CHAPTER - VI

SUMMARY AND CONCLUSIONS
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6.1 INTRODUCTION

The present study makes an effort to examine the knowledge, attitude and practice of family planning methods and reproductive health among women adult learners in Chittoor district of Andhra Pradesh in India. The need for such a study was felt because, the improvement of literacy levels of the masses in general and of women in particular and the control of population, which is essential for the overall development of the country are interdependent. Illiteracy and traditional beliefs and practices have become stumbling blocks for people to adopt small families and in the practice of reproductive health. Literate population can not only overcome traditional practices but can also understand the advantages of a small family and safeguard the health of women and children through practice of safe reproductive health.

As the control of increasing population is a critical factor to achieve over all development, the need for population education was felt. Since the rate of illiteracy in the country is high, more publicity through media and other campaigns was inadequate and the need for improving the literacy levels along with a few lessons in population education and incorporating and integrating it with adult education was felt not only by the governments both at the state and centre levels but also by the experts within population control and adult education. Adult and continuing education was launched in 1998 to provide life long learning opportunities to all people beyond literacy and primary education. This programme is being targeted at neo-literates, school dropouts, primary school pass outs, pass outs of non formal education etc. Population education dealing with advantage of having small family, reproductive health and knowledge in family planning methods were
incorporated in the text books that were used in adult and continuing education centres.

Since women contribute to reproduction, sensitising them towards small family norm, reproductive health and child care is a must. However they are more constrained by gender inequalities and male domination in decision making in the families on economic, political and social aspects. It was assumed that by incorporating lessons in family planning methods, population control and reproductive health in adult education books, the women adult learners would acquire some knowledge in these aspects which may lead to attitudinal changes in adoption of family planning methods.

6.2 OBJECTIVES OF THE STUDY

The main objective of the present investigation is to study the "Knowledge, Attitude and Practice of family planning methods and reproductive health among Women Adult Learners in Chittoor District" and to assess the influence of different socio-economic factors on knowledge, attitude and practice of family planning methods and reproductive health. The specific objectives of the study are as follows:

1. To study the knowledge, attitude and practice of family planning methods and reproductive health among the respondents.

2. To find out the influence of the socio-economic characteristics such as religion, caste, occupation and annual family income on the knowledge, attitude and practice of family planning methods among women adult learners.

3. To find out the influence of the socio-economic characteristics on the knowledge, attitude and practice of reproductive health among women adult learners.
4. To find out the influence of the demographic characteristics such as age, age at menarche, age at marriage, age at first delivery, total live births, total living children, total still births, total spontaneous abortions, total infant deaths and total child deaths on the knowledge, attitude and practice of family planning methods among women adult learners.

5. To find out the influence of the demographic characteristics on the knowledge, attitude and practice of reproductive health among women adult learners.

6. To study the association between the knowledge and practice of family planning methods among women adult learners.

7. To study the association between the knowledge and practice of reproductive health among women adult learners.

6.3 HYPOTHESIS

Keeping in view the above mentioned objectives the following hypotheses are formulated.

1. There is no significant association or difference between religion and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

2. There is no significant association or difference between caste and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

3. There is no significant association or difference between occupation and knowledge, attitude and practice of family planning methods and reproductive health of the sample.
4. There is no significant association or difference between the annual family income and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

5. There is no significant association or difference between the age and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

6. There is no significant association or difference between the age at menarche and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

7. There is no significant association or difference between the age at marriage and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

8. There is no significant association or difference between the age at first delivery and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

9. There is no significant association or difference between total live births and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

10. There is no significant association or difference between total living children and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

11. There is no significant association or difference between total still births and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

12. There is no significant association or difference between total spontaneous abortions and knowledge, attitude and practice of family planning methods and reproductive health of the sample.
13. There is no significant association or difference between total infant deaths and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

14. There is no significant association or difference between total child deaths and knowledge, attitude and practice of family planning methods and reproductive health of the sample.

