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RESEARCH ARTICLE

**A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE TOWARDS ADOPTION OF
TEMPORARY FAMILY PLANNING METHOD ANTARA INJECTION AMONG THE ELIGIBLE
COUPLES IN THE SELECTED COMMUNITY AREAS OF DEHRADUN**

Gunjan Joshi

MSC. Nursing Tutor Dims Faculty of Nursing.

Manuscript Info

Manuscript History

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Abstract

A descriptive study to assess the level of knowledge and attitude towards adoption of temporary family planning method Antara injection among the eligible couples in the selected community areas of Dehradun.

Objectives –

- 1) To assess the level of knowledge regarding adoption of temporary family planning method Antara injection.
- 2) To find out the association between knowledge and selected demographic variables.

Methodology: Quantitative research approach with descriptive research design was used in the study. The study was conducted in the community areas of Dehradun, Uttarakhand. Total enumeration sampling was to collect data from 100 subjects by using Demographic profile, Self-structured awareness questionnaire and Likert scale.

Result: 36% individuals were within the age group of 21-27 years. While 35% individuals belonged to the age group of 28-34 years. 25% individuals belonged to the age group of 35-41 years and 3% individuals belonged to 42-47 years. 5.5% of individuals had adequate knowledge, 70% of individuals had moderate knowledge, 24.5% of individuals had inadequate knowledge regarding temporary family planning method Antara injection. And there is no significant association between score level and demographic variables.

Conclusion: The study concluded that there is a need to focus on the eligible couples to motivate for Antara injection and majority of individual had moderate or inadequate knowledge.

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Introduction:-

Chapter-1

‘BELIEVE YOU CAN AND YOU’RE HALFWAY THERE’

Despite being the most populous country in the world after China. The scenario for the improve contraceptives continuation and switching. There were several studies held to major the quality of care in family planning and to find its association with contraceptives continuation and switching

Corresponding Author:- Gunjan Joshi

Address:- MSC. Nursing Tutor Dims Faculty of Nursing.

A study from Egypt stated that counseling and follow-up check-ups among the user's increased the insertion and continuation of intrauterine devices.

The users having information about only side effects and not knowing how to manage side effects may lead to the discontinuation of methods. Using the evidence from India, several studies have been carried out focusing on the contraceptive use dynamics and its socioeconomic and demographic determinants.

The National Population Policy 2000 has recognized as its immediate objective, the task of addressing the unmet need for contraception, to achieve the medium term objective of bringing the total fertility rate, to replacement level of 2 % by 2010, so as to achieve the long-term goal of population stabilization by 2045. As per National Family Health Survey the contraceptive prevalence rate in India is 56.3 %, which varies widely among different states. The unmet need for family planning is high at 13% and 6% for spacing. Government of India introduced three new contraceptives in its public health system in 2016. UNFPA India has been assisting the Government of India in roll out of new contraceptives, including injectable contraceptives, and in ensuring high quality services. The contraceptive was launched in four states- Maharashtra, Uttar Pradesh, Bihar, and Delhi- on the occasion of world population Day. The single-shot injectable contraceptive, called Antara is injected to the muscle to provide protection against conception for three months. Even after three months, protective effort lasts for two more weeks to give women the opportunity to reach a health center before the protection wanes," said Dr JP Kapoor, director of Delhi's Family Welfare department, which is overseeing the Antara roll-out.

This is an alternative to long-term contraception methods, such as intra-uterine contraceptive device (IUCDs), sometimes cause excessive menstrual bleeding or cramps. Using Antara reduces or stops menstruation, which protects against anemia caused by blood loss and saves on the cost of sanitary napkins. Of the four states where the contraceptive is being launched, Bihar and Uttar Pradesh have among India's highest total fertility rates (TFR), which is average number of children a woman bears in her lifetime.

We have achieved replacement total fertility rate of 2.1 in 24 of the 36 states and union territories and have rolled out Mission Parivar Vikas to focus on delivering services to 146 districts with TFR higher than 3 in seven populous states," said Anupriya Patel, minister of state for health and family welfare. Of the 146 districts, 38 are in Bihar and 57 in Uttar Pradesh. Under Mission Parivar Vikas, the newly introduced contraceptive Antara will be available at sub-center level. The Union government has also launched a Logistics Management Information System, which will strengthen the supply chain of commodities needed for family planning initiatives and send real time data of stock-outs or stockpiling. The Challenge Initiative for Healthy Cities working in Madhya Pradesh to emphasize family planning services among the urban poor. Its work with Indore city has shown significant increase in the uptake of the injectable Antara among women of poor communities. The Indore cities data showed less than 100 new clients in 6 months at the district hospital after overcoming challenges, Antara uptake in Indore increased from 27 new client to a total of 2,793 within 7 months in 2018 the initial acceptors of injectable were supported by ASHAs and Mahila Arogya Samiti (MAS) members in spreading the message that these new methods are safe, convenient and easily accessible at Urban Primary Health Centers (UPHCs). Moreover, Indore has shown the uptake of second dose of Antara up to 70%. Inspired by the Indore example, other cities in MP worked with their district level official and gradually increase the uptake of Antara cities

Need for the study

Family planning plays a vital role in promoting reproductive health, women's empowerment, economic stability, and environmental sustainability, ultimately contributing to the overall well-being of families and communities. Access to contraception and family planning services helps reduce unintended pregnancies, maternal mortality, and unsafe abortions which leads to improved prenatal care and healthier outcomes for both mothers and children and better economic stability and potential for upward mobility. With planned and spaced pregnancies, families can better meet their emotional, financial, and physical needs, fostering a positive and supportive family environment.

Antara injection is a temporary family planning method and is one of the available options for people seeking contraception. It is a convenient and reversible method that offers an alternative to other forms of birth control, allowing individuals and couples to plan their pregnancies according to their preferences and life circumstances.

Use of contraception prevents pregnancy-related health risks for women, and when births are separated by less than two years, the infant's mortality rate is 45% higher than it is when births are 2-3years apart and 60% higher than it is

when births are four or more years apart. It offers a range of potential non-health benefits than encompass expanded education opportunities and empowerment for women and sustainable population growth and economic development for countries. The number of women desiring to use family planning has increase markedly over the past two decades from 900 million in 2000 to nearly 1.1 billion in 2020. Consequently, the number of women using a modern contraceptive method increased from 663 million to 851 million and the contraceptive prevalence rate increased from 47.7 to 49.0%.

The proportion of women of reproductive age who have their need for family planning satisfied by modern contraceptive methods has increased gradually in recent decades, rising from 73.6% in 2000 to 76.8% in 2020. Reasons for this slow increase include: limited choice of methods; limited access to services, particularly among young, poorer and unmarried people, fear or experience of side – effects, cultural or religious opposition, poor quality of available services, users and providers bias against some methods, and gender- based barriers to accessing services.

BMC Women Health 2020; Despite availability of modern contraceptive methods and documented unmet need for family planning in Ghana, many women still report forgoing modern contraceptive use due to anticipated side effects. The goal of this study was to examine the use of modern family planning, in particular hormonal methods, in one district in rural Ghana, and to understand the role that side effects play in women’s decisions to start or continue use.

The prevalence of unmet need for modern family planning among sexually active women who wanted to avoid pregnancy (n = 135) was 68.9%. No factors were found to be significantly different in comparing those with a met need and unmet for modern family planning. Qualitative interviews revealed significant concerns about side effects stemming from previous method experiences and/or rumors regarding short-term impacts and perceived long-term consequences of family planning use. Side effects mentioned include menstrual changes (heavier bleeding, amenorrhea or oligomenorrhea), infertility and childbirth complications.

Background of the study

Antara is effective in keeping the difference in children. Every year the number of people using it is increasing and it is becoming the first choice in temporary means of contraception. As many as 11897 doses had been administered to the needy persons between April and December 2022. The health department on Friday claimed that the trimester contraceptive injection, which has become women’s first choice among new contraceptive methods, is extremely effective in spacing births. With this injection administered every three months, after two years of marriage, the difference of three years between planning the first child and the birth of two children can be easily kept. Chief medical officer Dr Alok Ranjan said Antara vaccine is available at 414 centers in the district. For the first time, this facility was available at the District Women’s Hospital where women got themselves vaccinated regularly during the Covid period. Nodal officer SK Singh stated that it was prudent to adopt new means of family planning to get rid of problems like frequent abortion, hospital visits, frail health etc. For these two new temporary contraceptives means i.e., ANTARA injection and Chaya pills are available at present, he said while both the contraceptives play a big role in keeping the difference in the birth of two children, there use also prevents anemia and cancer. According to a reference manual issued by the family planning division, ministry of family health care, Antara is a safe and highly effective contraceptive method. However, it does cause changes in the menstrual cycle like irregular/ prolonged bleeding and amenorrhea. Other effects may include change in weight, mood swings, headache and decrease in bone mass. The ministry of family welfare, through its sustained family planning efforts, aims to achieve its goal of increasing modern contraceptive usage and ensure that 74% of the demand for contraceptive is satisfied by 2020, with continued emphasis on delivering assured services, generating demand and bridging supply gaps. the ministry’s focus remains on increasing awareness and demand through a holistic communication campaign that has simultaneously been rolled out across all states of India.

Statement of the problem

A descriptive study to assess the level of knowledge towards adoption of temporary family planning method **Antara injection** among the eligible couples in the selected community areas of Dehradun.

Objectives:-

- 1.To assess the level of knowledge regarding adoption of temporary family planning method Antara injection.
- 2.To find out the association between knowledge and selected demographic variables.

