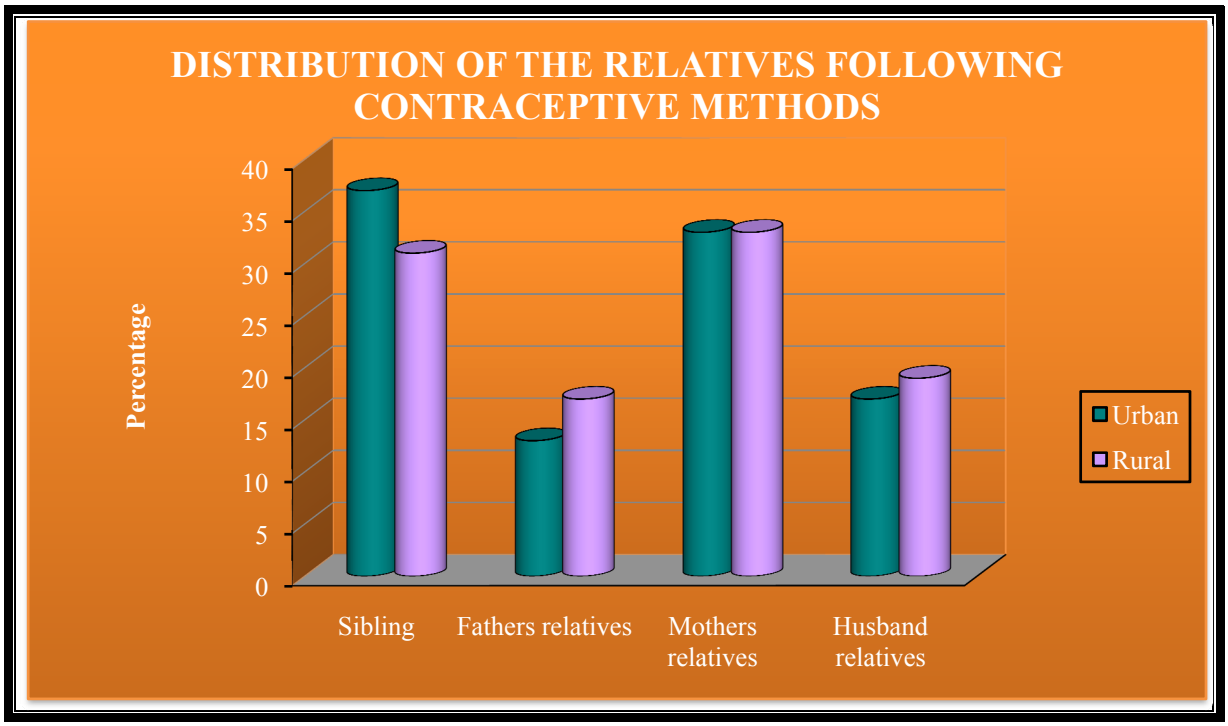


Fig.6.**Percentage distribution of relatives followed contraceptive methods**

The above diagram shows which relation of antenatal mothers followed temporary contraceptive method equally by mothers relatives in urban and rural were 33%

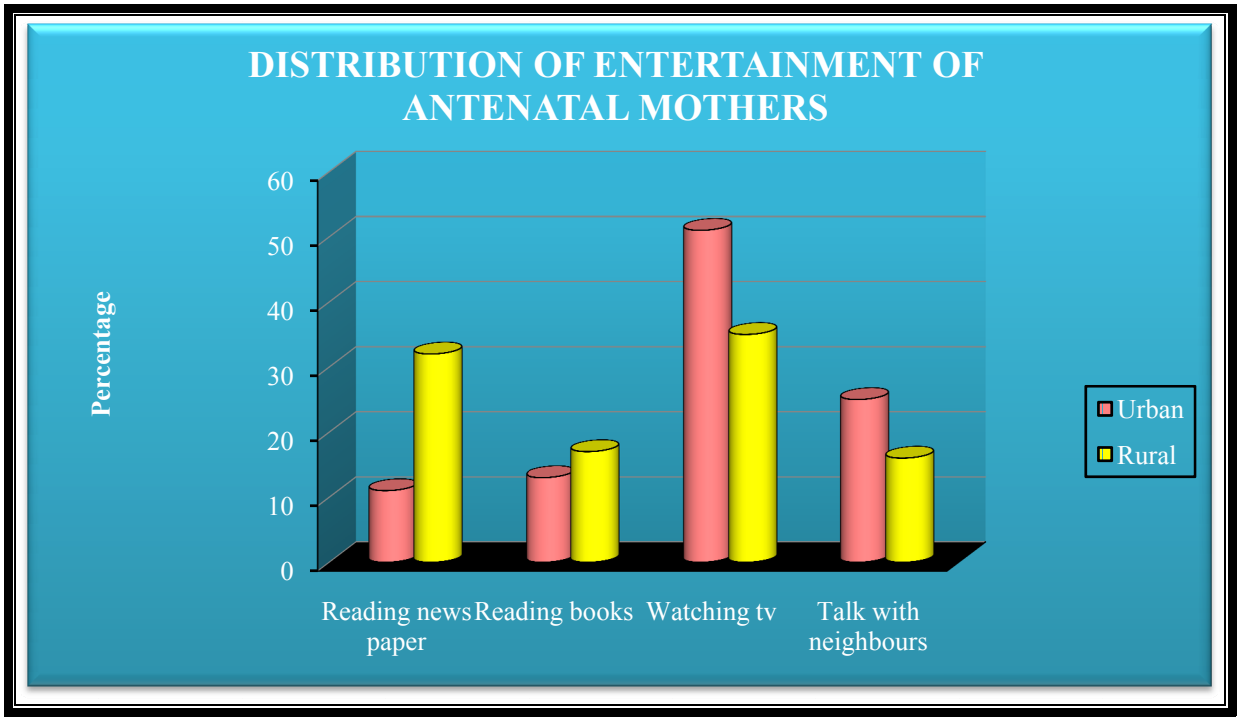


Fig.7.**Percentage distribution of entertainment for antenatal mothers**

The abovediagram shows that usingof Temporary Contraceptive Methods as by entertainmentmostly watching T.V 51% among peoples of urban and 35% in rural.

Section –II

LEVEL OF KNOWLEDGE ON TEMPORARY CONTRACEPTIVE METHODS AMONGURBANAND RURAL PRIMI ANTENATAL MOTHERS

TABLE-2

Frequency and percentage of knowledge on temporary contraceptive methods

n=200

Level of knowledge	Urban		Rural	
	f	%	f	%
Inadequate	40	40	92	92
Moderate	59	59	8	8
Adequate	1	1	-	-

The above table reveals that in urban more than half of the antenatal mothers had moderate level of knowledge in urban 59%(59), 40%(40) had inadequate knowledge and 1% had adequate knowledge. In rural most of them92%(92) were had inadequate knowledge, and 8%(8) had moderate knowledgeregardingtemporary contraceptive methods.

TABLE-3

Level Of Attitude on Temporary Contraceptive Methods amongUrban and Rural Primi Antenatal Mothers

n=200

Level of attitude	Urban		Rural	
	f	%	F	%
Poor	11	11	88	88
Moderate	7	7	9	9
Good	82	82	3	3

The above table reveals that inurban 82%of the antenatal mothers had good attitude, 11% had poor attitude and 7% had moderate attitude. In Rural majority 88% had poor attitude, 9%, had moderate attitude and 3% had good attitude.

SECTION – III

CORRELATION BETWEEN KNOWLEDGE AND ATTITUDE

TABLE-4

Karl Pearson correlation between knowledge and attitude among rural and urban antenatal mothers regarding temporary contraceptive methods

		Mean ± SD	Karl Pearson Correlation Coefficient	P-VALUE
Urban	Knowledge score	30.31 ± 3.62	r = 0.512	0.05
	Attitude score	55.58 ± 5.85		
Rural	Knowledge score	25.08 ± 2.82	r = 0.338	0.05
	Attitude score	57.99 ± 6.17		

*-P<0.05, Significant and **-P<0.01 &***-P<0.001, highly significant

The above table shows that there was a positive correlation was found between the level of knowledge and attitude among urban primi antenatal mother. The calculated 'r' value was 0.512 at p<0.05 level of significance. With the view of rural there was a positive correlation found between knowledge and attitude on temporary contraceptive methods. The calculated 'r' value was 0.338 at p<0.05 level of significance.

SECTION -V

ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE AMONG URBAN AND RURAL ANTENATAL MOTHERS WITH SELECTED DEMOGRAPHIC VARIABLES

TABLE -5

Demographic variable		Urban				Pearson Chi square test	Rural				Pearson Chi square test
		Inadequate		Moderate			Inadequate		Moderate		
		n	%	n	%		n	%	n	%	
Educational status of the mother	No formal education	7	7	15	15	**$\chi 2 = 10.01$, P = 0.032***	11	11	0	0	**$\chi 2 = 1.17$, P = 0.761**
	Primary education	10	10	9	9	**Significant**	24	24	2	2	**Not Significant**
	Secondary	17	17	23	23		37	37	4	4	
	Degree	6	6	13	13		20	20	2	2	

The above table shows that there was significant association between the knowledge of temporary contraceptive methods and educational status of the primi antenatal mother in urban. The **$\chi 2$**value was **10.01** at $p<0.05$ level of significance. And there was no other significant association was found between the knowledge and demographic variables of rural women.

