CHAPTER - VI  
SUMMARY, CONCLUSION, NURSING IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 SUMMARY

“We will never meet human needs on this infinite Planet unless we stabilize human numbers”

Motherhood is the fulfillment of womenhood. Yet all pregnancies are not welcomed. Today the couples are in a situation to limit the size of their family by choice rather by chance. India is the second largest population country in the world and the first country to start the family planning programme in the year 1952s. Yet the rate of contraceptive use by eligible couples is 43.5%. This is the challenge faced by the government in tackling the problem of population explosion. India’s annual population growth rate is 1.74% and contributes to about 20% of births worldwide. Each year in India roughly 30 million women experience pregnancy and 27 million have live births. The best way to tackle the problem is adaptation to family planning methods.

The appropriate decisions about family planning are those that people make for themselves, based on accurate information and range of contraceptive options. People who make informed choices are better able to use family planning safely and programs have a responsibility to help people make informed family planning choices.

Lack of knowledge of contraceptive methods can be a major obstacle for their consistent and continuous use. So it is an important and necessity for clearing their doubts and misconceptions about the side effects of family planning methods, by the
health care providers, workers and counselors. A perceived means to this end is improved in incubating education. But education alone will not suffice to improve attitude and practice. Interventions including cognitive, behavioural and affective domains were considered the most effective in improving attitude and adaptation to the method of practice. Hence, the researcher intended to **assess the effectiveness of video assisting teaching module (VATM) on contraceptive methods with regards to knowledge, attitude and practice among couples in the villages of Pondicherry.**

The **objectives** of the study were to:

1) Assess the existing knowledge, attitude and adopted practice of couples regarding contraceptive methods before Video Assisted Teaching Module.

2) Evaluate the impact of Video Assisted Teaching Module on contraceptive methods to the knowledge, attitude and practice of intervention group in comparison to control group.

3) Associate the relationship of the post-test knowledge, attitude and practice scores of the intervention group couples with their selected demographic variables.

4) Determine the co-rrelation between knowledge, attitude and practices of the couples of intervention group.

The formulated **null hypotheses** were:

$H_{01}$: There is no significant difference between the post-test KS of control and intervention group.

$H_{02}$: There is no significant difference between the pre and post-test KS of intervention group.
H₀₃: There is no significant difference between the post-test attitude scores of control and intervention group.

H₀₄: There is no significant difference between the pre and post-test attitude scores of control and intervention group.

H₀₅: There is no significant difference between the post-test practice scores of control and intervention group.

H₀₆: There is no significant difference between the post-test practice scores of control and intervention group.

H₀₇: There is no significant association between the post-test knowledge scores of intervention group with the selected demographic variables.

H₀₈: There is no significant association between the post-test attitude scores of intervention group with the selected demographic variables.

H₀₉: There is no significant association between the post-test practice scores of intervention group with the selected demographic variables.

H₀₁₀: There is no correlation between the knowledge, attitude, and practice scores of intervention group.

H₀₁₁: There is no significant mean difference in knowledge scores between the three post-tests of intervention group.

H₀₁₂: There is no significant mean difference in attitude scores between the three post-tests of intervention group.

Related literatures were reviewed and grouped under suitable headings. Conceptual framework was based on modified Baker's Health Beliefs Model.

The research design adopted was randomized control trial. Manipulation included the Educatve intervention that imparted knowledge on contraceptive
methods, motivation by video show and follow-up to assess the practice of contraceptive methods.

Control group participants were cleared their doubts on contraceptive methods. The samples were selected by cluster randomization from four villages. Each village was considered as a cluster. Samples were selected randomly from each cluster.

The study was conducted in the rural village of Pondicherry. The population was meant for all the couples in the selected villages. Samples were considered as the couples, who fulfilled the inclusion criteria. The planned sample size was 1000, with 500 subjects in each group.

The instrument used possessed in 4 parts as given below:
- Part I - Demographic variables
- Part II - Knowledge aspects related to contraceptive methods
- Part III - Attitude aspects related to contraceptive methods
- Part IV - Practice aspects; to assess the level of practice to contraceptive methods.

The instruments developed by the researcher were validated by the experts and reliability checked by split half, test - retest and interrater reliability methods.