Hypothesis

H1=there is a significant association between the demographic variables and on level of knowledge regarding antra injection.

Ho=there is no significant association between the demographic variables and on level of knowledge regarding antra injection.

Operational definitions

Knowledge

Knowledge refers to the ability of the eligible couples to understand the awareness regarding temporary family planning method Antara injection.

Temporary family planning method

Temporary family planning method or emergency contraception refers to a method used by women to prevent an unwanted pregnancy after unprotected sexual intercourse.

Antara injection

Antara injection also known as DMPA (depot-medroxyprogesterone acetate) is a reversible contraceptive method.

Eligible couples

Eligible couples refer to the currently couples in their reproductive age or childbearing age.

Assumption

1. Eligible couples have insufficient level of knowledge about family planning methods in general.
2. Eligible couples are aware of the potential benefits and risk associated with the Antara injection.

Delimitation

1. Eligible couples in the age between 21-47 years.
2. The period of study is limited to eight weeks.
3. The sample size was limited to 100 participants.

Projected outcome

1. It will reveal the extent to which participant are aware of the Antara injection as a temporary family planning method.
2. It will shed light on couple's awareness of temporary family planning method Antara injection.
3. It will create awareness and improve the adoption of the Antara injection as a temporary family planning method.

Conceptual Framework

Conceptual framework is defined as interrelated concepts or abstractions assembled together in a rational scheme by the virtue of their relevance to a common theme. Conceptual framework presents logically constructed concepts to provide general explanation of the relationship between the concepts of the research study, without using a single existing theory.

Conceptual framework is schematic representation. It provides:

- 1) A theoretical framework to the study of the problems that is scientifically based and which lay emphasis on the selection, arrangement and clarification of its concepts.
- 2) A certain frame is referenced for clinical practice research and education.
- 3) A direction to the research for relevant questions on the phenomenon and point out the solution to practical problems.

Aim of the study to assess the knowledge regarding towards antra injection.

The conceptual framework for this study is based on the system theory model

It has 3 components:

- a) Input
- b) Throughput

c) Output

Input: in this study, input assesses the sociodemographic data and level of regarding antra injection among the eligible couples.

Throughput: it includes interpretation (Mcqs) related to awareness and knowledge regarding antra injection.

Output: it refers to the outcome of the study, such as- adequate awareness > 76% to 100%, moderate awareness > 51% to 75%, inadequate awareness < 50%.

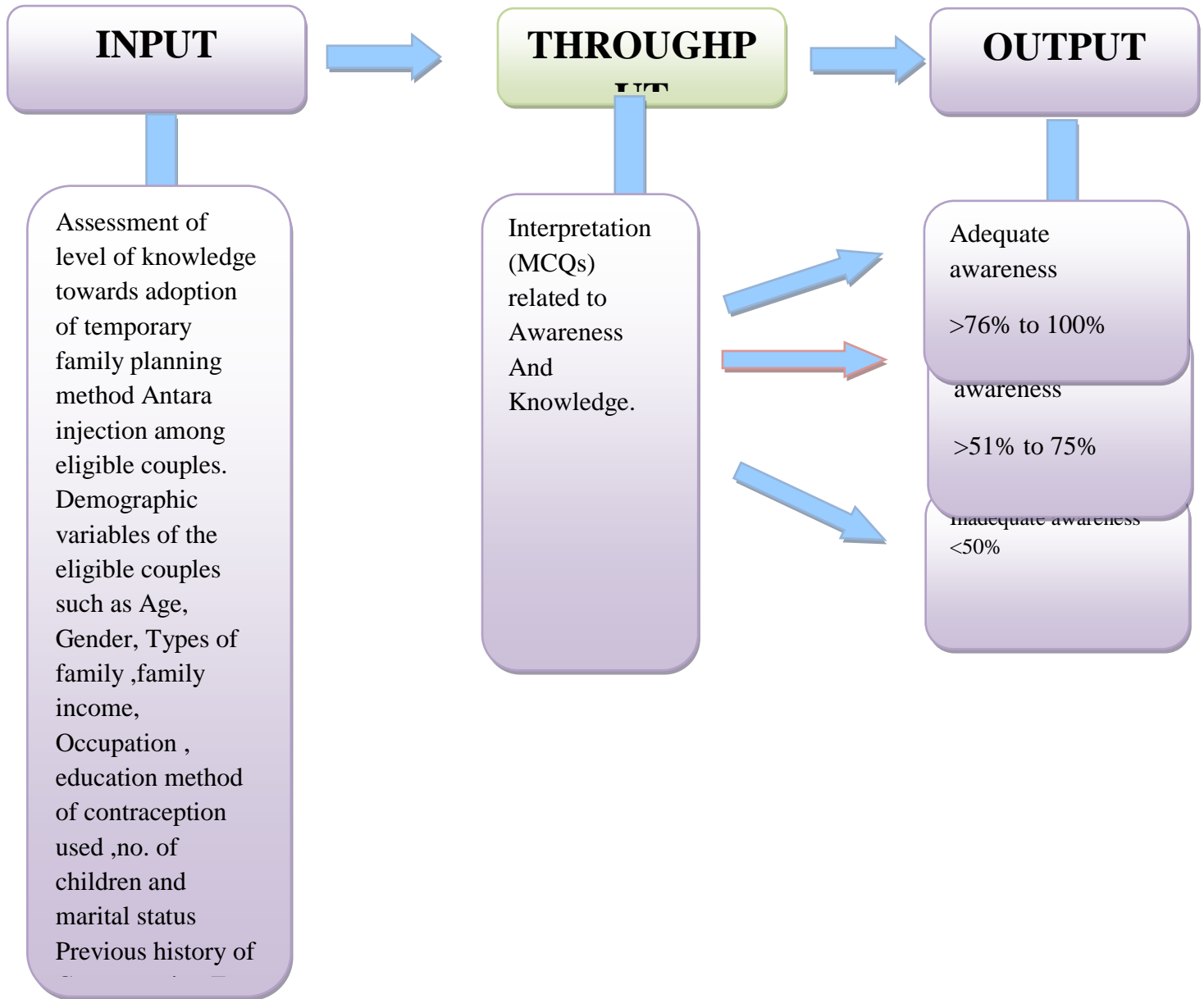


Figure 1:- conceptual framework based on general system model. Assessment of level of knowledge towards adoption of temporary family planning method Antara injection among eligible couples. In the statement demographic variables are selected such as age, gender, types of family, family income, occupation, education, methods of contraception use, number of children, and marital status. Data was collected by (questionnaire method) sampling technique. Output is interpreted as adequate awareness (>76% -100%), moderate awareness (>51%-75%) and inadequate awareness (<50%).

Chapter-2

Review Of Literature:-

1. A review of literature is a critical and comprehensive analysis of existing scholarly works, research studies, and relevant literature on a specific research topic or subject. It involves systematically gathering, evaluating, and synthesizing published information and academic sources to provide a summary of the current state of knowledge on the chosen topic.
2. In this chapter literature review has been categorized under 2 headings:

Section-1: Review related to awareness regarding Antara injection among eligible couples.

Section-2: Review related to knowledge towards family planning methods among eligible couples.

Review related to awareness

Section-1: Review related to awareness regarding Antara injection

Prof. Dr. R. Rajarajeswari et al (2022);

A Prospective Observational Study held in a Tertiary Care Hospital. The contraceptive prevalence of injectable contraception is 3.5% worldwide, whereas nationally the current use of DMPA is only 0.1%. The aim of the study was to assess the acceptability and compliance in women who seeks temporary contraception as DMPA. 120 motivated and eligible women who chose DMPA as a temporary contraceptive who fulfilled the inclusion and exclusion criteria were included in this study conducted in the Department of Obstetrics and Gynecology, at Government Raja Mirasudhar Hospital, Thanjavur medical college for 15 months. Women opting for DMPA injectable contraceptive during first nine months of the study period will be recruited in the study. In this study, majority were in age group of 26-30 years. Majority of the acceptors (40%) were Primiparous women, educated, belongs to postabortal period (65%). No previous contraception was used by many of the DMPA acceptors (64.2 % women). Irregular bleeding (36.7%) was the most common side effect. Most of the DMPA acceptors discontinued after 1st injection (72.5%). The major reason for discontinuation was due to side effects (36.7%). Women need to be educated so that they can avail access to wide range of contraceptives. DMPA should be considered a highly effective, safe, convenient contraceptive option for appropriately selected patients. If women are given reminders for their follow-up injections, it could increase regular and uninterrupted use of the injection.

S K Sikdar et al (2022);

Understanding factors associated with continuation of use of injectable contraceptives in Karnataka and Maharashtra, India. The Government of India has worked to expand access to injectable contraceptives through the introduction of a three-monthly injectable contraceptive MPA under the 'Antara' program in 2017. However, the uptake of injectable contraceptives has remained low, and few studies have investigated the experiences of public health facility injectable clients in India. We examined factors associated with continuing, discontinuing, and switching methods among injectable users obtaining services from public health facilities in the Indian states of Karnataka and Maharashtra. The study team recruited respondents (N=1009) that had received their first injectable dose from in public sector facilities between February – May 2019 and conducted a follow-up visit at their residence in December 2020. We used multivariate logistic regression to study the association of the demographic characteristics, service quality, and satisfaction with services, follow-up visits, and decision-making on injectable continuation and switching to other family planning methods. Injectable usage rates declined significantly, with 44% of clients receiving a second dose and only 16% receiving a third dose. Over half of women (54%) cited problems related to periods as the reason for discontinuing injectable use after the first dose. Respondents were more likely to continue their method at third dose if they were older (25-35 years) (OR: 1.68, $p < 0.05$) and had received a reminder for a follow-up dose. Our results also highlight the importance of addressing side-effects experience by women, which may be better managed by community-based follow-up visits and high-quality counseling services.