TABLE -6

Association between level of Attitude among Urban and Rural Antenatal Mothers with Selected Demographic Variables

Demographic variable		Urban						Pearson Chi square test	Rural						Pearson Chi square test
		Poor		Moderate		Good			Poor		Moderate		Good		
		n	%	N	%	n	%		n	%	n	%			
Education status of Mothers	No formal education	1	1	3	3	19	19	$\chi 2 = 14.26$, P = 0.041	1	1	1	1	9	9	$\chi 2 = 14.5$, P = 0.04*
	Primary	2	2	0	0	17	17		0	0	1	1	25	25	Significant
	Secondary	5	5	3	3	31	31	Significant	8	8	1	1	32	32	
	Degree	3	3	1	1	15	15		0	0	0	0	22	22	

Table 7 shows that there is significant association was found between attitude level and educational status of the mothers among urban and rural antenatal mothers.(**$\chi 2 = 14.26$, P = 0.041, $\chi 2 = 14.5$, p=0.04**).

Discussion

CHAPTER - V

DISCUSSION

The National Population Policy affirm the government's commitment to the provision of quality service, information and counseling, and expanding contraceptive method choices in order to enable people to make voluntary and informed choices. Indian Population policy changed over time, the demographic goal to reducefertility and stabilize population remained its main feature The immediate objective of National Population Policy was to address the unmet needs of contraception in order to bring the total fertility rate to replacement level by 2010 and its long-terms objective was to achieve population stabilization by 2045.

Awareness plays an important role in motivating antenatal mother to have a favorable attitude towards temporary contraceptive methods. The wide gap between knowledge and use of contraception is observed for urban antenatal mothers than that for rural antenatal mothers. A comparative study was conducted to assess the knowledge and attitude regarding temporary contraceptive methods between rural and urban antenatal mothers.

The samples taken fromSellur urban health post antenatal clinic and Samayanallur Primary health centre antenatal clinic. The population of the study drawn from urban and rural each 100, the total population was 200.Structured interview schedule framed on demographic data and structured questionnaire about knowledge on temporary contraceptive methods and 5 point likert attitude scale was used.

DEMOGRAPHIC VARIABLES OF ANTENATEL MOTHERS IN RURAL AND URBAN

The present study shows that demographic variables of antenatal mothers attending the antenatal Out Patient department atSellur and Samayanallur. In which, age of mothers majority of the mothers belongs the age group was 18-25 years in urban 64% and rural 57%. Regarding, Education status of husband maximum percentage of them studied higher secondary in urban 39% and rural 37%. Education

status of mothers maximum percentage of them studied higher secondary in urban were 39% and rural 41%. In the aspect of, Occupation of husband most of them were private workers both in urban and rural were 60%. Occupation of mothers most of them were homemakers in urban 57% and rural were 55%. With regard to, Monthly income of the family most of them earn below Rs 1000, in urban were 29% in rural Rs 2001-3000 earn were 27%. With the aspect of, Religions of antenatal mothers majority of them belongs Hindu religion were in both urban 70%and in rural 68%.type of family of antenatal mothers mostly half of them belongs 52% nuclear family in urban, 60% joint family in rural. Residence is clearly clarifies that both of them resides in their place were 100%. Mother tongue of antenatal mother's majority of them speaks Tamil language in both urban 86%and in rural 81%. Regarding the village health nurses home visit to their family in urban 87% were told "yes" and in rural areas 84% were told "yes". Advice to the antenatal mothers in which immunization was mostly insisted 36% in urban and 47%in rural. Which relation has followed temporary contraceptive method majority of them were siblings both in urban37 % and in rural 31%.Which relation followed that temporary contraceptive methods of the antenatal mothers mostly by siblings were 37% in urban and rural were by mothers relatives were 33%. Regarding entertainment of the antenatal mothers most of them watching the TV both in urban51 % and in rural 35%.

The present study age group wasconsistent with the study done byMoataz Abdel-Fattah.et.al, (2006) conducted a study on determinants of birth spacing among Saudi women. The study design was a cross sectional survey of all women who have been married before, aged 15-49 years attending All Hada armed forces hospital primary health care and antenatal care clinics. The study results shows that the great majority of participating women (98%) had a positive opinion of the effect of birth spacing on the family.

The present study demographic variables are consistent with the study done by M.S. Kulkarni (2005)examined a study on Women's Exposure to Mass Media and use of Family Planning Methods. This study reports that use of family planning methods in Goa was 47.5 percent. The ever use of family planning method was 74.4%, 46.5% and 42.5% among women exposed to television, radio and newspaper respectively.

The first objectives of the study was to assess the knowledge and attitude on temporary contraceptive methods among primi antenatal mothers residing in urban and rural areas

The present study reveals that urban antenatal mother's knowledge on temporary contraceptive methods 1 % had adequate knowledge, 59% had moderate knowledge and 40% hadinadequate knowledge. Regarding the knowledge on Rural antenatal mothers, 8% had moderate knowledge and 92% had inadequate knowledge.

Regarding the attitude of urban antenatal mothers on temporary contraceptive methods 82 % hadgood, 7% had moderate attitude and 11% had poor attitude on temporary contraceptive methods. The rural antenatal mother's attitude on temporary contraceptive methods 88 % had poor attitude, 9% had moderate attitude and 3 % had poor attitude.

The present study report consistent with the study done by Kavitha. P (2012)conducted a descriptive study on to assess the knowledge regarding temporary family planning method among primi postnatal mothers. The study result shows that 10(33.3%) were inadequate knowledge. 13(43.3%) were moderately adequate knowledge and few 7(23.3%) of mothers had adequate knowledge.

These present study findings the attitude level was consistent with the study done byPadma Mohanan.et.al, (2005) conducted a study on fertility pattern and family planning practices in a rural area in Daksina Kannada among married women in the age group 15-49 years living with their spouses who were residents of Asaigoli. The study results shows that permanent contraception was accepted by 70.7% of the women with 3 more children and only 29.3% accepted temporary contraceptive with 1 or 2 living children, which was statistically significant.

The Second objective of the study was to correlate the knowledge and attitude on temporary contraceptive methods among primi antenatal mothers residing in urban and rural area.

There was a positive correlation was found between the level of knowledge and attitude among urban primi antenatal mother. The calculated 'r' value was 0.512 at $p<0.05$ level of significance. With the view of rural there was a positive correlation

found between knowledge and attitude on temporary contraceptive methods. The calculated 'r' value was 0.338 at $p<0.05$ level of significance.

Thus the H1 state that There is significant correlation between urban and rural ante natal mothers regarding the knowledge and attitude of temporary contraceptive methods proved.

The third objective of the study was to associate the knowledge and attitude on temporary contraceptive methods among urban and rural primi antenatal mothers with selected demographic variables.

There was significant association between the knowledge of temporary contraceptive methods and educational status of the Urban primi antenatal mother. The $\chi 2$ value was 10.01at $p<0.05$ level of significance. There was no significant association between the knowledge of temporary contraceptive methods and demographic variables such as age, education status of the antenatal mother, religion, and type of family among rural primi antenatal mother.

There was significant association between the attitude of temporary contraceptive methods and educational status of the urban primi antenatal mother. The $\chi 2$ value was 14.26 at $p<0.05$ level of significance. And there was significant association between the attitude of temporary contraceptive methods and educational status of the rural primi antenatal mother. The $\chi 2$ value was 14.5 at $p<0.05$ level of significance. And there was no significant association found between the level of knowledge and attitude with any other demographic variables among urban and rural primi antenatal mothers.

The present study findings were consistent with the study done by Rajesh K. Chudasama.et.al,(2009) investigated a study on Women's position and their behavior towards family planning. The study tool was interviewed by oral questionnaire method. The study result shows that 40% illiterate woman and 57.1% women having education up to primary level have adopted permanent methods of family planning. 69% housewives and 50% of service class women have adopted temporary or permanent methods of family planning.

The present study findings were consistent with the study done by Bhattacharya.S.K.et.al, (2006) investigated a study of unmet need for family planning among women of reproductive age group attending Immunization Clinic and Post-Partum unit of Calcutta National Medical College, in a medical college of Kolkata. With increase in literacy level tile prevalence of Spacers in the unmet need group has significantly increased and that of limiter decreased. The prevalence of spacers significantly decreases and limiter increases with, increase in numbers of living children. The major reason for unmet need is opposition from husband/ family and community (32%).

Thus the H_2 statethat there is significant association between the knowledge and attitude of temporary contraceptive methods among urban and rural primi antenatal mothers with selected demographic variables was proved.

Summary, Conclusion & Recommendations

CHAPTER - VI

SUMMARY CONCLUSION AND RECOMMENDATIONS

6.1 SUMMARY

Contraception is the deliberate prevention of the conception of offspring by any of various methods in general; birth control or contraception is anything that prevents a woman from becoming pregnant. Medical technology allows contraception through various means which can be temporary or permanent, so that those not practicing abstinence can control conception. The right to decide freely and responsibly the number and spacing of children and to the information, education and means to do so is well recognized as an important component of reproductive rights. Contraceptives enable men and women to exercise these rights.

The objective of the study was

1. To assess the knowledge and attitude on temporary contraceptive methods among primi antenatal mothers residing in urban and rural areas
2. To correlate the knowledge and attitude on temporary contraceptive methods among primi antenatal mothers residing in urban and rural areas.
3. To associate the knowledge and attitude on temporary contraceptive methods among urban and rural primi antenatal mothers with selected demographic variables.

The study attempt to examine the following hypothesis

H_1 There is significant correlation between urban and rural ante natal mothers regarding the knowledge and attitudeof temporary contraceptive methods.

H_2 There is significant association between the knowledge and attitude of temporary contraceptive methods among urban and rural primi antenatal mothers with selected demographic variables.