15. There is no significant association between knowledge and practice towards family planning methods of the sample.

16. There is no significant association between knowledge and practice towards reproductive health of the sample.

6.4 SCOPE OF THE STUDY

The study makes an attempt to enquire into the knowledge, attitude and practice of family planning methods and reproductive health of women adult learners in continuing education centres in Chittoor district of Andhra Pradesh in India.

6.5 VARIABLES USED IN THE STUDY

Dependent variables used are knowledge, attitude and practice of family planning methods and reproductive health.

Independent variables used are 1) religion, 2) caste, 3) occupation, 4) annual family income, 5) age, 6) age at menarche, 7) age at marriage, 8) age at first delivery, 9) total live births, 10) total living children, 11) total still births, 12) total spontaneous abortions, 13) total infant deaths and 14) total child deaths.

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6.6 TOOLS USED

The following tools developed by the investigator were used for the purpose of the study.

- Questionnaire on knowledge of family planning methods and reproductive health.
- Attitude scale to assess the respondent's attitude towards family planning methods and reproductive health.
- Questionnaire on practice of family planning methods and reproductive health.

6.7. SELECTION OF THE SAMPLE FOR THE FINAL STUDY

To study the knowledge, attitude and practice of family planning methods and reproductive health among Continuing Education Centre learners, women learners in Chittoor district of Andhra Pradesh were selected. Chittoor district consists of 3 revenue divisions namely Chittoor, Madanapalli and Tirupati. All the three divisions put together have 66 revenue mandals. A total of 1143 Continuing Education Centres are functioning under the supervision of Zilla Saksharatha Samithi (ZSS). From each of the division & 2 mandals (1 rural and 1 urban) were selected at random as a sample in the first stage. A total of 6 mandals from 3 divisions were selected. From each mandal 10 centres were selected. Thus totally 60 centres from the three divisions of Chittoor district were selected. 8 regular women learners from each centre (8 x 60) (based on the attendance register) were selected as the sample for the present study by purposive sampling method. Thus the total sample of the present study was 480 learners. The sample frame of the study is as follows:
While collecting back the questionnaires from the sample 5 questionnaires were not returned by the sample. Finally, 475 learners were taken as the sample for the study.

Questionnaires were constructed to measure the knowledge and practice in family planning methods and reproductive health. The coefficient of reliability and validity tests have been established in a random sample of 50. Attitude scale was also constructed and split method was used to cross examine the reliability of the scale and its validity was based on the judgments of the experts.

Knowledge, attitude and practice among adult learners was recorded in relation to different family planning methods like, vaginal methods, condoms, oral contraceptives, injectables, norplant implants, LAM methods, fertility awareness based methods, female sterilizations and male sterilizations. In reproductive health aspects of family planning maternal health, infant mortality, reduction and prevention of STDs including HIV/AIDS, elimination of FGM have been considered in relation to knowledge, attitude and practice among the selected adult learners.

6.8 COLLECTION OF THE DATA

Before administering the above tools to each respondent, an effort was made to establish rapport with them and detailed explanation about the objectives of this research study. The above tools were administered to the
women learners by meeting them individually in the continuing education centres. Sufficient time was given to the respondent's to fill the questionnaire, which were collected back.

6.9 ANALYSIS OF THE DATA

The data thus collected was pooled together and analysed by using chi-test and 't' test. ANOVA test was utilized to draw inferences. The chi-test was applied to find out the association between the selected socio-economic and demographic characteristics and knowledge and practice of family planning methods and reproductive health among adult learners. The 'F' or 't' test was applied to find out the differences, if any between the mean knowledge, attitude and practice scores obtained by any two groups. Whereas, ANOVA technique was utilized to find out the difference amongst three or more groups.