A pilot study was conducted with 10% of the proposed sample size helped to assess the reliability and feasibility of the study. Modifications made were based on the pilot study results and experts’ recommendations.

The data were collected in five phases; such as phase-I: pre-test, Phase II: VATM (shown to the intervention group), Phase III: post-test I (in one month to assess knowledge, in 2 months for attitude, in 3 months for knowledge, attitude and practice), Phase IV: post-test II (VATM) and Phase V: post-test III (in 6 months for knowledge, attitude and practice).
The findings of the study were

- The demographic distribution of couples’ shows that most (46.6% in control & 41.4% in intervention group) of the couples’ were at the age group of 23-27 years. 70% were Hindus in both the groups, 52.6% in control & 53% in intervention group were illiterate and 44% (both groups) were daily wages. 56.4% & 60% Couples had monthly income of Rs 2500-Rs5000 in the control and intervention group respectively.

- In relation to the type of family, majority of the couples were from the nuclear family system (78.6% & 79.6%), had two children (56.8% and 56.6%), husbands were the prime decision makers (82.6% & 83.4%) for family planning in the control and intervention group respectively.

- Regarding awareness towards contraceptive methods, all the couples (100%) had knowledge on female sterilization and condom method in both the groups whereas none of them had heard about EC and Injectables contraceptives.

- 69.2% in the control group and 70.4% in the intervention group of couples’ reported that source of information was the health workers.

- Couples in both control and intervention group had inadequate knowledge (<50%) in all the aspects of contraceptive methods during pre-test. The post-test knowledge level showed that 28.7% couples had adequate knowledge in the control group and 96.5% couples had adequate knowledge in the intervention group on contraceptive methods.

- The overall mean KS of couples’ of the control group in pre-test was 5.72 ±1.7 and in the intervention group it was 5.58 ±1.31.
• There was statistically significant improvement in the overall level of knowledge in post-test for the intervention group derived (30.37 ± 4.73) when compared to the control group (23.09 ± 4.97) at p<0.000*** level.

• Area-wise post-test mean score varies from 0.79 to 6.79 in the control group and 1.38 to 8.25 in the intervention group showed significant improvement in the post-test of intervention group.

• Item-wise knowledge showed that during pre-test couples in both the groups had inadequate knowledge about the contraceptive methods, like regarding the use of condom- the knowledge was low for checking the expiry date, patency, for oral-pills- its use, complication, advantages and followup visit, for Cu-T- the time of insertion and complications, for vasectomy- condom to be used for 3 months etc. were lacking. There was nil knowledge about Injectables and Emergency contraception.

• The post-test results in items showed that there was improvement in the knowledge in all the aspects in both the groups but it was stastically significance in the intervention group(p<0.000***)

• Area-wise level of attitude revealed that during pre-test none of the couples had positive attitude towards contraceptive methods, condom, OCP, CuT, EC, Injectables and permanent method in both the control and intervention groups, However during post-test in the control group 10.4% of couples had positive attitude towards permanent method and in the intervention group the 77.3% of couples had positive attitude towards EC.

• Overall level of attitude showed that in the control group 50% of the couples had negative attitude and 48% had developeled neutral attitude compared to 71% in the intervention group couples had positive attitude.

• There was statistically significant improvement in the attitude of couples from pre-test to post-test III at the level of p<0.000***.
• The post-test mean Attitude score showed significant difference between the intervention group when compared to control group at the level p<0.000***.

• Regarding practice of contraceptive methods it was observed that in the control group the use of contraceptives was 5.5% which increased to 7.9% in the post test whereas in the intervention group post test practice level of contraceptive methods by the couples almost tripled (20.24% Vs 6.5%)

• The post-test practice level showed statistically significant in the intervention group when compared to the control group at p<0.000*** level.

• Most common methods practiced was Condom (35.89% Vs 54.5%) followed by Cu-T (20.2 % Vs 30.3%) followed by oral pill (10.25% Vs 11%) in the control and intervention group respectively. Emergency contraception practiced only by 0.3% couples and 2.2% couples adopted female sterilization in the intervention group.