The review of literature enabled the investigator to develop conceptual frame work, tool and methodology for the study. Literature review was done as follows,studies related to the knowledge, attitude and practice of temporary contraception among rural and urban population, studies related to contraceptive

methods and associated demographic variables, literature related to contraceptive methods among antenatal mother in rural, literature related to contraceptive methods among antenatal mother in urban.

The conceptual frame work adopted for the present study was modified Pender's Health Promotion model. The model helps the investigator in approaching the problem in a comprehensive and systematic manner. Review of related research non- research literature helped the investigator in the preparation of the conceptual model tool and methodology of the study.

The methodology used for this study was Quantitativeapproach. The design selected for the study was Descriptive studydesign. A sample size of 200 antenatal mothers selected from urban –Sellur and rural - Samayanallur.Conveniencesampling technique was used to collect the samples. The tool used for this study was structured interview scheduled.The tool was tested for the content validity and reliability prior to the study. Subsequently, pilot study was conducted in the same setting and found that the tool was feasible and practicable.

The data collection was done for a period of 4 weeks from16 08/2012 - 15/09/2012. The data was collected on all the days excluding Sundays, permission to conduct the study was obtained from the City health officer, Madurai Corporation and Deputy directorof health services, Viswanathapuram, Madurai.The study samples primi antenatal mothers were selected by convenience sampling techniqueThe purpose of the study was informed to the ante natal mothers. Confidentiality of the shared information was assured. Interview was conducted in ante natal clinics in Sellur health post and Samayanallur primary health centre. Privacy assured the time of interview. It took 30 minutes to collect the data for each samples. The investigator posed the questions and responses one by one to the ante antenatal mothers. The response acceptable to the respondent marked then and there. The collected data were entered in data sheet and it is analyzed and interpreted in terms of the objectives using descriptive and inferential statistics.

6.2 MAJOR FINDINGS OF THE STUDY

- Age of mother's majority of the mothers belongs the age group was 18-25 years in urban 64% and rural 57%.
- Education status of mothers maximum percentage of them studied higher secondary in urban were 39% and rural 41%.
- Occupation of mothers most of them were homemakers in urban 57% and rural were 55%.
- Type of family of antenatal mothers mostly half of them belongs 52% nuclear family in urban, 60% joint family in rural.
- The village health nurses home visit to their family in urban 87% were told "yes" and in rural areas 84% were told "yes".
- Advice to the antenatal mothers in which immunization was mostly insisted 36% in urban and 47% in rural about contraception insisted in urban 31%, and rural19%
- Which relation has followed temporary contraceptive method majority of them were siblings both in urban 37 % and in rural 31%.Which relation followed that temporary contraceptive methods of the antenatal mothers mostly by siblings were 37?% in urban and rural were by mothers relatives were 33%.
- Regarding entertainment of the antenatal mothers most of them watching the TV both in urban51 % and in rural 35%.
- Urban antenatal mothers knowledge on temporary contraceptive methods 1 % of adequate knowledge, 59% of moderate knowledge and 40% of in adequate knowledge.
- Rural antenatal mothers knowledge on temporary contraceptive methods 8% moderate knowledge and 92% inadequate knowledge.
- Urban antenatal mothers attitude on temporary contraceptive methods 82 % were good, 7% were moderate attitude and 11% were poor attitude on temporary contraceptive methods.
- The rural antenatal mother'sattitude on temporary contraceptive methods 88 % was in poorattitude, 9% were moderate attitude and 3 % were good attitude.
- There was a positive correlation ($r = 0.512$, at $p < 0.05$) was found between the level of knowledge and attitude among urban primi antenatal mother. With the

view of rural there was a positive correlation (r=0.338, at p<0.05)found between knowledge and attitude on temporary contraceptive methods.

- There was significant association found between educational status of the primi antenatal mother and level of knowledge among urban and rural antenatal mothers. And there was significant association was found between educational status of the primi antenatal mother and level of attitude among both urban and rural areas.

6.3 CONCLUSION

Community health Nurse plays an important role in promotion of health among women. The findings of the study revealed that urban primi antenatal mothers had higher knowledge than rural primi antenatal mothers. Regarding the attitude, the urban primi antenatal mothers had higher attitude compared to urban antenatal mothers. The instructional module was prepared and was given to the mothers regarding temporary contraceptive methods to improve the knowledge and attitude. Today, the nurse being an important role in the community because she has greater access to nursing care as per the needs of women, a nurse can educate the women regarding birth spacing, and importance of temporary contraceptive methods, it will be helpful for their family, society and our Nation.

6.4 NURSING IMPLICATIONS

NURSING SERVICE

- Community health nurse has to educate the ante natal mothers about the various methods in temporary contraception at government hospital, Primary Health centres, both in rural and urban areas.
- The community health nurse should know the life style and cultural practices of the antenatal mothers in her working area to adopt the temporary contraceptive methods to maintain a healthy life and gap between next pregnancies.

NURSING EDUCATION

- Nurses who are working in community area should be expected to have thorough knowledge in Family planning methods and current national family welfare programmes.
- General information about the women ‘s health issues and problems related to pregnancy to be included in nursing curriculum.
- Conduct periodic in service education to the health personnel working in community.
- Organize workshops and hands on training for health personnel working in the community.
- Periodicals can be published on the newer paradigm of family welfare health services available in the community.

NURSING ADMNISTRATION

- Organize program like family welfare exhibition, Reproductive child health programme.
- Assist the union health ministry in planning to implement various national family welfare programmes.
- Develop comprehensive strategy and policy for active utilization family welfare services.
- Allocate resources for the training and implementation of other strategies for various family welfare health services
- The administrator should provide adequate in service education programme on latest management of family welfare services, and handling of advanced technologies would motivate nurses to carryout nursing intervention and improve the standard of living.
- The nurse administrator should give attention in proper selection, placement of effective utilization of the nurses in all access within the available resources giving importance for their creativity, internal ability in education.
- Ensure that the government health care facilities should have proper infrastructure, service personnel and quality of health services made available to the women population.
- Budgetary allocation could be hiked for differential funding pattern based on the need for family welfare issues.

- Efforts to be made enhance the capabilities of doctors , village Health Nurse and other health personnel through pre service and in-service training programmes based on the new paradigm of reproductive and child health programme.
- Programme intervention such outreach workers visits, Radio programmes on family planning methods disseminated thorough various mass media sources.
- Coordinating with other health professionals in planning and evaluation of theseprogrammes.

NURSING RESEARCH

- The findings of the study can help to expand the scientific body of professional knowledge upon which further research can be conducted. It will in turn strengthen nursing research pertaining clinical nursing
- This study directs the nursing personnel to broaden and expand their knowledge and skill to elicit problems and to conduct various researches to improve their power to implement prompt activities.
- Develop network for new directions in research and collaboration in utilizing family welfare g services in India.
- Nurses and nursing students should undertake more research activities in women health problems and issues in India.

6.5 RECOMMENDATIONS

- Suitable posters. Advertising boards and picture can be displayed in prominent places regarding temporary and permanent contraception.
- Coverage by mass medias to high light the various contraceptive methods in the forms of songs, drama and short story, advertisements' and social drama can be presented in general public.
- Adequate supply of audio visual aids to be provided to the health workers for the health education on contraceptive methods.

SUGGESTIONS FOR THE STUDY

- Similar study can be conducted with the large samples with different setting
- The study can conducted between two districts or two States as a comparative one.
- The study can be conducted among multi gravid post natal mothers, and eligible couples.
- Ainterventional study can be also conducted to evaluate knowledge andattitude of contraception methods through instructional packagemodule to improve the knowledge of mothers.

6.6 LIMITATION

- Antenatal mothers were hesitating to answer for certain questions regarding temporary contraceptive methods.

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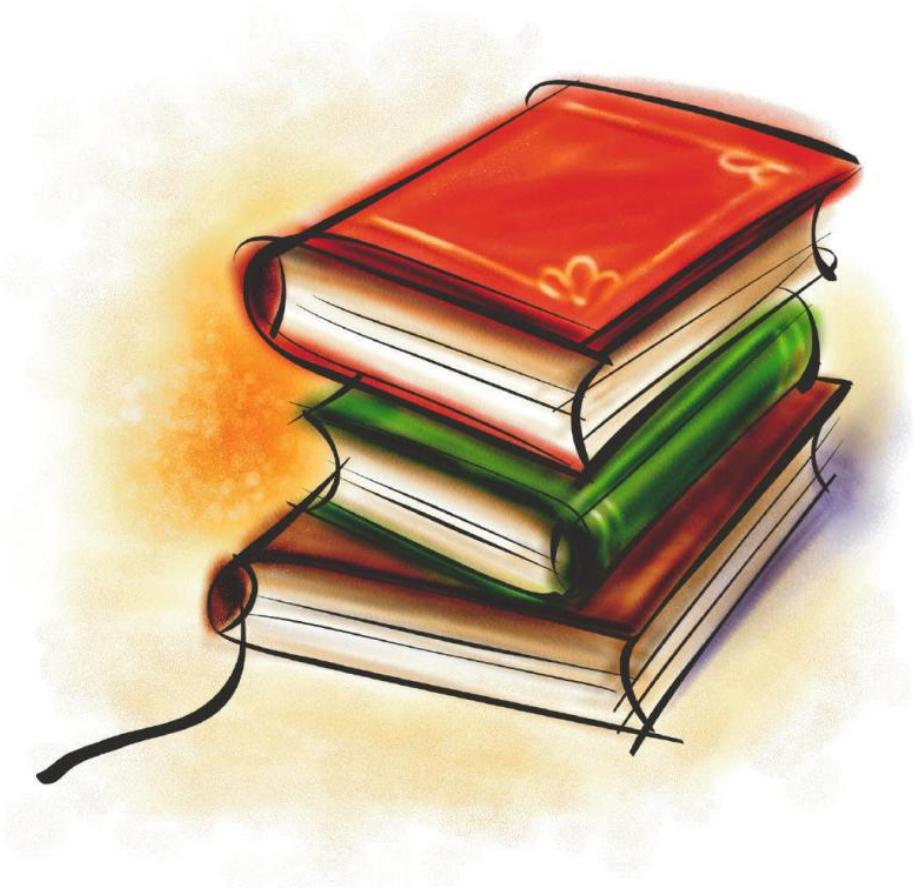