6.10 FINDINGS OF THE STUDY

KNOWLEDGE, ATTITUDE AND PRACTICE IN FAMILY PLANNING METHODS

To find out the differences or relationship between the independent variables and dependent variables in knowledge, attitude and practice of family planning methods 't' / 'F' tests were performed and as per the values obtained the results are given briefly:-

Socio - Economic variables

In the case of religion, Hindus score higher in knowledge and attitude than Muslims but in the practice of family planning methods there is no significant difference between the two. When the caste of adult learners is considered there is no caste wise significant difference in knowledge and attitude while in the practice of family planning methods, there is significant
difference in the mean practice levels between Backward castes and Forward castes, the Forward castes having high mean values than the Backward castes. With regard to occupation, in knowledge of family planning methods agricultural labours have a higher mean value and there is significant difference between this group and other occupational groups whose ‘t’ values are not significant. In attitude, significant difference is found between agricultural labourers and cultivation and business & cultivation groups and amongst different occupational groups there is no significant difference. In practice, significant difference is found between others and agricultural labourers, other and business and others and cultivators. In the area of total annual incomes of the adult learners in knowledge, attitude and practice it has no relationship or significant differences.

Demographic variables

Age

In knowledge area no significant difference is found between different age groups but in practice area there is significant difference between below 28 years group and 34 years & above group and 28 – 33 years group and 34 & above age group.

In the knowledge area below 28 years group has fared with highest mean value of 48.76 when compared to other age groups but the ‘t’ values show there is no significant difference between different age groups. In attitude area the ‘t’ values shows that there is significant difference between below 28 years and 34 & above years as well as between 28 – 33 years and 34 & above years. While in the practice area the ‘t’ values show that there is significant difference between below 28 years group and 34 & above years as well as between 28 – 33 years and 34 & above age groups.
Age at menarche

In knowledge of family planning methods mean knowledge scores are higher than the other groups and ‘t’ value shows there is a significant difference between 13 years and 14 years group. In attitude ‘t’ value is significant at below 13 years and 14 years and below 13 years and 15 & above years. In practice there is significant difference between below 13 years and 15 & above years group.

Age at marriage

As seen from mean values the above 19 years group fared better in knowledge area than the other age groups and the ‘t’ value is significant between 16 to 18 years and above 19 years group. In attitude ‘t’ values are significant between below 16 years and 16 - 18 years and 16 years and 19 & above years and 16 - 18 years and 19 & above years. From the mean values it is clear that 16 – 18 years group has fared better in practice of family planning methods and ‘t’ value is significant between below 16 years and 16 – 18 years groups.

Age at first delivery

In the knowledge area the group whose age at first delivery was between 18 – 19 has the highest mean value. There is significant difference between 18 years and 20 and above years group. In the attitude area also there is significant difference between below 18 years and 20 & above years and 18 – 19 years and 20 & above years groups. In practice there is significant difference between below 18 years and 20 & above years.

Total Live births

As per the mean values the adult learners with 4 and above live births have fared better in knowledge area. But significant difference is found between 1 to 2 live births and equal to 3 live birth groups. In attitude area
there is significant difference between 1 to 2 live births group and equal to 3 live births group and equal to 3 live birth group and 4 & above live births group. In practice the differences between different groups is not significant.

**Total Living children**

In the knowledge area 't' values show that there is significant difference between 1 to 2 and equal to 3 living children groups. In attitude area 't' value shows significant difference between 1 to 2 living children and equal to 3 living children group and equal to 3 and 4 & above living children group. In the area of practice, no significant difference is found.

**Total still births**

In knowledge area the mean value score is highest among the adult learners with one still birth but there is no significant association or difference between the one still births group and that of nil still births. On attitude, no significance is found. Only in practice area there is significant difference when total still births are considered.

**Total spontaneous abortions**

In relation to spontaneous abortion, no significant difference is found. Both in knowledge and attitude differences between different groups is not found.

**Total infant deaths**

In all the spheres of knowledge, attitude and practice no significant difference is found.

**Total child deaths**

Highest mean score in knowledge is found among the adult learners with one & above child deaths, but the difference is not significant between nil and one & above child deaths. In the attitude area as well as practice in
family planning methods no significant differences in found when total child deaths are considered.