Testing Hypothesis

There was a highly significant difference found between the pre-test and post-test scores of the control and intervention group (p<0.001). There was no significant association between knowledge, attitude and practice scores of couples was observed when compared with the demographic variables like age, education, income, occupation, source of information (p>0.05) whereas there was significant association found between attitude with the demographic variables like the type of family, number of children and age of the wives. Positive correlation was found between knowledge to attitude (p<0.01), indicates that knowledge influenced attitude. There was a high significant difference found between the means of three post-tests in the KS and AS which showed that the differences were the true differences and it had been due to the effectiveness of VATM.
6.2. Conclusion

This study indicated that VATM for couples had a positive effect and hence it can be implemented through any set up like clinical or community area to effectively change the knowledge, attitude and practice on contraceptive methods.

From the findings of the study, it can be concluded that the overall knowledge regarding methods available existed among couples but the specific knowledge was lacking.

Lack of accurate information leads to misconception about the methods and creates the common challenge to use and to continue the methods. So it is essential to have an accurate knowledge about each contraceptive method which helps them to make informed choice, better switch over and continuity.

In this study the knowledge of the couple had improved over time, i.e during first post-test but in follow-up the knowledge level remained constant and it had not improved further.

Regarding couples’ attitude, there was no improvement during the post-test-I, but during post-test II and III, the attitude of the couple had improved.

In relation to practice there was improvement only in the post-test II when compared to the post-test I.

Further it was observed that attitude and practice towards Injectables and Emergency contraception was not improved, it might be as the methods were not available in the Govt.
The knowledge and attitude levels improved but comparatively practice of contraceptive methods did not improve significantly, which indicates constant motivation and reinforcement was necessary.

Significant difference was found between control and intervention group in knowledge, attitude and practice scores of couples related to contraceptive methods including emergency contraception. There was significant association between the type of family of the couples and knowledge and for attitude, there was significance association with the age of wives, religion, type of family and number of children in intervention group. Further positive correlation was found between post-test knowledge and attitude level which indicates there was improvement in the attitude when there was improvement in the knowledge.

6.3 Nursing Implications

Implication for nursing service

The content of the video assisted teaching module will help the Nursing personnel in all areas like hospital as well as community area and clinics for teaching the couples for adopting contraceptive methods which is suitable to them.

- The findings will help the nursing personnel to estimate the effectiveness of video assisted teaching module.
- The content of video assisted teaching module will help the nursing personnel to know different methods, its complication, advantages and proper uses which will help to explain the couples while giving health education
- The content will help the health care providers to avoid misconceptions about each method.
• More focus on Emergency contraception method to teach to the couples in order to avoid unwanted pregnancies/ abortions

Implication for Nursing Education

The nurse educator can use the video assisted teaching module to teach the student as well as peripheral level health workers to improve their knowledge, attitude towards temporary methods including emergency contraception and motivate the couples for contraceptive practices.

The institutes of nursing education should play an active role in conducting education programmes, workshop and continuing education programmes to educate nursing personnel of the hospital regarding temporary contraceptive methods.

The nurse educators can target the nurses and multipurpose health workers in the community areas. Continuing Nursing Education programs along with training of trainers programs can be organized to help them in imparting education on contraceptive methods.

• It can be used as a training module for educating the health workers

• The video assisted teaching module can be used by the nursing students to educate the couples on contraception.

Implication for Nursing Research

• Based on the present study further research can be conducted related to practice of contraception and the factors influencing the use of contraception.

• Exclusively illiterate couples can be taught to improve their knowledge on contraceptive methods, to develop positive attitude towards the available highly effective, long acting contraception and to improve their practice.
• Pre-test knowledge score was nil for the methods Injectable and emergency contraception, so special module can be prepared on this aspect.

• Nursing research will help to know the nurses role in developing knowledge of the people and developing the attitude related to use of contraceptives.

• Researches to be conducted to know the women’s role in decision making related to the acceptance of contraception and maintenance of their family and children’s health.

**Implication for Nursing Administration**

• Nursing Administration should take active part in policy making, developing, validating, approving protocols, procedures and standing orders concerning video teaching for couples and individuals.

• They should concentrate on proper selection, placement and effective utilization of the nurses in all areas, giving room for creativity, interest and ability in providing video teaching for the needed areas must provide opportunity for innovations, trial of emerging trends in the video teaching in fostering care.

• An ongoing education programme on educative role of the nurses along with good supervision of nursing care service would motivate nurses to carry out the role in day to day nursing care.