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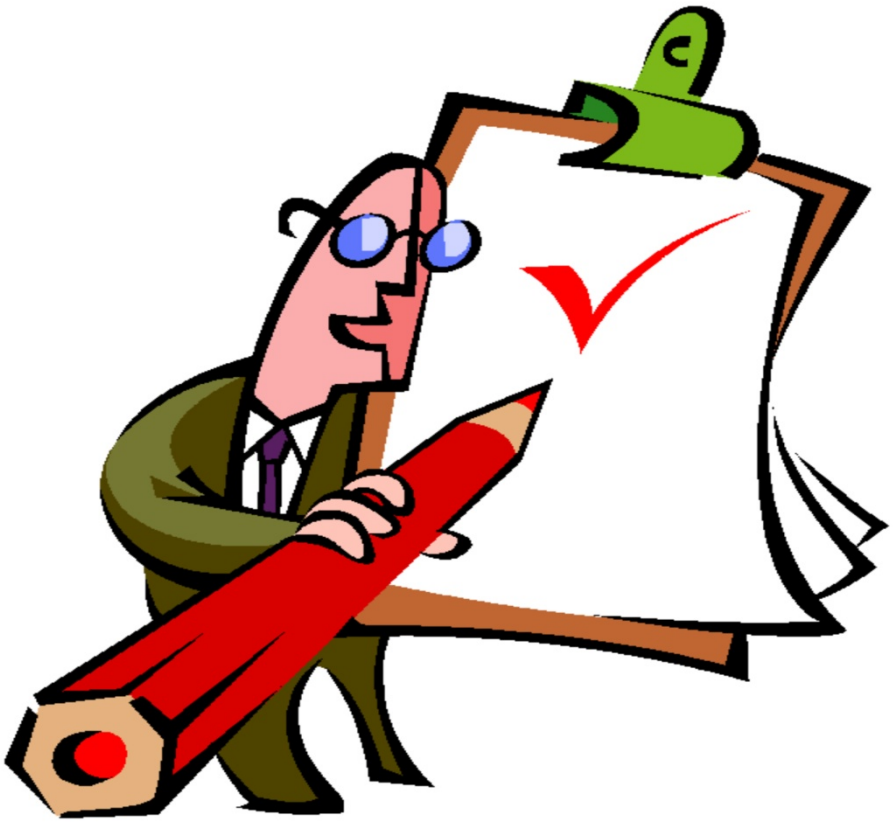
Appendices



APPENDIX - A
PART - I
Demographic Variables

Kindly read the following and please tick (✓) mark against the correct answer

1. Age of the mother
   a. 1 8 - 25 ☐
   b. 26 - 33 ☐
   c. 3 4 - 41 ☐
   d. 42 - 49 ☐
2. Educational status - Husband
   a. Non formal education ☐
   b. Primary education ☐
   c. Secondary education ☐
   d. Degree ☐
3. Educational status of wife
   a. Non formal education ☐
   b. Primary education ☐
   c. Secondary education ☐
   d. Degree ☐
4. Occupation of the husband
   a. Unemployed ☐
   b. Agricultural ☐
   c. Private company ☐
   d. Government Employee ☐
5. Occupation of the wife
   a. House wife ☐
   b. Labor ☐
   c. Private employee ☐
   d. Government Employee ☐
6. Monthly family income
   a. < Rs.1000 ☐
   b. Rs.1001 to 2000 ☐
   c. Rs.2001 to 3000 ☐
   d. >Rs.3001 ☐

7. Religion
   a. Hindu ☐
   b. Christian ☐
   c. Muslim ☐
   d. Others ☐
8. Type of family
   a. Joint family ☐
   b. Nuclear family ☐
   c. Extended family ☐
   d. Others ☐
9. Place of domicile
   a. Rural ☐
   b. Urban ☐
10. Mother tongue
   a. Tamil ☐
   b. Telugu ☐
   c. Kanadam ☐
   d. Others ☐
11. Is Village health Nurse / Urban health Nurse are coming to your residence?
   a. Yes ☐
   b. No ☐
12. Which is the advice insisted most by your health workers?
   a. Immunization ☐
   b. Contraceptive methods after delivery ☐
   c. Institutional delivery ☐
   d. Regularmedical check up ☐
13. Is there any family members follows the temporary contraceptive methods?
   a. Yes ☐
   b. No ☐
13.(1) Which relation has followed that temporary contraceptive method
   a. Siblings ☐
   b. Father relatives ☐
   c. Mother relatives ☐
   d. Husband relatives ☐

14. What is your entertainment?

a. reading news paper ☐
b. Reading books ☐
c. Watching TV ☐
d. Talk with neighbors ☐

Temporary Contraceptive methods

Part- II
Knowledge of temporary contraceptive methods

1. What is temporary contraceptive method?

   a. Temporarily preventing pregnancy ☐
   b. Promoting pregnancy ☐
   c. Postponing pregnancy ☐
   d. Aborting pregnancy ☐

2. What is meant by small family norm?

   a. Husband, wife, one or two children ☐
   b. Above two children ☐
   c. Above three children ☐
   d. Nuclear family ☐

3. What is family welfare?

   a. Healthy, Wealthy, and happy family☐
   b. Well earning family☐
   c. Following family planning family☐
   d. All of the above☐

4. What is family planning?

   a. All the measures to prevent pregnancy ☐
   b. Bringing about unwanted births ☐
   c. Helping mother to kill the baby ☐
   d. Avoiding wanted births ☐

5. What is the temporary contraceptive methods available Norplant?

   a. Copper T ☐
   b. Oral pills ☐
   c. Condom (or) Nirodh ☐
   d. Calendar method ☐
   e. Injections ☐
   f. Diaphragm ☐
   g. Norplant ☐

I. **Natural contraceptive method**

1. What is coitus interrupts?

a. Withdrawal of penis from vagina immediately before ejaculation of semen ☐
b. Withdrawal of penis from vagina after ejaculation of semen ☐
c. Introducing the penis into anus of female
d. Don't know ☐

2. What are the natural contraceptive method?

a. Raising the basal body temperature ☐
b. Changing the cervical mucous status ☐
c. Both of the above ☐
d. Don't know ☐

3. What is a basal body temperature contraceptive method?

a. Early morning raising the body temperature (0.3^{o}C to 0.5^{o} C) ☐
b. (0.3^{o}C to 0.5^{o} C) Temperature raised when liberation of ovum ☐
c. Don't know ☐

4. What is cervical mucousmethod?

a. Avoiding intercourse when cervical mucous like clear white egg ☐
b. Avoiding intercourse when cervical mucous is like white gum ☐
c. Don't know ☐

II. Knowledge about Calendar method

5. What is safe period?

a. 1 week before and one week after menses ☐
b. 14^{th} day after menses ☐
c. 20 days after menses ☐
d. Don't know ☐

III. Knowledge about condom

6. What is condom?

a. It is an ointment applied on the penis of the men to prevent pregnancy ☐
b. It is the tablet used by man as a contraceptive ☐
c. It is an extremely thin rubber sheath used by men as contraceptive ☐
d. It is a powder applied on penis of men to prevent pregnancy ☐

7. What is the advantages of condom?

a. It helps to prevent the semen directly into vagina ☐
b. It provides good sexual pleasure to both male and female ☐
c. Prevents sexually transmitted diseases ☐
d. Don't know ☐

IV. Knowledge about Diaphragm

8. What is diaphragm?

a. It is a temporary contraceptive device introduced into vagina ☐
b. It is a temporary contraceptive device introduced into uterus ☐
c. Its ring like a spermicidal paste applied, temporary contraceptive device introduced into the vagina before intercourse ☐
d. Don't know ☐

9. What is an advantage of diaphragm?

a. Not a hormonal method ☐
b. No side effect ☐
c. Remove it after six hours of intercourse ☐
d. Don't know ☐

V. Knowledge about foam tablets?

10. What are foam tablets?

a. It is a foam tablet introduced into vagina ☐
b. It is a tablet introduced into vagina before intercourse ☐
c. It is a spermicidal foam produced tablet, introduced into vagina before intercourse ☐
d. Don't know ☐

VI. Knowledge about Jelly method

11. What is jelly method?

a. It is a jelly introduced into vagina before intercourse ☐
b. It is a spermicidal jelly like device applied with jelly applicator into vagina before intercourse R ☐
c. It is a oral contraceptive tablets ☐
d. Don't know ☐

VII. Knowledge about Copper'T'

12. What is copper T?

a. It is a made of metal used as male contraceptive ☐
b. It is made up of copper wrapped with threat used as female contraceptives ☐
c. Temporary contraceptive method for both male and female ☐
d. Don't know ☐

13. What is the best time for insertion of copper 'T'

a. 2 -4 days after the menses ☐
b. After abortion ☐
c. First week after delivery ☐
d. Don't know ☐