Dr. Gandhari Basu, (2021);

A cross-sectional study was conducted on Prevalence and reasons behind use of injectable contraceptive among the women of reproductive age group: A cross-sectional survey in rural areas of Nadia District, West Bengal. Estimated 42 million reproductive age group women were using injectable contraceptive, fourth most prevalent contraceptive worldwide. To find out the prevalence, reasons and the associated factors for using injectable contraceptive among the women of reproductive age group. It was a cross sectional survey. Technique used was Multi staged random sampling. Totally, 212 reproductive age group women were chosen from a total of 16 villages, selected by simple random sampling. Associations between dependent and independent variables were tested by Chi-square test. The proportion of teenage marriage was unexpectedly high. More than half mothers were unwilling to have babies in

future. One-third of study population used injectable contraceptive; ASHA was the main suggestion provider in choosing the method. Use of injectable contraceptive must be sincerely promoted through social marketing and the front-line health workers should motivate the women to use it by providing correct information.

Vikas Gupta et al (2020);

The safety and effectiveness of Depot Medroxy progesterone Acetate (DMPA) (available by the name of “Antara” in Government of India supply) has resulted in inclusion of this injectable contraceptive in the basket of family planning choices and thus has opened the way for clients to avail of a safe, effective, and hassle-free method with full confidentiality, which is also free of cost in public health facilities all over India. This community-based study with cross-sectional design was conducted during April 2019–October 2019. During first 3 months of the study, all the females who adopted the DMPA contraception were included in the study and the factors for opting DMPA were assessed. Among those who had previously used contraceptives, oral pills were the most prevalent method. Most of the clients who opted to DMPA agreed that they switched because of privacy and confidentiality attached to DMPA. The side effects were reported by more than four-fifth of subjects, and the most common side effects were irregular spotting per vaginally, amenorrhoea, and weight gain. The present study has shown some light regarding the factors responsible for injectable DMPA uptake as a family planning method and the facilitators and barriers to consistent injectable DMPA use. The study findings are expected to be utilized for framing policies to improve compliance of DMPA and making it more acceptable, client-friendly initiative.

Dr. Jayanti Nath, et al (2015);

A cross-sectional study was conducted in the department of Obstetrics and Gynecology of Maharishi Markandeshwar Institute of Medical Sciences and Research (MMIMSR), Ambala, Haryana from January 2014 to January 2015. A total of (500) post-partum and post-abortal women attending the OPD, IPD, and Emergency services were randomly enrolled in the study. The patients were given a pre-tested, pre-structured questionnaire and their answers noted and analyzed. Ethical requirements of Informed consent and confidentiality were ensured before the onset of the study. The patients enrolled in the study were thoroughly interviewed on their knowledge and awareness about contraception and various methods available thereof. They were counseled about various contraceptive methods available and were allowed to choose a method of their choice for contraception. They were also questioned about their awareness of the Emergency Contraception pill and Medical Termination of Pregnancy pill (MTPill). Data thus collected were tabulated, sorted out and analyzed by entering in Microsoft Excel and SPSS version- 15 was used for the statistical analysis.

Anu Bajracharya (2014);

A cross-sectional observational study was conducted in the Department of Obstetrics and Gynecology on 400 postpartum women (within 42 days of delivery) who delivered and came for follow-up in this institution. All the postnatal women were interviewed with pre-designed questionnaire and information on socio demographic variables, awareness and knowledge of various contraceptive methods, previous and current use of family planning methods, source of information, utilization and reasons for use/non-use of family planning methods were obtained. Data collected were entered and analyzed using SPSS 20. The results were presented as percentages, means, tables and charts. Majority of the participants 363 (90.8%) were aware of contraceptive usage. Amongst 60.5% of women who had previously used contraception. Maximum no. of participants (60.35%) had used modern contraceptives in the past.

Section-2: Review related to attitude towards family planning methods

Fernananda Everling (2021);

Modern contraceptive use among women in need of family planning in India: an analysis of the inequalities related to the mix of methods used to evaluate the type of contraceptives used by women in need of family planning in India and the inequalities associated with that use according to women's age. Methods- using Data from the Indian National Family and Health Survey-4 (2015–2016), we evaluated the proportion of partnered women aged 15–49 years with demand for family planning satisfied (DFPS) with modern contraceptive methods. We also explored the share of each type of contraception [short- (e.g., condom, pill) and long-acting (i.e., IUD) reversible contraceptives and permanent methods] and related inequalities. The majority (71.8%; 95% CI 71.4–72.2) of women in need of contraception were using a modern method, most (76.1%) in the form of female sterilization. Condom and contraceptive pill were the second and third most frequently used methods (11.8% and 8.5%, respectively); only 3.2% reported IUD. Indian family planning policy should prioritize women-centered care, making reversible contraceptive methods widely available and promoted.

Sarita Shrestha, et al (2020);

A descriptive study design was carried among 241 postpartum mothers having under 6 months age child came for vaccination at Sunaulo Bhabisy Nepal, Chitwan. Postpartum mothers were selected using a purposive sampling technique. All the postpartum mothers were interviewed through a semi structured questionnaire for data collection. Data collection was done from 17 December 2019 to 14 January 2020. Data was analyzed by using descriptive statistics with the help of statistical package for social science (SPSS) version 20. The findings of the study revealed that the mean age of the mothers was 25.36 years. Regarding the awareness on postpartum family planning, most of the mothers had below average (39%) and average (36.9%) level of awareness. Whereas few (24.1%) had above average level of awareness. More than one third of mothers (37.8%) used a family planning method.

Anila Tresa Alukal, et al (2018);

The study was conducted at the Government Medical College Thrissur, Kerala, India and the study period was 1 year (2014-2015). The study population included women who planned to deliver at Government Medical College, Thrissur during the study period including vaginal and cesarean section. The awareness regarding "PPIUCD" was only 11.1% whereas for interval IUCD it was 94.9%. The acceptance rate of PPIUCD was very low (10.5%). The most common reason to accept was its long action (68.5%), the most common reason for rejection was that they wanted permanent sterilization. The other reasons for non- acceptance includes unwillingness of the husband, fear of complications etc.

Meenakshi Singh, et al (2017);

A prospective cross-sectional interview-based study was conducted on a sample of 492 postpartum women who underwent their deliveries in this hospital in 6 months duration in the department of Obstetrics and Gynecology, Safdarjung Hospital, New Delhi. The women were counseled regarding postpartum contraception after assessment of their knowledge and practices. The interview includes sociodemographic profile of the participants, their awareness of contraceptive methods and reasons for its acceptance/refusal. Out of 492 postpartum women, 56.9% accepted one of the contraceptive methods during their hospital stay only. The most common contraceptive method chosen was intrauterine device (45.0%). The main reason for non-acceptance was the expectation of a male child.

Dr. Pratibha SD, et al (2022);

This was a prospective and cross-sectional study to assess the safety and efficiency of the copper-t 375 when inserted within 10 minutes of placental expulsion after vaginal delivery and placental extraction after cesarean section. Study participants were recruited through the hospital antenatal clinics. Postnatal contraception is routinely discussed at prenatal visits using visual aids. All participants willing for immediate postpartum insertion of CuT375 were included in study after obtaining informed consent and questionnaire. 120 women were included in the study. Hence N=120 (60 post-vaginal delivery and 60 intra-cesarean). Infection rate is found to be higher in Group B (5%) than Group A at 6th week. At 6th month, infection is higher in Group B (1.8%) than Group A (0.9%) $p=0.617$. Missed strings are found to be higher in inter-caesarean than interval method both at 6th week and 6th month follow up. Expulsion rate is found to be higher in Group B (3.3%) than Group A (1.67%) $p=0.5$ at 6th month there is no IUCD expulsion in Group A (0%) than in Group B where there is (1.9%) expulsion $p=0.495$. uterine perforation noted among 3.35% in group A compared to 1.67% in group B. There are no complications or contraceptive failures in both groups during the study period. On statistical analysis, it is found that there is no significant difference in infection and expulsion rate between the groups with more missed strings in the intra- caesarean method.

Nirja Sharma, et al (2021);

This was a prospective study regarding comparing usefulness of immediate postpartum intrauterine contraceptive device among the woman undergoing cesarean or vaginal insertion, this was conducted at Government Medical College Shivpuri and District Hospital Shivpuri from February 2016 to February 2017. A total of 100 patients with cesarean and vaginal delivery had PPIUCD insertions and they were followed up for 1 year. The outcome measures analyzed were safety measures (menstrual irregularities, vaginal discharge, pelvic- infection, perforation, failure, expulsion and removal). PPIUCD is an effective intervention in both cesarean and vaginal delivery with no significant differences in safety (menstrual complaints, fever and vaginal discharge $p>0.05$) and efficacy depending on the routine of insertion as the majority of the clients were satisfied with PPIUCD insertion (65.7%) with only 4.5% unsatisfied with the procedure.