KNOWLEDGE, ATTITUDE AND PRACTICE IN REPRODUCTIVE HEALTH

Socio – Economic variables

Religion

Mean value scores in knowledge among Hindus is higher than that of Muslims in the sample but the ‘t’ value shows that they are not significant. Even in knowledge, attitude and practice of reproductive health, ‘t’ values are not significant.

Caste

Mean knowledge scores among Schedule tribes is higher than any other caste group in reproductive health. In all the spheres of knowledge, attitude and practice of reproductive health no significant differences are found.

Occupation

In the knowledge of reproductive health adult learners with business as occupation have higher mean value scores than the others. But only among agricultural labours the ‘t’ value is significant. In attitude, only the ‘t’ value of agricultural labourers and business women has significant difference. Other groups in attitude and practice have no significant relationship / differences as par as occupation is concerned.

Annual family income

In knowledge, attitude and practice of reproductive health no significant relationship / difference is found as per annual family income.
Demographic variables

Age

In the knowledge area the below 28 years age group has a higher mean value than the other age groups. In all the age groups in knowledge area ‘t’ values are significant. In attitude in all the age groups the relationship is significant. In practice in all the age groups the relation between it and age is significant.

Age at menarche

The 15 years and above group has the highest mean value and the ‘t’ value is significant between 13 years and 15 years & above group. In attitude ‘t’ value is not significant. In practice the mean values of 15 & above years are significant. The ‘t’ values of 13 years and 15 & above years as well as 13 years and 14 years are significant.

Age at marriage

In knowledge of reproductive health the mean score is highest in above 19 years group, and ‘t’ values are significant in the groups of 16 years and 16 – 18 years, below 16 years and above 19 years, and 16 – 18 years and above 19 years. In attitude also there is significant relation/difference in the practice of reproductive health, the relationship is significant in below 16 years and 16 – 18 years groups, below 16 years and above 19 years groups.

Age at first delivery

On all the three areas knowledge, attitude and practice in reproductive health age at first delivery has relationship with below 18 years group, 18 – 19 years group and below 18 years group and 20 and above age group.
Total live births

There is significant relationship between, knowledge, attitude and practice in reproductive health, when compared to total live births.

Total living children

There is significant relationship between knowledge, attitude and practice in reproductive health in relation to total living children.

Total still births

Total still births in all the three areas of knowledge, attitude and practice of reproductive health have no significant relationship.

Total spontaneous abortions

In all the three areas, knowledge, attitude and practice of reproductive health spontaneous abortions have no relationship/difference.

Total infant deaths

In all the three areas of knowledge, attitude and practice of reproductive health no significant difference is found where total infant deaths are considered.

Total child deaths

In all the three areas of knowledge, attitude and practice in reproductive health there is no significant difference when total child deaths are considered.

VALIDITY OF THE HYPOTHESIS

1. There is no association between religion of the respondents and their knowledge is rejected while the other part of the Hypothesis that there
is no significant relationship between religion and practice of family planning is accepted.

2. There is no significant association between knowledge and caste is accepted while the other part that there is no significant association between caste and practice of family planning methods is rejected.

3. There is no significant association between the nature of occupation of the respondents and knowledge in and practice of family planning methods is accepted.

4. There is no significant association between knowledge, practice of family planning methods and the annual income is accepted.

5. There is no association between age and knowledge in family planning is accepted while the other part of the Hypothesis that there is no association between age and practice of family planning methods is rejected.

6. There is no significant association between knowledge, practice and the age at menarche of the respondents is rejected.

7. There is no association between knowledge in family planning methods and age at marriage is accepted while in the case of association between practice of family planning methods and age at marriage (table 36a) the null Hypothesis is rejected.

8. There is no association between knowledge in family planning methods and age at first delivery and the same in the case of family planning practices are both rejected.

9. There is no association between knowledge of family planning methods and totals live births is rejected while no association between total live births and practice of family planning methods is accepted.