14. How does copper 'T' prevent pregnancy?

a. Interfere with fertilization and implantation ☐
b. Prevents fusion of ovum with sperm ☐
c. Prevents entry of sperm into the cervix ☐
d. Don't know ☐

15. What are the advantages of Copper 'T'?

a. Easily available in Government hospitals ☐
b. Introduction of Copper 'T' is within minutes ☐
c. No fear of becoming pregnancy ☐
d. Protects from pregnancy up to 10years ☐

VIII. Knowledge about oral contraceptives

16. What is meant oral contraceptive pills

a. Monthly contraceptive tablets for female ☐

b. It is a tablet prevents pregnancy ☐
c. It is a tablet to promote pregnancy ☐

17. What are the different types of oral pills?

a. Estrogen and progesterone tablets ☐
b. Monthly once tablets ☐
c. Progesterone only tablets ☐
d. Emergency contraceptive tablets ☐

18. How to use oral contraceptive pills

a. From last day of menses daily one tablet at night ☐
b. Early Morning ☐
c. daily afternoon ☐
d. Morning one pill and night one pill

19.Who are taking oral contraceptive pills

a. The newly married couples wish to postponed the child birth ☐
b. recently aborted women ☐
c. Postponing the second pregnancy ☐
d. Don't know ☐

IX. Knowledge about injections

20. What is depoprovira injection?

a. It is a injection used to prevent pregnancy ☐
b. It is a injection used to prevent menses ☐
c. It is a injection used for abortion ☐
d. Don't know ☐

21. How to use depoprovira injection?

a. Yearly once ☐
b. 3 months once ☐
c. Every month ☐
d. Don't know ☐

X. Knowledge about Notplant

22. What is Norplant?

a. It is a subcutaneous contraceptive device, applied by a doctor ☐
b. It is a hormonal device ☐
c. It is a contraceptive device applied in vagina ☐
d. Don’t know ☐

23. What are the advantages of Norplant?

a. It is a device used to completely prevents the pregnancy ☐
b. It is a contraceptive device to prevents the pregnancy for many years ☐
c. It is applied only by Doctors ☐
d. Don’t know ☐

Part -III
Attitude of temporary contraceptive methods

S.No	Questions	Strongly agree	Agree	Uncertain	Strongly disagree	disagree
1.	Temporary contraceptive methods are useful in spacing child birth.					
2.	Temporary contraceptive methods are difficult to adopt					
3.	Coitus interprets method is easy to follow					
4.	Basal body temperature method easy to follow.					
5.	It is easy to follow the cervical mucous method when it is like thick mucous					
6.	Calculating and following the calendar method is difficult.					
7.	Condom will give full protection against pregnancy					
8.	Condom gives less sexual pleasures					
9.	Diaphragm stays more days in vagina					
10.	It is easy to insert the wet foam produced tablets into vagina before intercourse					
11.	It is easy to insert the contraceptive jelly application by jelly applicator into vagina before intercourse					
12.	Copper 'T' is give full protection against pregnancy					
13.	Copper 'T' is difficult to Insert					
14.	Temporary contraceptive oral pills are easy to use					
15.	Contraceptive oral pills will produce less side effects					
16.	Oral contraceptive pills difficult to take daily and regularly.					
17.	Contraceptive injection is very easy temporary contraceptive method					
18.	Injections will produce less complication					
19.	Norplant will give 100% protection					
20.	Norplant is easy to Insert					

Questionnaire - Tamil Version
வினாக்கள்
பகுதி - 1

தன்னிலைவிபரக்குறிப்பு

1. தாயின் வயது
    - அ. 18 முதல் 25 வயதுவரை ☐
    - ஆ. 26 முதல் 33 வயதுவரை ☐
    - இ. 34 முதல் 41 வயதுவரை ☐
    - ஈ. 42 முதல் 49 வயதுவரை ☐
2. கல்வித்தகுதி - கணவர்
    - அ. அனுபவக்கல்வி ☐
    - ஆ. ஆரம்பக்கல்வி ☐
    - இ. இடைநிலைக்கல்வி ☐
    - ஈ. பட்டதாரி ☐
3. கல்விநிலை - மனைவி
    - அ. அனுபவக்கல்வி ☐
    - ஆ. ஆரம்பக்கல்வி ☐
    - இ. இடைநிலைக்கல்வி ☐
    - ஈ. பட்டதாரி ☐
4. வேலையின் தன்மை- கணவர்
    - அ. வேலை இல்லாதவர் ☐
    - ஆ. விவசாயம் ☐
    - இ. தனியார் வேலை ☐
    - ஈ. அரசுவேலை ☐
5. வேலையின் தன்மை - மனைவி
    - அ. வீட்டில் இருப்பவர் ☐
    - ஆ. கூலிவேலை ☐
    - இ. தனியார் வேலை ☐
    - ஈ. அரசுவேலை ☐
6. குடும்பத்தின் மாதவருமானம்
    - அ. ரூ.1000க்கும் கீழ் ☐
    - ஆ. ரூ.1000 முதல் 2000வரை ☐
    - இ. ரூ.2000 முதல் 3000 வரை ☐
    - ஈ. ரூ.3000க்கும் மேல் ☐
7. மதம்
    - அ. இந்து ☐

ஆ. கிறிஸ்தவர் ☐
இ. இஸ்லாமியர் ☐
ஈ. பிறமதத்தவர் ☐

8. குடும்பவகை

அ. கூட்டுக்குடும்பம் ☐
ஆ. தனிக்குடும்பம் ☐
இ. விரிவுபடுத்தப்பட்டகுடும்பம் ☐
ஈ. மற்றவை ☐

9. வசிக்கும் ஊரின் தன்மை

அ. கிராமம் ☐
ஆ. நகரம் ☐

10. தாய்மொழி

அ. தமிழ் ☐
ஆ. தெலுங்கு ☐
இ. கன்னடம் ☐
ஈ. மற்றவை ☐

11. சுகாதாரசெவிலியர்கள் கிராம / நகரஉங்களது இருப்பிடத்திற்கு வருகின்றார்களா?

அ. ஆம் ☐
ஆ. இல்லை ☐

12. சுகாதாரநலஅலுவலர்கள் எதைப்பற்றிஅதிகமாகவலியுறுத்தி சொன்னார்கள்?

அ. தடுப்புஊசி ☐
ஆ. பேறுகாலத்திற்குபின் கர்ப்பத்தடைமுறைகள் ☐
இ. மருத்துவமனையில் பிரசவம் ☐
ஈ. முறையானமருத்துவபரிசோதனை ☐

13. உங்களதுகுடும்பத்தில் யாராவதுதற்காலிககுடும்பகட்டுப்பாட்டுமுறைகளைபயன்படுத்துகிறார்களா?

அ. ஆம் ☐
ஆ. இல்லை ☐

13(1). ஆம் எனில் யார் தற்காலிககர்ப்பத்தடைமுறையை பயன்படுத்துகிறார்கள்?

அ. உடன் பிறந்தவர்கள் ☐
ஆ. அப்பாவின் உறவினர்கள் ☐
இ. அம்மாவின் உறவினர்கள் ☐
ஈ. கணவரின் உறவினர்கள் ☐

14. உங்களின் பொழுதுபோக்குஎன்ன?

அ. செய்தித்தாள் வாசிப்பது ☐

ஆ. புத்தகம் படிப்பது ☐

இ.தொலைக்காட்சிபார்ப்பது ☐

ஈ. நண்பர்களிடம் உரையாடுவது ☐

பகுதி - II

தற்காலிககருத்தடைமுறைகளைபற்றியஅறிவுத்திறன்

1. தற்காலிகககருத்தடைமுறைஎன்றால் என்ன?
   - அ. தற்காலிகமாககர்ப்பமாவதைதடுத்தல் ☐
   - ஆ. கர்ப்பமாகுதல் ☐
   - இ. கர்ப்பத்தைதள்ளிப்போடுதல் ☐
   - ஈ. கர்ப்பத்தைஅழித்தல் ☐
2. சிறுகுடும்பம் என்றால்?
   - அ. கணவன்,மனைவிமற்றும் ஒன்று (அ) இரண்டுகுழந்தைகள் பெறுவது ☐
   - ஆ. 2 குழந்தைகளுக்குமேல் பெறுவது ☐
   - இ. மூன்றுக்குமேல் குழந்தைகள் பெறுவது ☐
   - ஈ. தனிக்குடும்பம் ☐
3. குடும்பநலம் என்பது
   - அ. ஆரோக்கியமான,வளமானமகிழ்ச்சியானகுடும்பம் ☐
   - ஆ.நல்லவருமானம் உள்ளகுடும்பம் ☐
   - இ. குடும்பகட்டுப்பாடுமுறையைபின்பற்றும் குடும்பம் ☐
   - ஈ. மேற்கண்டஅனைத்தும் ☐
4. குடும்பகட்டுப்பாடுஎன்றால் என்ன?
   - அ. கர்ப்பமாவதைதடுக்கும் அனைத்துவழிமுறைகள் ☐
   - ஆ. தேவையில்லாதகுழந்தைபிறப்பைதடுத்தல் ☐
   - இ. குழந்தையைஅழிக்கதாய்க்குஉதவுதல் ☐
   - ஈ. தேவையானகுழந்தைபிறப்பைதவிர்த்தல் ☐
5. தற்காலிகககருத்தடைமுறைகள் என்னென்னஉள்ளன?
   - அ. காப்பர்டி, ☐
   - ஆ.கர்ப்பத்தடைமாத்திரைகள் ☐
   - இ. ஆணுறை ☐
   - ஈ. காலண்டர் முறை ☐
   - உ. கர்ப்பத்தடைஊசிவகை ☐
   - ஊ. டயாப்ரம் ஊசிவகை ☐
   - எ. நார்பிளாண்ட் வகை ☐

இயற்கையானகர்ப்பத்தடைமுறைபற்றியஅறிவுத்திறன்

1. காய்ட்டஸ் இன்டர்பிரட்டஸ் என்றால் என்ன?