M V Smitha, et al (2019);

A descriptive study was conducted among 110 married women attending Obstetrics and Gynecology OPD of AIIMS Bhubaneswar regarding Comparative analysis between profiles of women who accept and who refuse it. The mean (SD) age of women was 29.13 (3.51) years. About half of the women (50.9%) had poor knowledge of contraceptives, the most preferred contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated ($r= 0.164$, $p= .001$). Knowledge was associated with the occupation ($p= .005$). Lack of knowledge, concerns about side effects, and religious factors were the reason for not using contraception. Despite the positive attitude, a majority of women had inadequate knowledge and utilization of contraception. This implies the need to educate women of the reproductive age group for the efficient utilization of contraceptive services for the betterment of their reproductive health. The mean (SD) age of women was 29.13 (3.51) years. About half of the women (50.9%) had poor knowledge of contraception. More than half of women (65.17%) had a positive attitude on contraceptive use; however, only 24% of women used a contraceptive, the most preferred contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated ($r=0.164$, $p=.001$). Knowledge was associated with the occupation ($p=.005$). Lack of knowledge, concerns about side effects, and religious factors were the reasons for not using contraception.

Tilahun Wodaynew, et al (2019);

Facility based cross-sectional studies were conducted among postpartum women who were admitted to the postnatal ward of JUMC during the study period. The study was conducted by using systematic random sampling technique. Data was collected through face-to-face interviews from December 1 to 30, 2019. Data collection tool was developed by reviewing related literature. Data was coded and analyzed using manual compilation of the questionnaire. Descriptive statistics was used to describe the variables and the study result was used to describe the variables and the study result was presented in table, chart and statement. Only 98 (92.5%) of the respondents had heard about family planning. About 65.7% of respondents have good knowledge, 34.3% have poor knowledge. Out of 106 respondents 74 (69.8%) have a positive attitude towards contractive and the remaining 32(30.2%) had a negative attitude. Out of 106 respondents 62 (58.5%) of respondents had safe practice and the remaining 44 (41.5%) were unsafe practice towards contraceptive use.

Ramegowda Chethana, et al (2018);

The study was conducted at Bruhat Bengaluru Mahanagara Palike (BBMP) referral hospital, Bengaluru from March 2016 to May 2016. A total of 100 postnatal mothers were included in the study. A pre-tested semi-structured proforma was administered and information about socio demographic profile, knowledge and attitude towards use of emergency contraception was obtained. Among the study subjects, 28% were aware of emergency contraception, friends (57%) were the major source of information about EC. Overall knowledge regarding method, time limit and dose was low. There was a significant association between educational level ($p=0.01$) and previous planned delivery ($p>0.001$) with awareness about EC. 51.4% had a favorable attitude towards its use as an additional contraceptive whenever necessary.

Paula Batista Ferreira, et al (2018);

This was a Cross-sectional study with 299 pregnant women. The women were informed about the possibility of inserting a copper-t postpartum and were questioned about their interest in adopting or not this contraceptive. All participants answered a questionnaire with information relevant to the proposal of the present study. The sample size was limited to the number of devices available for the present study. A total of 560 women were invited to join the present study and 299 accepted. Out of the 299 women included in the present study, 175 accepted the copper IUD and 124 refused. As the no. of pregnancies increased, the IUD acceptance rate raised ($p= 0.002$), especially between the groups with 1 and with >4 pregnancies ($p=0.013$). Regarding the desire to have more children, the women who planned to have more children were more likely to refuse the method than the ones who did not ($p<0,001$)

Sumitra Yadav, et al (2017);

Was performed on 1000 postnatal women within 10 min. Of delivery and up to 6 weeks of delivery conducted in the department of Obstetrics and Gynecology, M.G.M Medical college and M.Y Hospital Indore (M.P), India, regarding Knowledge, attitude, practice and acceptance of postpartum intrauterine devices. The period from August 2015 to August 2016 after approval by the ethics committee. Informed consent was taken. Majority of acceptors (72.5%) belong to the age group of 18-25 years and 53% belong to urban areas. Acceptance was more in those who completed their secondary school level education (33%). Working women (55.5%) accepted PPIUCD more than the non-working. Out of 1000 women counseled only 10% agreed for PPIUCD insertion.

Chapter-III

Research Methodology:-

Research methodology is the specific procedure or techniques used to identify, select, process, and inquiry information about a topic. In a research paper, the methodology section allows the reader to critically evaluate a study's overall validity and reliability.

Research Approach

The research approach is a plan and procedure that consists of the steps of broad assumptions to detailed methods of data collection, analysis, and interpretation.

In the present study quantitative approach was selected area.

Research Design-

Research design is the framework of research methods and techniques chosen by a researcher to conduct a study. The design allows researchers to sharpen the research methods suitable for the subject matter and set up their studies for success.

The present research design was descriptive research design.

Variables-

Variables are any characteristic quantity that can be measured or counted.

Dependent Variable

Awareness and knowledge regarding antra injection.

Demographic Variable-

Age, gender, education, socioeconomic status, type of family, occupation, number of children.

Research Setting-

The study was organized in village-Shankarpur, shashpur Dehradun, (Uttarakhand). The area was selected by sample's availability and feasibility.

Sampling Technique-

Sampling is a process for selection of subjects from the population who fill the inclusion criteria. In the present study purposive sampling techniques were used for selection of eligible couples.

Population-

It defines a total set of all the subjects in which the researcher is interested. In the present study population of eligible couples of community areas in Dehradun.

Sample And Sample Size-

The total sample size for the present study consists of 100 eligible couples.

Sampling Criteria

Inclusion Criteria-

All eligible couples Who were willing to participate, age limit 21 to 47 years.

Exclusion Criteria-

eligible couples with complications like age less than 21 years or more than 47 years and were not willing to participate.

Description Of The Tool

The tool consists of 2 Section

Section 1: It consists of an interview schedule to assess the demographic characteristics such as age, gender, type of family, educational status, family income, no. of children, occupation, type of contraception used.

Section 2: Multiple choice question to assess the level of knowledge regarding antra injection.

Criteria For Scoring

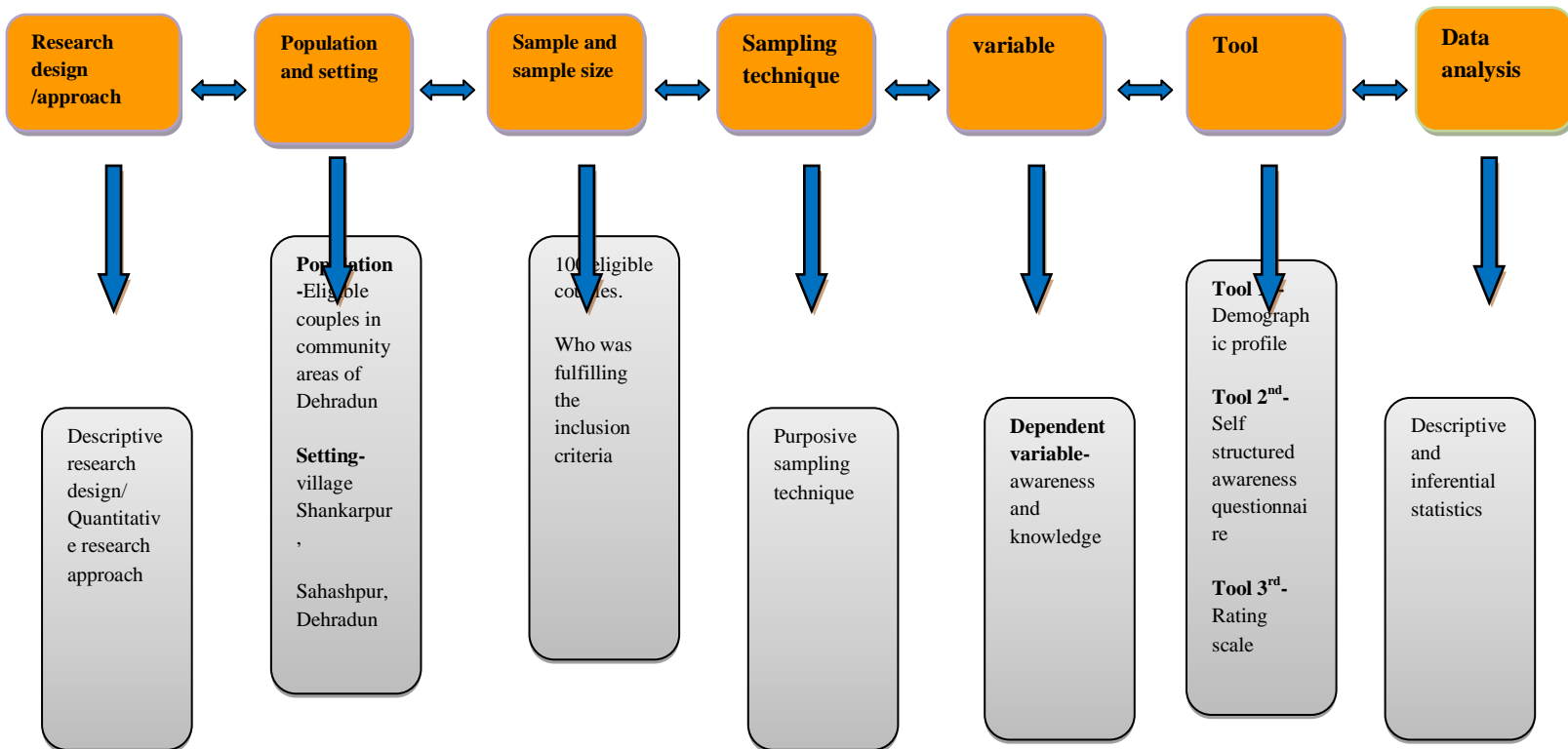
Section 1: No scoring

Section 2: The awareness questionnaire consists of 20 questions total. Each question with the correct answer carries one mark and an incorrect answer carries no mark. The total scoring for overall awareness was twenty.