10. There is no association between knowledge and practice on one hand and total living children on the other is rejected.

11. There is no relationship between knowledge in family planning and actual practice and the total still births of the respondents is accepted.
12. There is no association between knowledge in family planning and practice on one hand and total spontaneous abortions on the other is accepted.

13. There is no association between knowledge in family planning and its practice and total infant deaths among the adult learners is accepted.

14. There is no association between knowledge and practice of family planning on one hand and total child births among the adult learners on the other is accepted.

15. There is no significant association between religion and knowledge in and practice of reproductive health is accepted.

16. There is no significant association between caste and knowledge in and practice of reproductive health is accepted.

17. There is no significant association between occupation and knowledge in and practice levels of reproductive health is accepted.

18. There is no significant association between annual family income and knowledge in and practice of reproductive health is accepted.

19. There is no significant association between age and knowledge in and practice of reproductive health is rejected.

20. There is no significant association between age at menarche and knowledge in and practice of reproductive health is rejected.

21. There is no significant association between age at marriage and practice of reproductive health is rejected.

22. There is no significant association between age at first delivery and knowledge in and practice of reproductive health is rejected.

23. There is no significant association between total live births and knowledge in and practice of reproductive health is rejected.

24. There is no significant association between total living children and knowledge in and practice of reproductive health is rejected.
25. There is no significant association between total still births and knowledge in and practice of reproductive health is accepted.

26. There is no significant association between total spontaneous abortions and knowledge in and practice of reproductive health is accepted.

27. There is no significant association between total infant deaths and knowledge in and practice of reproductive health is accepted.

28. There is no significant association between total child deaths and knowledge in and practice of reproductive health.

Overall impact of adult education lessons in family planning methods on adult women learners is seen. In knowledge majority of the learners have moderate knowledge but in practice overwhelming majority of them have low practice. In reproductive health both in knowledge and practice majority of the adult learners are found to be in moderate and high categories.

6.11 SUGGESTIONS

Research

➢ Further research is required on attitudes and attitudinal changes in relation to population control because high knowledge does not automatically lead to adoption since attitudes are formed and controlled by socio-cultural and even economic factors. As long as these factors are not completely understood it is very difficult to bring change in attitudes.

➢ New and simple ways on imparting family planning methods and reproductive health to adult learners have to be found out so that the learners can understand and put them into practice. This problem needs further research.

➢ The optimum amount of knowledge that is required to be imparted on family planning methods and reproductive health to neo-literates has
to be researched upon. Since neo-literates capacity to understand intricate knowledge is limited this aspect requires further research.

ADULT EDUCATION

➢ Merely incorporating lessons in primers on family planning methods and reproductive health does not bring results but what is required is effective communication by the teachers (preraks) in the adult education centres. This in turn requires the teachers to acquire knowledge beyond what is given in primers and they should be trained in simple communication methods for effective communication to the adult learners who have just learned only three ‘Rs’ (Reading, Writing and Arithmetic).

➢ Just incorporating one lesson in a few pages of a primer on family planning methods and reproductive health is not sufficient. The primer should cover various aspects of both the problems in simple sentences.

➢ The adult education teachers should be trained in basics of social science research which will equip them to understand the constraints faced by the adult women learners not only in changing their attitudes but also in putting the acquired knowledge into practice.

➢ If would be always better in India to imply women teachers (preraks) while dealing with women adult learners. Women teachers would be able to communicate more effectively on family planning methods as well as on reproductive health than the male teachers (preraks).

➢ It should be the duty of the teachers to identify the learners with low knowledge in family planning methods and on reproductive health and educate them and enhance their knowledge on par with the others who have high knowledge.
As seen in this research study, having high knowledge does not lead to high levels of practice of family planning methods and reproductive health. This may be due to various factors like tradition, preference for son, religion, children being considered as economic assets, fatalism etc. To counter these aspects adult education department along with women welfare and other related non government organizations need to intensify the awareness programmes among the masses.