அ. விந்துவெளியேறுவதற்குமுன்னரேஆண் குறியைவெளியே எடுத்தல் ☐

ஆ. விந்துவெளியேறுவதற்குபின்னரேஆண் குறியைவெளியே எடுத்தல் ☐

இ. ஆண்குறியைபெண்ணின் மலத்துவாரத்தில் செலுத்துதல் ☐

ஈ. தெரியாது ☐

2.இயற்கையான கர்ப்பத்தடைமுறைகள் எது?

அ. உடல்அடிப்படைவெப்பஅளவுமாறுபடுதல் ☐

ஆ. கர்ப்பவாயிலில் உள்ளதிரவத்தன்மைமாறுபடுதல் ☐

இ. இது இரண்டும் இணைந்தது ☐

ஈ. தெரியாது ☐

3. உடலின் அடிப்படைவெப்பநிலைகருத்தடைஎன்பதுஎன்ன?

அ. அதிகாலையில் வெப்பநிலை (0.3^{o}C - 0.5^{o}C) உயர்வது ☐

ஆ. சினைமுட்டைஉருவாகும் நேரத்தில் வெப்பநிலை (0.3^{o}C – 0.5^{o}C) உயருதல் ☐

இ. தெரியாது ☐

4. கர்ப்பப்பைவாயிலிருக்கும் திரவத்தின் தன்மைமுறைஎன்றால் என்ன?

அ. தெளிவான,முட்டையின் வெள்ளைகருபோல் நீர்த்ததிரவ நிலையில் உள்ளபோதுஉடல் உறவைதவிர்த்தல் ☐

ஆ. கெட்டியானவெள்ளையானபிசின் போன்றதன்மையில் உள்ளபோதுஉடலுறவைதவிர்த்தல் ☐

இ. தெரியாது ☐

நாட்காட்டிசுழற்சிமுறைபற்றியஅறிவுத்திறன்

5. பாதுகாப்பானநாட்கள் என்றால் என்ன?

அ. மாதவிடாய்க்குஒருவாரத்திற்குமுன்பும்,பின்பும் ☐

ஆ. மாதவிடாய்க்கு 14 நாட்கள் கழித்து ☐

இ. மாதவிடாய்க்கு 20 நாட்கள் கழித்து ☐

ஈ. தெரியாது ☐

ஆணுறைபற்றியஅறிவுத்திறன்

6. ஆணுறைஎன்றால் என்ன?

அ. கர்ப்பத்தடையைதடுக்கஆண் உறுப்பின் மீதுதடவப்படும் களிம்பு ☐

ஆ. ஆண்களுக்கானகர்ப்பத்தடைமாத்திரை ☐

இ. ஆண்களுக்கானகர்ப்பத்தைதடுக்கக்கூடியமிகமெல்லிய ரப்பர் உறை ☐

ஈ. கர்ப்பத்தடையைதடுக்கஆண் உறுப்பின் மீதுதடவப்படும் தூள் ☐

7. ஆணுறையின் பயன்கள் என்ன?

அ. விந்துபெண்ணுறுப்பில் நேரடியாகசேருவதைதடுக்கும் ☐

ஆ. உடலுறவின் போதுஅதிக இன்பத்தைதரக்கூடியசாதனம் ☐

இ. ஆணுறைபால்வினைநோயிலிருந்துதடுக்கும் ☐

ஈ. தெரியாது ☐

டயாப்ரம் பற்றியஅறிவுத்திறன்

8. டயாப்ரம் என்றால் என்ன?

அ. பிறப்புஉறுப்பினுள் வைக்கும் கருத்தடைசாதனம் ☐

ஆ. கருப்பையினுள் வைக்கும் கருத்தடைசாதனம் ☐

இ. விந்தணுவைஅழிக்கக்கூடியபசைதடவியஉடலுறவுக்கு முன்புபெண் உறுப்பில் வைக்கக்கூடியவளையம் போன்ற கருத்தடைசாதனம் ☐

ஈ. தெரியாது ☐

9. டயாப்ரத்தின் பயன்கள் யாவை?

அ. டயாப்ரத்தின் ஹார்மோனால் ஆனது இல்லை ☐

ஆ. பக்கவிளைவுகள் கிடையாது ☐

இ. உடலுறவுக்குபின் 6 மணிநேரத்திற்குகழித்துஎடுத்து விடலாம் ☐

ஈ. தெரியாது ☐

போர்ம் மாத்திரைமற்றும் ஜெல்லிபற்றியஅறிவுத்திறன்

10. போர்ம் மாத்திரைஎன்றால் என்ன?

அ. பெண்ணின் பிறப்புறுப்பில் வைக்கும் நுரைதரும் மாத்திரை ☐

ஆ. உடலுறவுக்குமுன் பிறப்புறுப்பில் வைக்கும் மாத்திரை ☐

இ. விந்தணுவைஅழிக்கக்கூடியஉடலுறவுக்குமுன்னால் பெண் உறுப்பில் வைக்கக் கூடியநுரைக்கும் மாத்திரை ☐

ஈ. தெரியாது ☐

ஜெல்லிபற்றியஅறிவுத்திறன்

11. ஜெல்லிஎன்றால் என்ன?

அ. உடலுறவிற்குமுன்பெண் உறுப்பில் வைக்கும் ஜெல்லி ☐

ஆ. பெண்ணின் பிறப்புறுப்பினுள் ஜெல்லிஉட்செலுத்தும் சாதனம் மூலம் வைக்கப்படும் விந்தணுவைஅழிக்கக்கூடிய கருத்தடைசாதனம் ☐

இ. ஜெல்லிஎன்பதுவாய்வழிகர்ப்பத்தடைமருந்து ☐

ஈ. தெரியாது ☐

காப்பர்-டி சாதனத்தைபற்றியஅறிவுத்திறன்

12. காப்பர் -டி சாதனம் என்றால் என்ன?

அ. உலோகத்தினாலானஆண்களுக்கானகருத்தடைசாதனம்☐

ஆ. காப்பர் என்றஉலோகத்தினாலானபெண்களுக்கான தற்காலிககருத்தடைசாதனம் ☐

இ. ஆண் மற்றும் பெண்களுக்கானதற்காலிககருத்தடை சாதனம் ☐

ஈ. தெரியாது. ☐

13. காப்பர் -டியைஎப்பொழுதுபோட்டுக் கொள்ளலாம்?

அ. மாதவிடாயிக்குபிறகு - 2 முதல் 4நாட்கள் வரை ☐

ஆ. கருச்சிதைவுஆனவுடனேயே ☐

இ. குழந்தைபிறப்புக்குபிறகுமுதல் வாரத்தில் ☐

ஈ. தெரியாது. ☐

14. காப்பர் -டி குழந்தைபிறப்பைஎவ்வாறுதடுக்கிறது?

அ. கர்பபப்பையில் கருத்தரித்தகருமுட்டைதங்குவதை தடுக்கிறது ☐

ஆ. சினைமுட்டையும்,விந்தணுவும் இணைவதைதடுக்கிறது. ☐

இ. விந்தணுகர்ப்பபைவாயில் நுழைவதைதடுக்கிறது. ☐

ஈ. தெரியாது ☐

15. காப்பர்-டி-யினால் விளையும் நன்மைகள் யாவை?

அ. அரசுமருத்துவமனைகளில் இலவசமாகபோடப்படுகிறது☐

ஆ. சிலநிமிடங்களிலேயேபோட்டுவிடலாம் ☐

இ. கர்ப்பம் உண்டாகிவிடும் என்றஅச்சம் இல்லை ☐

ஈ. பத்துவருடங்கள் பாதுகாப்புதரும் ☐

கர்ப்பத்தடைமாத்திரைகள் பற்றியஅறிவுத்திறன்

16. கர்ப்பத்தடைமாத்திரைகள் என்றால் என்ன?

அ. ஹார்மோன்களாலானபெண்களுக்கானமாதகருத்தடை மாத்திரை ☐

ஆ. கர்ப்பம் அடைவதைதடுக்கும் மாத்திரை ☐

இ. கர்ப்பம் அடையகொடுக்கும் மாத்திரை ☐

17. எத்தனைவகைகர்ப்பத்தடைமாத்திரைகள் உள்ளன?

அ. ஈஸ்ட்ரோஜான் மற்றும் புரோஜஸ்ட்ரான் உள்ளமாத்திரை ☐

ஆ. மாதம்ஒருமுறைசாப்பிடும் மாத்திரை ☐

இ. புரோஜஸ்ட்ரான் மட்டும்உள்ளமாத்திரை ☐

ஈ. அவசரகாலகர்ப்பத்தடைமாத்திரை ☐

18. கர்ப்பத்தடைமாத்திரைகளைஉபயோகிக்கும் முறை

அ. மாதவிடாயின் கடைசிநாளிலிருந்துதினமும் ஒருமாத்திரை இரவில் சாப்பிடவேண்டும். ☐

ஆ. தினமும் காலையில் சாப்பிடவேண்டும் ☐

இ. தினமும் மதியம் சாப்பிடவேண்டும் ☐

ஈ. காலையில் ஒன்று, இரவில் ஒன்று ☐

19. கர்ப்பத்தடைமாத்திரைகள் சாப்பிடதகுதியானவர்கள் யார்?