To interpret the knowledge of antara injection, the scores were converted to percentage and were classified as follows;

Level of knowledge

Adequate	>76% to 100%
Moderate	>51% to 75%
Poor	<50%



Data Collection Tool

In THE PRESENT RESEARCH STUDY, THE SUBSEQUENT TOOLS WERE USED FOR DATA COLLECTION.

Study Tool

Section 1 - Self structured questionnaire to collect socio demographic data of eligible couples.

Section 2 - Self structured questionnaire to assess the knowledge related antara injection among eligible couple

Study Tool

Section1 - Self structured questionnaire to collect socio demographic data of eligible couples.

This tool was developed to collect personal information from subjects. It includes Age, Educational qualification, Occupation, Family type, Number of children, Monthly income, source of information, Previous history of contraceptive.

Section2- Self structured questionnaire to assess the knowledge and Awareness related to Antara injection among eligible couples.

This tool was developed for Awareness or knowledge assessment of eligible couples on antara injection. It consists of 20 items.

Score Interpretation

In each item there were multiple options and the subject had to tick on the one which they seem to be correct according to their correct answer score was 1 and incorrect answer score was 0.

Pilot study

Pilot study is designed to run by the investigator with the problem to be corrected in the ground work for the large research project and to evaluate the feasibility of the study and to find out any major flaws in the design used. It also helps to determine the plan of statistical analysis. Pilot study was conducted on 10 eligible couples at community area of Dehradun from

Pilot study was found practical, feasible and acceptable in terms of methodology, tool, collection of data and method for data analysis.

Process Of Data Collection

Data collection was done from eligible couple, community area of Dehradun, Uttarakhand, prior permission was taken from principal, prior permission was taken from sarpanch and written permission from the authority and sample was selected according to purposive sampling techniques. Explain the need of the study along with their purpose to the participants and then writing consent was obtained. Who fulfilled the inclusion criteria, socio demographic data was obtained and self structure awareness questionnaires were used to assess the level of knowledge. On the same day booklets were also distributed.

Chapter –IV

Data Analysis And Interpretation Of Data

Analysis and interpretation was done in accordance with the objectives laid down for the study. The purpose of analysis is to reduce the data into an interpretable and meaningful form so that the result can be compared and significance can be identified.

This chapter deals with the analysis and interpretation of data collected. The data was analyzed by calculating the score in terms of frequency, percentage, mean, standard deviation, chi- square.

Problem statement

A descriptive study to access the level of knowledge towards adoption of temporary family planning method ANTARA injection among the eligible couples in the selected community areas of Dehradun.

Objectives of the study:-

1. To access the level of knowledge regarding adoption of temporary planning method ANTARA injection.
2. To find out the association between knowledge and selected demographic variables.

Plan of Analysis:

Analysis and interpretation of data was done according to the objectives using descriptive and inferential statistics. The level of significance chosen was at $p \leq 0.05$.

Organization of Analyzed Data:

The analyzed data was organized according to the objectives and presented under the following sections:

Description of demographic profile

This section describes the demographic characteristics of the sample under study. The data obtained describes the characteristics pertaining Age, Gender, Duration of marital status, Education background, Occupation, Method of contraception used, Family Type, Family income, Number of children you have.

Table No 1:- Demographic Profile Of The Subjects.

Variables	Opts	Percentage(%)	Frequency(f)
Age	21-27 years	36%	40

	28-34 years	35%	39
	35-41 years	25%	28
	42-47 years	3%	3
Gender	Male	34%	37
	Female	66%	73
Duration of marital status	Just married	18%	20
	More than 1 year	47%	52
	More than 3 years	35%	38
Education background	Uneducated	31%	34
	Intermediate	52%	57
	Graduate	16%	18
	Post graduate	1%	1
Occupation	Unemployed	45%	50
	Self employed	28%	31
	Public sector	13%	14
	Private sector	14%	15
Method of contraception used	Condoms	58%	64
	Oral contraceptive pill	25%	28
	Injectable	16%	18
Family Type	Small	25%	27
	Nuclear	42%	46
	Joint	34%	37
Family income	10000-20000	52%	57
	20000-40000	34%	37
	40000 and above	15%	16
Number of children you have	None	15%	17
	One	50%	55
	Two or above	35%	38

Table No 1: the findings were as follows:

Shows the frequency and percentage distribution of eligible couples, illustrate that majority of the subjects are between age 21-27 years (36%) and others between 28-34 years (35%), between 35-41 years (25%) and lowest between 42-47 years (3%). In the sample of 100 subjects maximum are females (66%) while males are (34%). The shows that subject's duration of marital status is majorly more than 1 year (47%) and more than 3 years (35%) while just married are the lowest (18%). The table depicts that subject's education background is majorly intermediate (52%) and uneducated are 31% and graduate are 18% while post graduate are just 1%. The table outline that their occupation status is majorly unemployed (45%) and self employed are 28% and private sector are 14% while in public sector is 13%. The shows that the method of contraception used by the subject is the most condom (58%) and oral contraceptive is 25% while injectables are 16%. The table illustrate that the subject's family is majorly nuclear i.e. 42% and joint is 34% and small is 25%. The table shows that the subject's family is majorly between 10000-20000 i.e. 52% and 20000-40000 is 34% while 40000 and above is 15%. The table depicts the majority of subjects have one child i.e. 50% and two or above is 35% and none of the children is 15%.

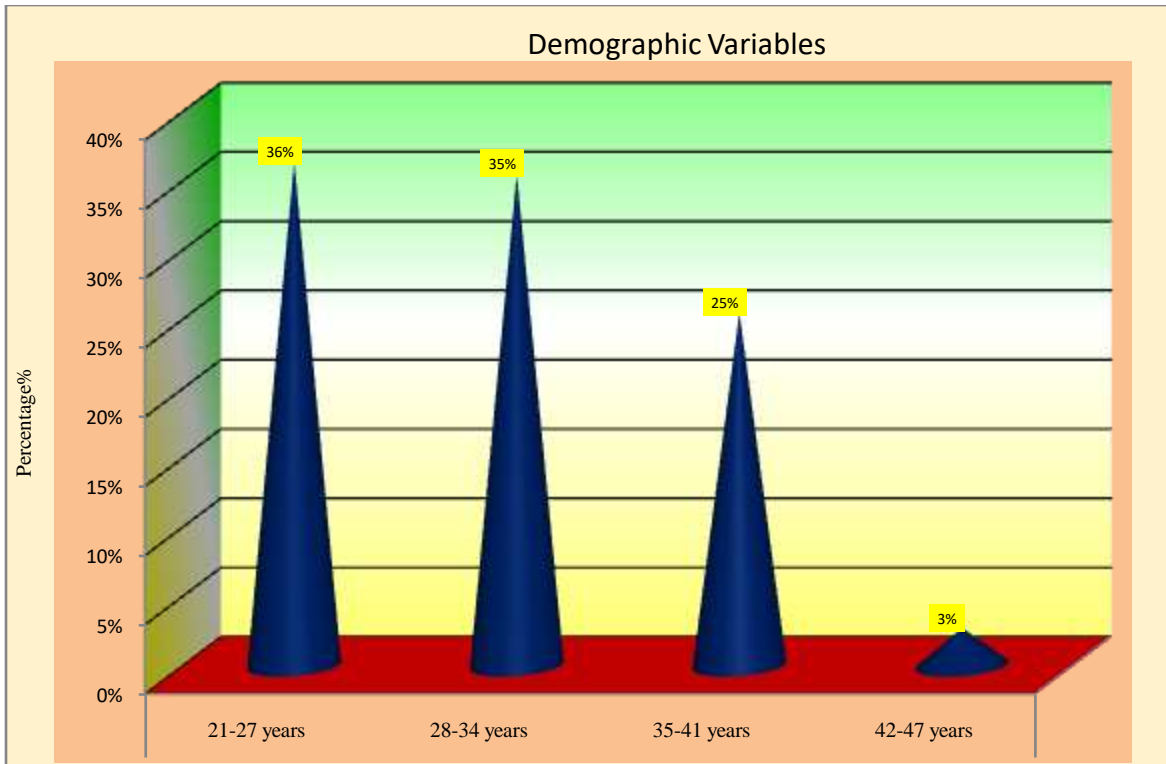


Figure No. 3:- Conical Shaped diagram showing the percentage distribution according to their Age.

Showing percentage distribution of age in years of eligible couple in which the majority (36%) of the subjects is between 21-27 years of age, 35% between 28-34 years, 25% between 35-41 years and 3% between 42-47 years of age.