• Publishing paper related to the use of video teaching and trial of video teaching would help sharing of knowledge and strengthening the practice in various settings.

• Efficient administrators can help in dissemination of research based knowledge through organization of in-service education program.

• Nursing administration should promote necessary facilities and opportunities for nursing staff to equip themselves with the knowledge to deal with various types of couples, going to adopt family planning methods.
• Nursing administration should encourage and conduct various types of health educational and family planning camps in the community as well as in the hospital, which will encourage people to acceptance of contraceptive methods.

• Nursing administration should provide adequate supply of variety of contraceptive devices to the nursing personnel so that they can meet the demand of the community.

6.4 Limitations

The limitations recognized in the study were-

1. It is difficult task to look for rural couples, no matter whether they are educated or illiterate, majority of them still don’t like to talk freely about family planning. Therefore the present study was a challenging task for the researcher. It was the main limitation of the study that the researcher had gone through the personnel and private matters of the married rural couples, still these questions are treated as social stigma. Researcher with the help of trained female research assistants tried her best to collect factual data at the highest possible level.

2. Sample selected for the study was limited to four villages and couples residing in those four villages only.

3. The tool used for data collection was not a standardized tool, so the researcher made the tool and it was a structured tool with close ended question, leads to restricted free response of the couples.

4. The data collected was based only on verbal responses of the couples.

5. The study was limited to the selected temporary methods.

6. Some of the couple who were practicing the method of contraception but do not like to reveal it, interfere in the practice outcome.

7. Practice was assessed in 3 months and 6 months interval. This short duration interferes in the practice aspect also.
8. Though the couples selected for the study 1000 but during post-test 23 couples (12 from control group and 11 from intervention group) were not assessed as the couples were not available, not willing or conceived.

6.5 Suggestions and Recommendations for further study

Based on the findings of the study the following recommendations could be made-

- An Experimental study can be carried out with only one group pre and post-test design on Contraceptive methods.
- Comparative study can be conducted in urban and rural areas.
- A multiple time series design can be adopted for the assessment of practice which will increase the certainty with which the researcher can generalize the findings.
- Study can be conducted at hospital settings among the post-natal mothers and follow up can be done to assess their practice and effective practice which will give more effectiveness to the couples and the society.
- Study on Emergency Contraception can be conducted among the adolescents in the schools to prevent unwanted pregnancies and unwed mothers.
- A self instructional module can be prepared related to contraceptive methods and find out its effectiveness.
- A follow up Study only related to practice can be done to motivate couples for practice.
- A study can be conducted to know the existing role of the nursing personnel regarding family planning.
- All the family planning related programs may involve male and it may be male oriented.

“Preparation through education is less costly than learning through the tragedy”
SUMMARY OF THE OBSERVATIONS

Demography characteristics were equally matched (p>0.05) in both the groups.

Pre-test observations for
Control & Intervention group

a) The KS was similar in both the groups (p>0.05).
b) Couples had inadequate knowledge (<50%) in all the aspects.
c) They had no knowledge about injectables and EC.
d) Attitude was negative for all the couples in both the groups.
e) Practice of contraceptive methods was also similar in both the groups (p>0.05).
f) Condom was used as the common method of contraceptive.

Post-test observations for
Control & intervention group

1) The post-test mean KS improved in both the groups but it was statistically higher in IG (p<0.000***).
2) 96.6% of the couples attained adequate knowledge in IG & 28.7% in CG.
3) Item-wise knowledge improved in all aspects in both the groups but statistically higher in IG.
4) Maximum knowledge improvement in injectables and EC as the pre-test knowledge was nil.
5) Attitude of couples in IG had 71% +ve and in CG 45% had neutral, no +ve attitude, -ve attitude reduced to 50% from 100%.
6) IG had the highest attitude score on EC and permanent method followed by Condom, CuT and Pills whereas the attitude level of CG had improved only in Permanent method.
7) Practice showed marginal improvement in CG (5.5% - 7.9%) whereas in IG it was tripled (6.5% - 20.24%).
8) Condom was the common method of practice followed by CuT and Pills.
9) EC user found in IG not in CG.
10) No significant association with demographic variables was indicated so VATM was applicable to all.
11) Positive correlation between knowledge and attitude in the IG showed that attitude of the couples’ was influenced by knowledge.