அ. குழந்தைபிறப்பைதள்ளிப்போடநினைக்கும் புதுமணதம்பதிகள் ☐

ஆ. சமீபத்தில் கருச்சிதைவுசெய்துகொண்டவர்கள் ☐

இ. இரண்டாவதுகுழந்தை இப்போதுவேண்டாமென நினைப்பவர்கள் ☐

ஈ. தெரியாது ☐

கர்ப்பத்தடைஊசிபற்றியஅறிவுத்திறன்

20. டெப்போபிரைவேராஊசிஎன்பதுஎன்ன?

அ. கர்ப்பத்தைதடுக்கபயன்படுத்தப்படும் ஊசி ☐

ஆ. மாதவிடாயைதடுக்கபயன்படுத்தப்படும் ஊசி ☐

இ. கர்ப்பத்தைஅழிக்கும் ஊசி ☐

ஈ. தெரியாது ☐

21. டெப்போபிரைவேராகருத்தடைஊசியைபோடும் முறை

அ. ஒருவருடத்திற்குஒருமுறை ☐

ஆ. மூன்றுமாதத்திற்குஒருமுறை ☐

இ. ஒவ்வொருமாதமும் ☐

ஈ. தெரியாது ☐

இம்ப்ளாண்ட் முறைபற்றியஅறிவுத்திறன்

22. நார்பிளாண்ட் என்பதுஎன்ன?

அ. தோலின் அடியில் மருத்துவரால் பொருத்தப்படும் கர்ப்பத்தடைசாதனம்

☐

ஆ. இதுஒரு ஹார்மோனால் ஆனசாதனம் ☐

இ. பிறப்புறுப்பில் பொருத்தப்படும் கர்ப்பத்தடைசாதனம் ☐

ஈ. தெரியாது. ☐

23. நார்பிளாண்டின் பயன்கள் யாவை?

அ. கர்ப்பத்தைமுழுமையாகதடுக்கும் சாதனம் ☐

ஆ. கர்ப்பத்தைஅதிகவருடங்கள் தடுக்கக்கூடியகருத்தடை சாதனம் ☐

இ. மருத்துவரால் பொருத்தக்கூடியசாதனம் ☐

ஈ. தெரியாது ☐

பகுதி - III

தற்காலிககருத்தடைசாதனங்களைபற்றியஎண்ணத்திறன்

வ.எண்	வினாக்கள்	நிச்சயமாகஒப்புக் கொள்கிறேன்	ஒப்புக் கொள்கிறேன்	நிச்சயமாக இல்லை	மறுக்கிறேன்
1.	தற்காலிககருத்தடைமுறைகள் குழந்தைகளுக்கு இடையே இடைவெளிஏற்படுத்தஉதவும்				
2.	தற்காலிககருத்தடைமுறைகள் பின்பற்றுவதற்குகடுமையானவை				
3.	காய்ட்டஸ் இன்டர்பிரட்டஸ் பின்பற்றுதல் எளிது				
4.	உடல் அடிப்படைவெப்பநிலைமுறையை (0.3$^{மூ}$ஊ - 0.5$^{மூ}$ஊ) பின்பற்றுவதுஎளிது				
5.	கர்ப்பப்பைவாயில் பிசின் மாதிரிதிரவத்தன்மைஉள்ளசலிஉள்ளபோதுஉடலுறவுகொள்வதுஎளிது.				
6.	பாதுகாப்பானநாட்கள் முறையைகணக்கிடுவதுமற்றும் பின்பற்றுவதுகடினம்.				
7.	ஆணுறை முழு அளவிலானபாதுகாப்பைஅளிக்கிறது.				
8.	ஆணுறைஅணிவதால் இன்பம் குறைகிறது.				
9.	டயாப்ரம் நாள்கணக்கில் பெண்ணின் பிறப்புறுப்பில் இருக்கவேண்டும்				
10.	ஈரப்படுத்தப்பட்டபோர்ம் எனப்படும் கர்ப்பத்தடைமாத்திரையைஉடலுறவுக்குசற்றுமுன் பெண் உறுப்பில் வைப்பதுஎளிது.				
11.	கர்ப்பத்தடை ஜெல்லியைபொருந்தசெய்யும் சாதனம் மூலம் பெண் உறுப்பில் வைப்பதுஎளிது.				
12.	காப்பர் - டி சாதனம் முழு அளவில் பாதுகாப்பானகருத்தடைசாதனம்				
13.	காப்பர் -டி பொருத்துவதுகடினம்				
14.	கர்ப்பத்தடைமாத்திரைகள் உபயோகப்படுத்துவதற்குஎளிதானவை				
15.	கர்ப்பத்தடைமாத்திரைகள் குறைந்தஅளவிலேயேபக்கவிளைவுகளைஏற்படுத்தும்.				
16.	கர்ப்பத்தடைமாத்திரைகளைமுறையாகதினமும் சாப்பிடுவதுகடினம்.				
17.	கர்ப்பத்தடைஊசிகள் எளியதற்காலிகருத்தடைமுறை				
18.	கர்ப்பத்தடைஊசிகள் பக்கவிளைவுகள் குறைவு				
19.	நார்ப்ளாண்ட் முறை100மூ பாதுகாப்புஅளிக்கிறது.				
20.	நார்பிளாண்ட் பொருத்துவதுஎளிது.				

APPENDIX – B

Ref. No. 5336 /E4/3/2012

Govt. Rajaji Hospital,
Madurai.20. Dated: .08.2012

Institutional Review Board / Independent Ethics Committee.
Dr. N. Mohan, M.S., F.I.C.S., F.A.I.S.,
Dean, Madurai Medical College & 2521021 (Secy)
Govt Rajaji Hospital, Madurai 625020.
Convenor
grhethicssecy @gmail.com.

Sub: Establishment-Govt. Rajaji Hospital, aMadurai-20-
Ethics committee-Meeting Agenda-communicated-regarding.

The Ethics Committee meeting of the Govt. Rajaji Hospital, Madurai was held at 11.00 Am to 1.00Pm on 28.06.2012 at the Dean Chamber, Govt. Rajaji Hospital, Madurai. The following members of the committee have been attended the meeting.

1. Dr.N.Vijayasankaran,M.ch(Uro.) 094-430-58793 0452-2584397	Sr.Consultant Urologist Madurai Kidney Centre, Sivagangai Road,Madurai	Chairman
2. Dr.P.K. Muthu Kumarasamy, M.D., 9843050911	Professor & H.O.D of Medical, Oncology(Retired)	Member Secretary
3. Dr.T.Meena,MD 094-437-74875	Professor of Physiology, Madurai Medical College	Member
4. Dr. S. Thamilarasi, M.D (Pharmacol)	Professor of pharmacology	
5.Dr.Moses K.Daniel MD(Gen.Medicine) 098-421-56066	Professor of Medicine Madurai Medical College	Member
6.Dr.M.Gobinath,MS(Gen.Surgery)	Professor of Surgery Madurai Medical College	Member
7.Dr.S. Dilshadh, MD(O&G) 9894053516	Professor of OP&Gyn Madurai Medical College	Member
8.Dr.S.Vadivel Murugan., M.D, 097-871-50040	Professor of Medicine Madurai Medical College	Member
9.Shri.M.Sridher,B.sc.B.L. 099-949-07400	Advocate, 2, Deputy collectors colony 4th street KK Nagar, Madurai-20.	Member
10.Shri.O.B.D.Bharat,B.sc., 094-437-14162	Businessman Plot No.588, K.K.Nagar,Madurai.20.	Member
11.Shri. S.sivakumar,M.A(Social) Mphil 093-444-84990	Sociologist, Plot No.51 F.F, K.K Nagar, Madurai.	Member

Following Projects were approved by the committee

Sl. No	Name of P.G.	Course	Name of the Project	Remarks
1.	Tamilselvi .P	M.sc Nursing	Knowledge and attitudes towards temporary contraception amongst urban Vs. rural subjects.	Approved

Please note that the investigator should adhere the following: She/He should get a detailed informed consent from the patients/participants and maintain Confidentially.

1. She/He should carry out the work without detrimental to regular activities as well as without extra expenditure to the institution to Government.
2. She/He should inform the institution Ethical Committee in case of any change of study procedure site and investigation or guide.
3. She/He should not deviate for the area of the work for which applied for Ethical clearance.

She/He should inform the IEC immediately, in case of any adverse events pr Serious adverse reactions.

4. She/he should abide to the rules and regulations of the institution.
5. She/He should complete the work within the specific period and apply for if any Extension of time is required She should apply for permission again and do the work.
6. She/He should submit the summary of the work to the Ethical Committee on Completion of the work.
7. She/He should not claim any funds from the institution while doing the word or on completion.
8. She/He should understand that the members of IEC have the right to monitor the work with prior intimation.

DEAN 12.8.12
I/c

To
All the above members and Head of the Departments concerned.
All the Applicants.

APPENDIX – C

LETTER SEEKING PERMISSION FOR CONDUCTING THE STUDY

From

P.Tamil selvi
M.Sc (N) II year student
College of Nursing
Madurai Medical College, Madurai - 20

To

Deputy Director of Health and family welfare services
Viswanathapuram
Madurai.

Through: The proper Channel

Respected Sir,

Sub: College of Nursing, Madurai Medical College, Madurai–M.Sc., (N) II year community health Nursing Student – Permission for conducting study in **Samayanallur Primary Health Centre,** request – regarding.

I, Mrs.P.Tamilselvi M.Sc (N) II year student, College of Nursing, Madurai Medical College, Madurai in fulfillment of M.Sc., Nursing course, have a plan to conduct a study on topic mentioned below in primary health center Samayanallur Madurai . I assure that I will not interfere with the routine activity of the center.