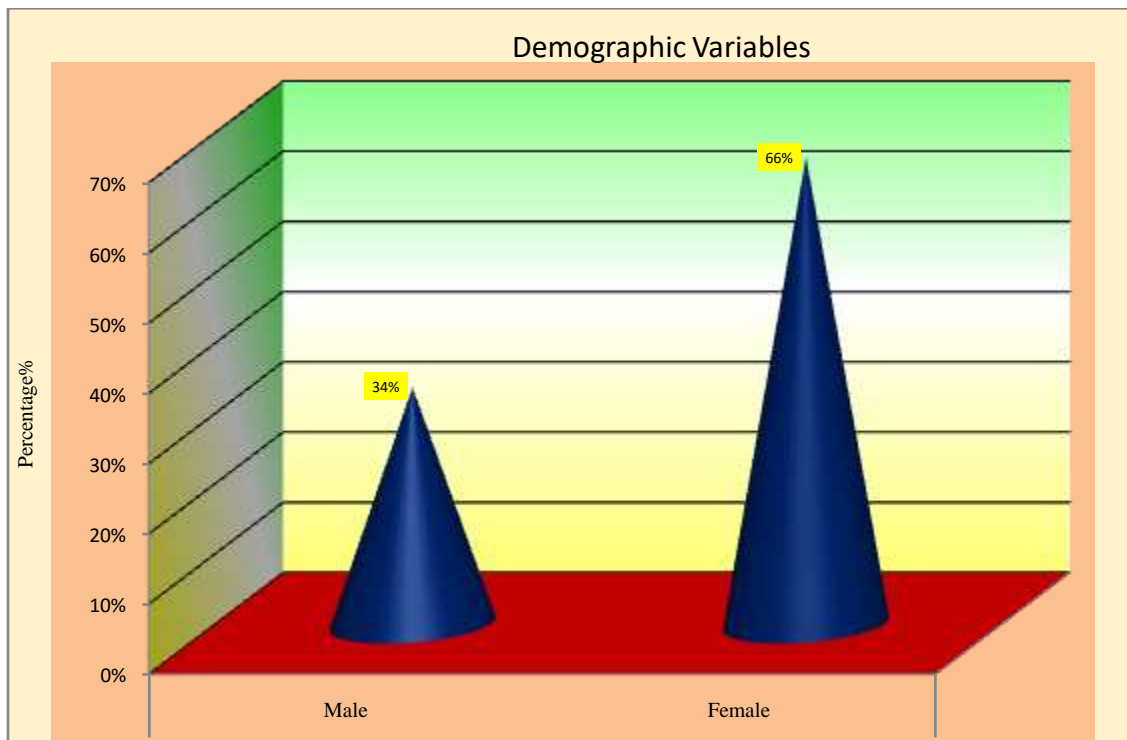


Figure No.4:- Conical Shaped diagram showing the percentage distribution according to their Gender.

Showing percentage distribution according to their gender in which majority (66%) is of females and the males are of 34%.

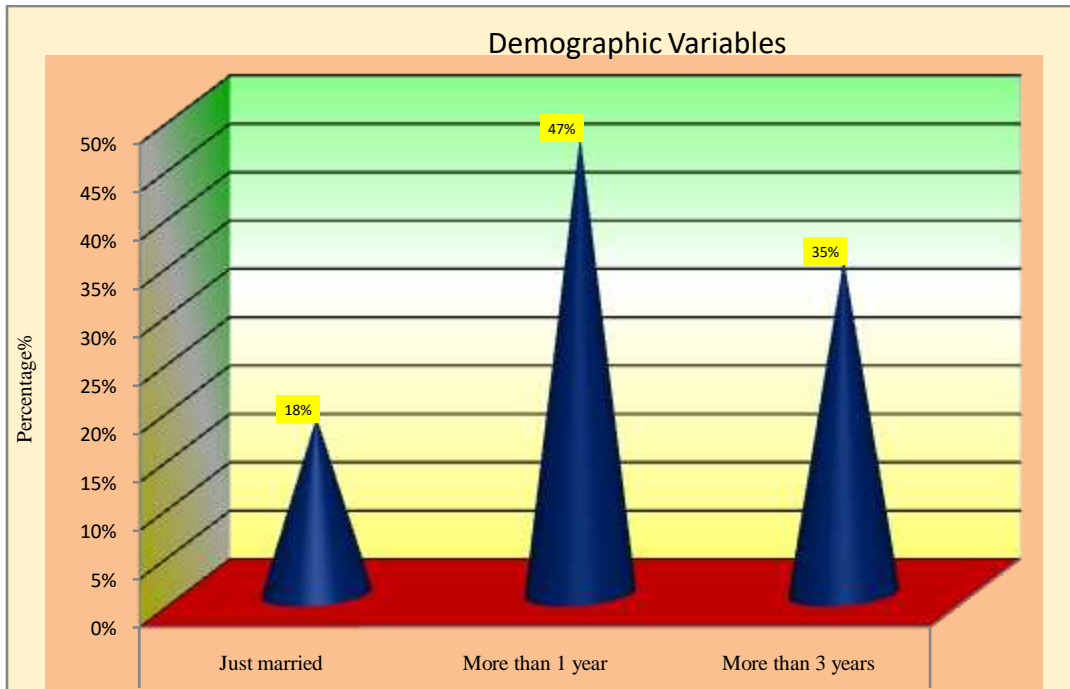


Figure No.5:- Conical Shaped diagram showing the percentage distribution according to their Duration of marital status.

Showing percentage distribution according to their duration of marital status in which majority (47%) is of more than 1 year , 35% is more than 3 years and 18% is just married.

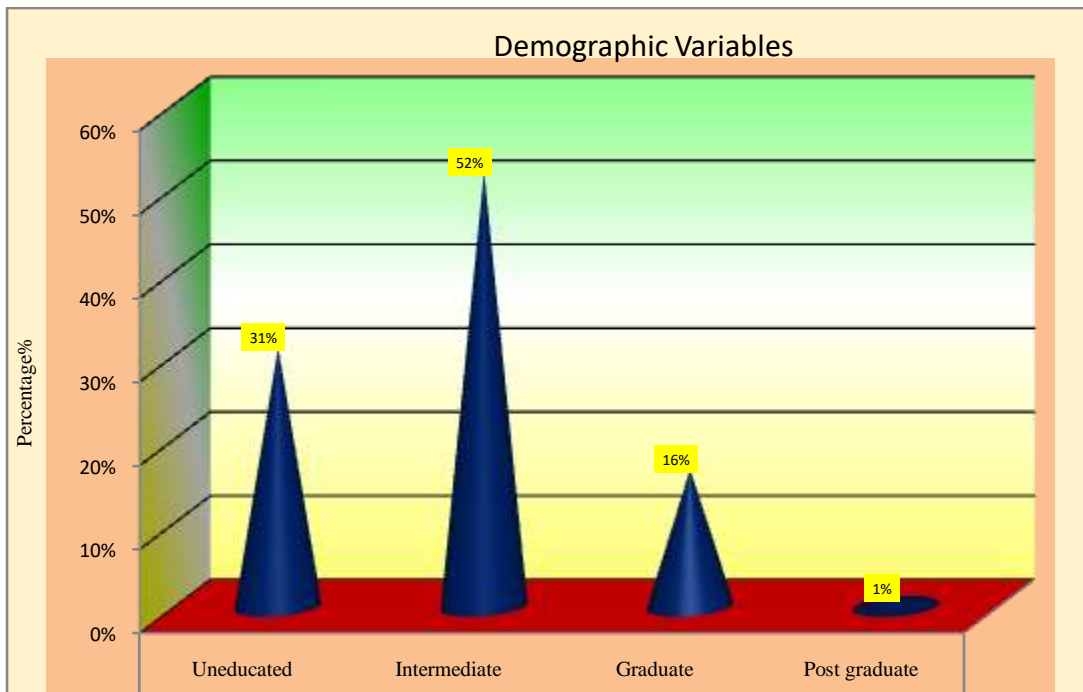


Figure No. 6:- Conical Shaped diagram showing the percentage distribution according to their Education background.

Showing the percentage distribution according to their education background in which majority (52%) is of intermediate, 31% is uneducated, 16% is graduate and 1% is of post graduate.

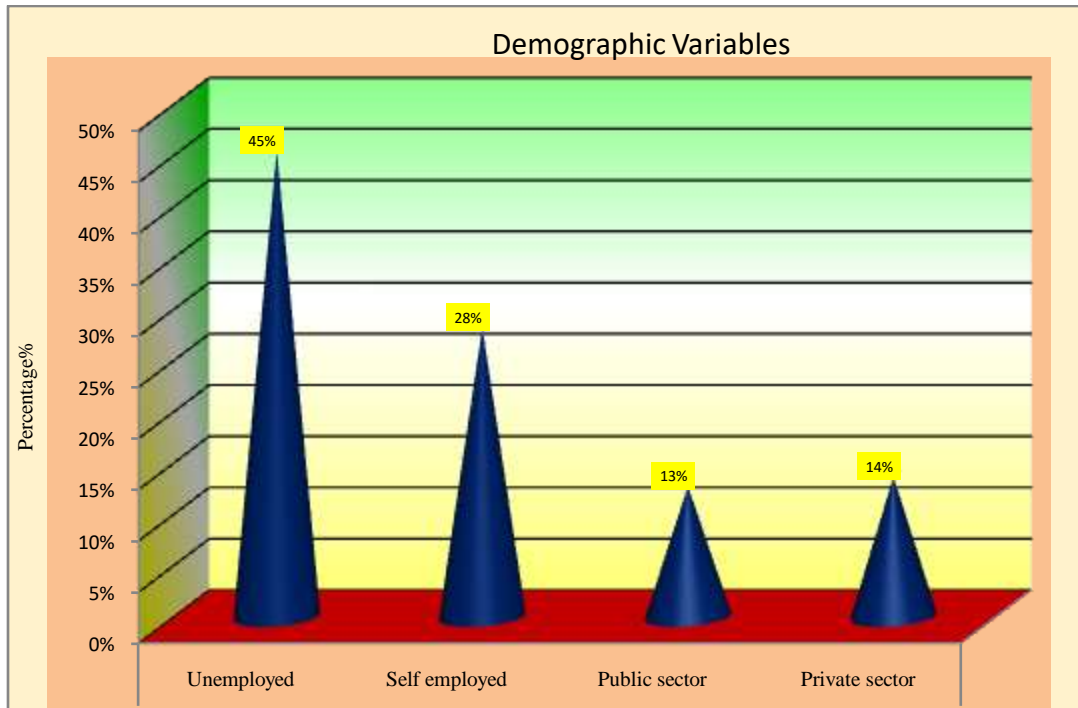


Figure No. 7:- Conical Shaped diagram showing the percentage distribution according to their Occupation.