The topic is "**A comparative study to assess the knowledge and attitude between urban and rural antenatal mothers regarding temporary contraceptive methods at Madurai district.**

Kindly consider my request and permit me to conduct the study.

Thanking you,

Yours faithfully,

P. Tamilselvi

Place : Madurai
Date : 23.07.2012

Forwarded
S. Jahitha
23/7/12
Principal I/C
COLLEGE OF NURSING
Madurai Medical College
Madurai-20.

Permitted
Dr. [illegible]
BLOCK MEDICAL OFFICER
GOVT. PRIMARY HEALTH CENTRE
SAMAYANALLUR.
MADURAI DIST.

R.No. 3882/R1/2012

O/o the Deputy Director of Health Services, Madurai.

Dated : 31.7.2012

Sub : Public Health - Nursing Student - conducting study in Samayanallur Primary Health Centre - permission requested - order issued - regarding.

Ref : Letter from Mrs.P.Tamil Selvi, M.Sc (N) II Year, College of Nursing, Madurai Medical College, Madurai, Dated 23.7.2012.

With reference to the letter cited, necessary permission is granted to Mrs.P.Tamil Selvi to have a conducting study on "A comparative study to assess the knowledge and attitude between Urban and Rural antenatal mothers regarding temporary contraceptive methods at Madurai District" in Primary Health Centre, Samayanallur.

So, that the Block Medical Officer, Government Primary Health Centre, Samayanallur is instructed to Co-operate the said student. At any cost the Primary Health Centre activities should not be interrupted for the provision of Health Care to the Public.

The fact of this, may be reported to this office forthwith.

Deputy Director of Health Services,
Madurai.

To

Mrs.P.Tamil Selvi,
M.Sc(N) II Year Student,
College of Nursing,
Madurai Medical College, Madurai - 20.

Copy to

The Block Medical Officer,
Government Primary Health Centre, Samayanallur

Permitted

BLOCK MEDICAL OFFICER
GOVT. PRIMARY HEALTH CENTRE
SAMAYANALLUR.
MADURAI DIST.

LETTER SEEKING PERMISSION FOR CONDUCTING THE STUDY

From

P.Tamil selvi
M.Sc (N) I year student
College of Nursing
Madurai Medical College, Madurai - 20

To

The City health officer
Madurai Corporation
Madurai.

Through: The proper Channel

Respected Sir,

Sub: College of Nursing, Madurai Medical College, Madurai–M.Sc., (N) I year community health Nursing Student – Permission for conducting study in **Urban health post, Sellur,** request – regarding.

I, Mrs.P.Tamil selvi M.Sc (N) I year student, College of Nursing, Madurai Medical College, Madurai in fulfillment of M.Sc., Nursing course, have a plan to conduct a study on topic mentioned below in Urban health post, Sellur, Madurai . I assure that I will not interfere with the routine activity of the center.

The topic is "**A comparative study to assess the knowledge and attitude between urban and rural antenatal mothers regarding temporary contraceptive methods at Madurai district.**

Kindly consider my request and permit me to conduct the study.

Thanking you,

Yours faithfully,

P. Tamilselvi

Date : Madurai
DATE: 26.04.2012

Forwarded
26.4.12

APPENDIX – D

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A - Demographic Profile Proforma

SECTION B - Structured knowledge questionnaire

Attitude scale

Prepared for data collection by **P.TAMILSELVI**, II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled "**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE AMONG URBAN AND RURAL ANTENATAL MOTHERS REGARDING TEMPORARY CONTRACEPTIVE METHODS AT MADURAI.** " has been validated by me.

SIGNATURE OF THE EXPERT

NAME: Dr. K. S. CHITRA

DESIGNATION: Asst. Professor OKG

DATE:

CIVIL ASST SURGEON
Dept. of Obs. & Gynaecology
Govt. Rajaji Hospital
Madurai.

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A - Demographic Profile Proforma

SECTION B - Structured knowledge questionnaire

Attitude scale

Prepared for data collection by **P.TAMILSELVI**, II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled "**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE AMONG URBAN AND RURAL ANTENATAL MOTHERS REGARDING TEMPORARY CONTRACEPTIVE METHODS AT MADURAI.** " has been validated by me.

SIGNATURE OF THE EXPERT

NAME: Dr. C. Selvakumari

DESIGNATION: Director

DATE: 2.8.12.

DIRECTOR
INSTITUTE OF COMMUNITY MEDICINE
MADURAI MEDICAL COLLEGE
MADURAI

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A - Demographic Profile Proforma

SECTION B - Structured knowledge questionnaire

Attitude scale

Prepared for data collection by **P.TAMILSELVI**, II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled "**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE AMONG URBAN AND RURAL ANTENATAL MOTHERS REGARDING TEMPORARY CONTRACEPTIVE METHODS AT MADURAI.** " has been validated by me.

3/8/12

DR(MRS) J. CHELLAPPANN M.S. GEN SURG.

SIGNATURE OF THE EXPERT

NAME:

DESIGNATION:

DATE:

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A - Demographic Profile Proforma

SECTION B - Structured knowledge questionnaire

Attitude scale

Prepared for data collection by **P.TAMILSELVI**, II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled "**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE AMONG URBAN AND RURAL ANTENATAL MOTHERS REGARDING TEMPORARY CONTRACEPTIVE METHODS AT MADURAI.** " has been validated by me.

SIGNATURE OF THE EXPERT

NAME: MRS. BHARATHA SORUBA RANI

DESIGNATION: ASST. PROFESSOR

DATE: 17/10/12.

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A - Demographic Profile Proforma

SECTION B - Structured knowledge questionnaire

Attitude scale

Prepared for data collection by **P.TAMILSELVI**, II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled "**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE AMONG URBAN AND RURAL ANTENATAL MOTHERS REGARDING TEMPORARY CONTRACEPTIVE METHODS AT MADURAI.** " has been validated by me.

SIGNATURE OF THE EXPERT

NAME: Mr. U. John Sam Arun Prabu, M.Sc.,(N)M.Sc.,(Psy),PGDHM

DESIGNATION: Community Health Nursing, CSI Jayaraj Annapackiam College of Nursing, Pasumalai, Madurai-625 004

DATE:

CERTIFICATE OF VALIDATION

This is to certify that the tool

SECTION A - Demographic Profile Proforma

SECTION B - Structured knowledge questionnaire

Attitude scale

Prepared for data collection by **P.TAMILSELVI**, II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled "**A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE AMONG URBAN AND RURAL ANTENATAL MOTHERS REGARDING TEMPORARY CONTRACEPTIVE METHODS AT MADURAI.** " has been validated by me.

P. S. Vanalakshmi

SIGNATURE OF THE EXPERT

NAME: MEDICAL OFFICER

Govt. Primary Health Centre

DESIGNATION:

DATE:

Dr. P. S. VARALAKSHMI
MBBS DGO

CERTIFICATE OF TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation "**a comparative study to assess the knowledge and attitude among rural and urban primi antenatal mothers regarding temporary contraceptive methods"** done by Mrs.P.Tamilselvi, M.Sc., Nursing II year student, College of Nursing, Madurai Medical College, Madurai - 20 has been edited for Tamil language appropriateness.

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TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation "**acomparative study to assess the knowledge and attitude among rural and urban primi antenatal mothers regarding temporary contraceptive methods"** done by Mrs.P.Tamilselvi, M.Sc., Nursing II year student, College of Nursing, Madurai Medical College, Madurai - 20 has been edited for English language appropriateness.

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APPENDIX - E

ஒப்புதல் படிவம்

ஆராய்ச்சிதலைப்பு

புறநகர் மற்றும் கிராமங்களில் வசிக்கும் கர்ப்பிணிதாய்மார்களின் தற்காலிகமருத்தடைமுறைகளைபற்றியஅறிவுத்திறன் மற்றும் மனப்போக்கினைஒப்பிட்டுபார்த்தல்.

பெயர்: தேதி:

வயது: ஆராய்ச்சிசேர்க்கைஎண்:

இந்தஆராய்ச்சியின் விவரங்களும் அதன் நோக்கங்களும் முழுமையாகஎனக்குதெளிவாகவிளக்கப்பட்டது.

எனக்குவிளக்கப்பட்டவிஷயங்களைநான் புரிந்துகொண்டுநான் எனதுசம்மதத்தைதெரிவிக்கிறேன்.

இந்தஆராய்ச்சியில் பிறரின் நிர்பந்தமின்றிஎன் சொந்தவிருப்பத்தின் பேரில் தான் பங்குபெறுகிறேன் மற்றும் நான் இந்தஆராய்ச்சியிலிருந்துஎந்நேரமும் பின்வாங்கலாம் என்பதையும் அதனால் எந்தபாதிப்பும் ஏற்படாதுஎன்பதையும் நான் புரிந்துகொண்டேன்.

நான் என்னுடையசுயநினைவுடன் மற்றும் முழு சுதந்திரத்துடன் இந்தமருத்துவஆராய்ச்சியில் என்னைசேர்த்துகொள்ளசம்மதிக்கிறேன்.

கையொப்பம்

APPENDIX - F

THE INVESTIGATOR INTERVIEWING THE ANTENATAL MOTHER IN RURAL SAMAYANALLUR

THE INVESTIGATOR ISSUING THE INSTRUCTIONAL MODULE IN RURAL SAMAYANALLUR

THE INVESTIGATOR INTERVIEWING THE ANTENATAL MOTHER IN URBAN SELLUR

THE INVESTIGATOR ISSUEING THE INSTUCTIONAL MODULE