Showing percentage distribution according to their occupation in which majority (45%) is of unemployed, 28% are self employed, 14% are private sector and 13% is of public sector.

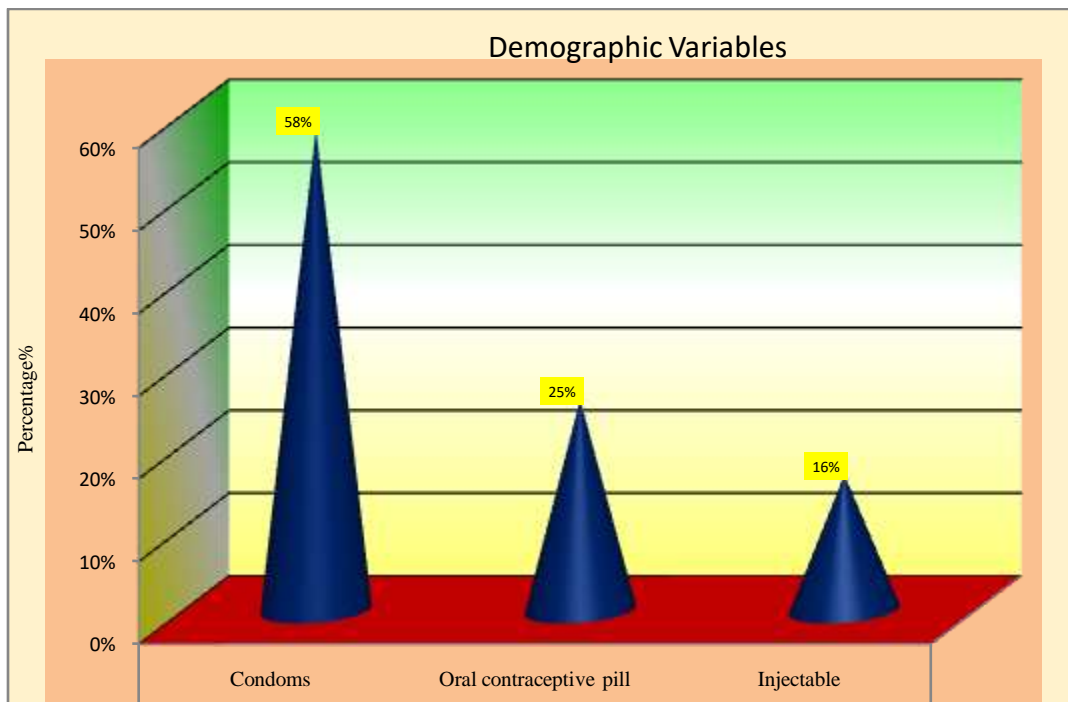


Figure No. 8:- Conical Shaped diagram showing the percentage distribution according to their Method of contraception used.

Showing the percentage distribution according to their method of contraception used in which majority (58%) is condom, 25% is oral contraceptive pill and 16% is injectables.

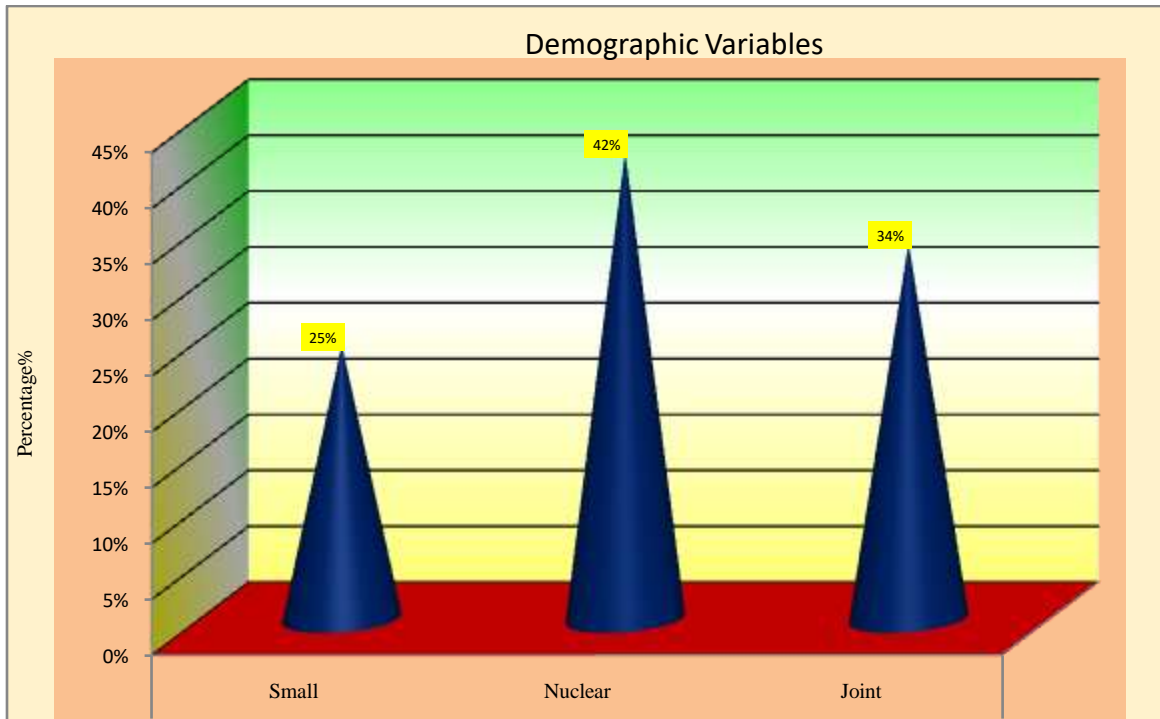


Figure No. 9:- Conical Shaped diagram showing the percentage distribution according to their Family Type.

Showing the percentage distribution according to their family type in which majority (42%) is of nuclear family, 35% is joint family and 25% is of small family.

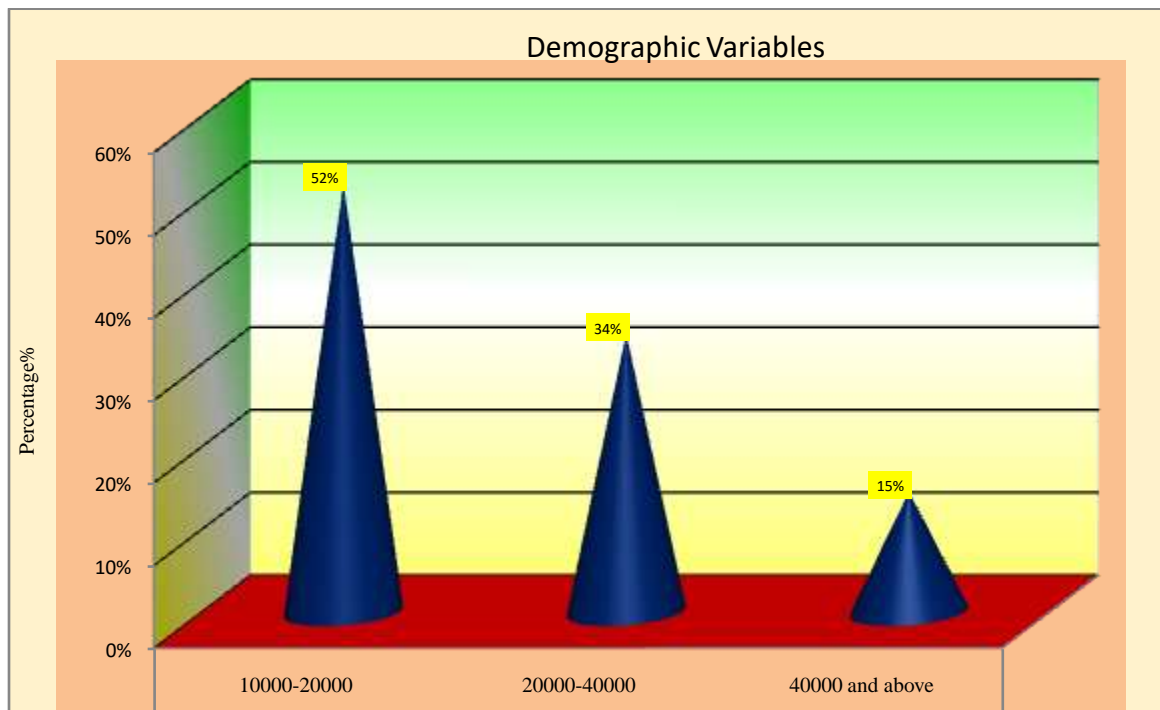


Figure No. 10:- Conical Shaped diagram showing the percentage distribution according to their Family income.

Showing the percentage distribution according to their family income in which majority (52%) is between 10000-20000 , 34% is between 20000-40000 and 15% is 40000and above.

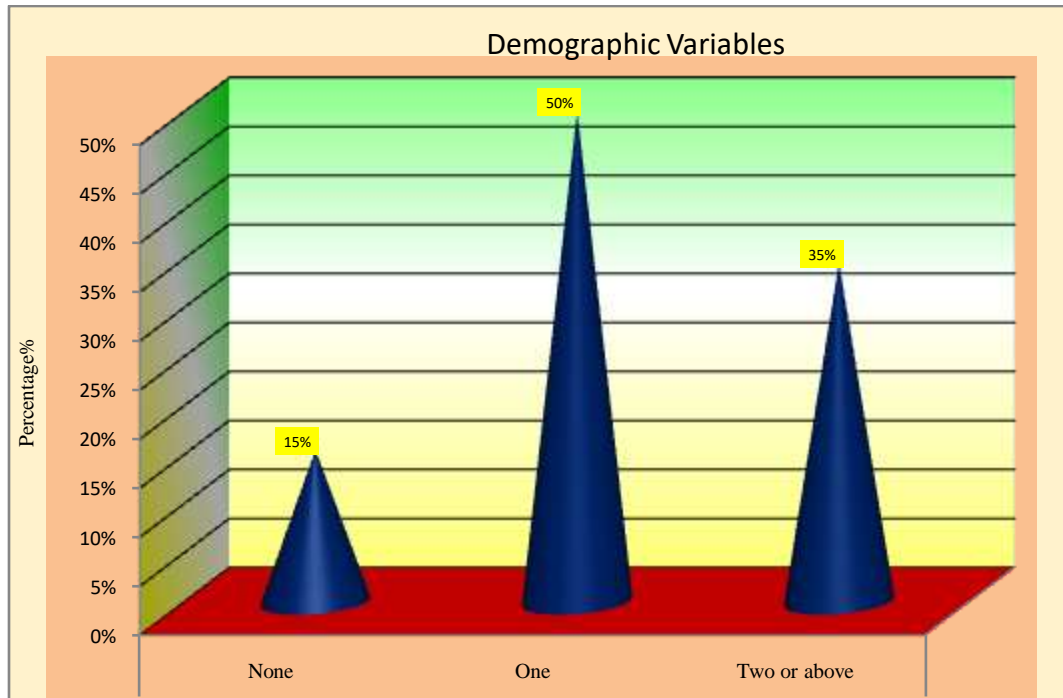


Figure No. 11:- Conical Shaped diagram showing the percentage distribution according to their Number of children you have.

Showing percentage distribution according to their number of children in which majority (50%) is of one , 35% is two or above and 15% is none of any children.

Section – B

Main analysis and interpretation of data

Table no 2:- Frequency & Percentage distribution level of knowledge.

CRITERIA MEASURE OF KNOWLEDGE SCORE		
LEVEL OF SCORES N= 100	PERCENTAGE	FREQUENCY
ADEQUATE KNOWLEDGE.(15-20)	5.5%	5
MODERATE KNOWLEDGE.(8-14)	70.0%	70
INADEQUATE KNOWLEDGE.(0-7)	24.5%	25
Maximum =20 Minimum=0		

1. Adequate Knowledge (15-20):

- Percentage: 5.5%
- Frequency: 6 individuals
- Individuals in this category demonstrate a high level of knowledge, scoring between 15 and 20.

2. Moderate Knowledge (8-14):

- Percentage: 70.0%
- Frequency: 77 individuals
- The majority of the surveyed population falls into this category, indicating a moderate level of knowledge, with scores ranging from 8 to 14.

3. Inadequate Knowledge (0-7):

- Percentage: 24.5%
- Frequency: 27 individuals

- Individuals in this category have lower knowledge scores, ranging from 0 to 7, suggesting a need for improvement in knowledge.

These criteria provide a clear breakdown of the distribution of knowledge levels within the surveyed population. The majority of individuals have moderate knowledge, while a smaller percentage demonstrates either high or low levels of knowledge. This breakdown can guide further analysis and interventions to address specific knowledge gaps among different segments of the population.

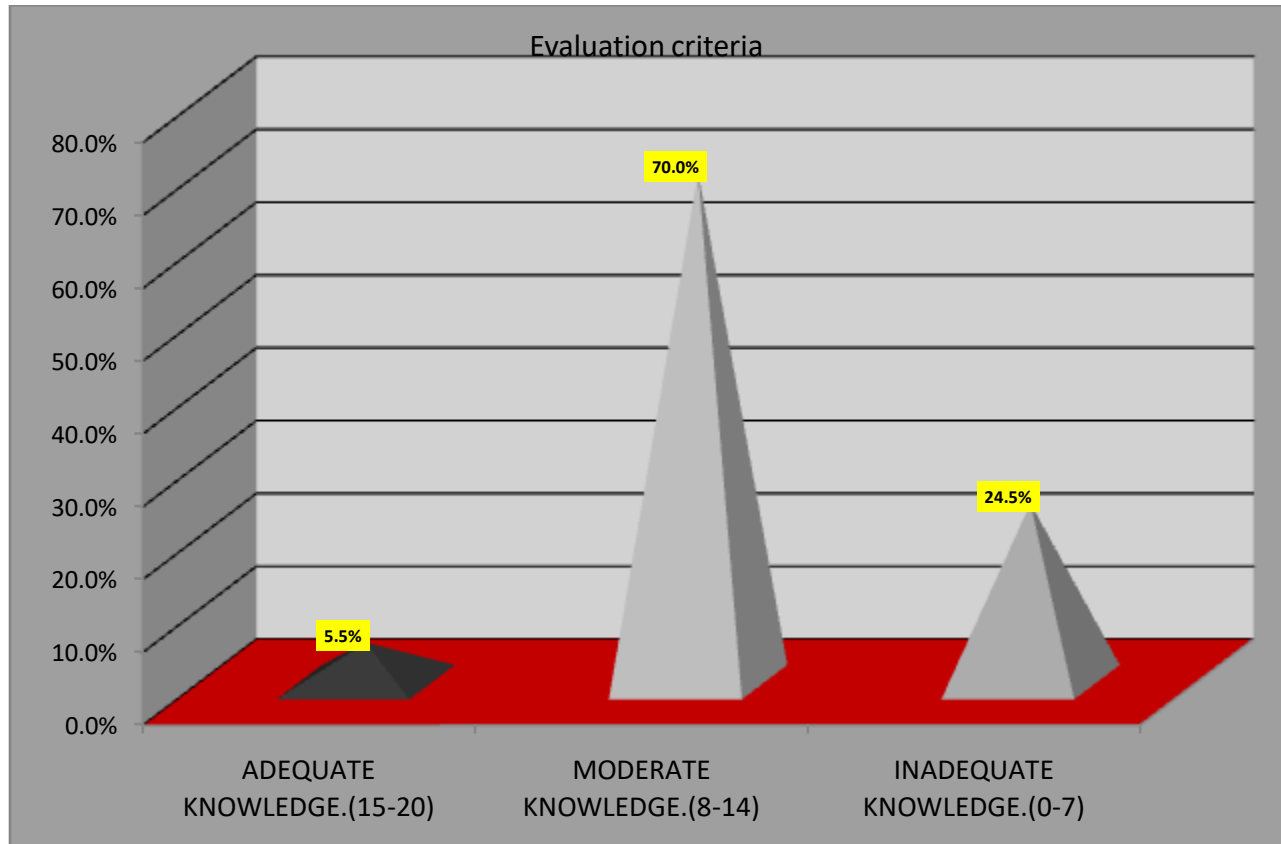


Figure no. 9:- Pyramidal diagram showing the percentage distribution level of knowledge.

Showing the percentage distribution of level of knowledge in which majority(70%) is of moderate knowledge , 24.5% is inadequate knowledge and 5.5% is adequate knowledge.

Table No 3:- Descriptive statistics of knowledge.

DESCRIPTIVE STATISTICS	Mean	Median	S.D.	Maximum	N=	110	
KNOWLEDGE SCORE	9.57	9.5	2.73	17	Minimum	Range	Mean %
	Maximum=20 Minimum=0				4	13	47.86

Table 3 Represents the descriptive statistics of knowledge. It was found that the mean value was 9.57, median score was 2.73, maximum score was 17, minimum score was 4, range of score was 13 and mean percentage was 47.86%.

1. **Mean:** The average knowledge score is 9.57, indicating the typical score of the surveyed individuals.
2. **Median:** The median score is 9.5, suggesting that the distribution of knowledge scores is fairly balanced.
3. **Standard Deviation (S.D.):** The standard deviation is 2.73, reflecting the degree of variability or dispersion in knowledge scores.
4. **Maximum:** The highest knowledge score in the dataset is 17.

5. **Minimum:** The lowest knowledge score recorded is 4.
6. **Range:** The range, which is the difference between the maximum and minimum scores, is 13.
7. **Mean Percentage:** The mean percentage score is 47.86%, providing a sense of the average percentage of correct answers.

These statistics collectively offer a summary of the distribution, central tendency, and variability of knowledge scores among the surveyed population. The mean and median scores give a sense of the average knowledge level, while the standard deviation and range provide insights into the dispersion of scores. The maximum and minimum values indicate the range of knowledge levels observed in the dataset.

Table No .4:- Table Showing Association of Scores and Demographic Variables.

DEMOGRAPHIC DATA		LEVELS OF KNOWLEDGE (N=110)			ASSOCIATION WITH KNOWLEDGE SCORE				
Variables	Opts	ADEQUATE KNOWLEDGE	MODERATE KNOWLEDGE	INADEQUATE KNOWLEDGE	Chi Test	P Value	df	Table Value	Result
Age	21-27 years	2	29	9	2.614	0.855	6	12.592	Not Significant
	28-34 years	2	28	9					
	35-41 years	2	17	9					
	42-47 years	0	3	0					
Gender	Male	1	27	9	0.846	0.655	2	5.991	Not Significant
	Female	5	50	18					
Duration of marital status	Just married	1	16	3	2.871	0.580	4	9.488	Not Significant
	More than 1 year	2	34	16					
	More than 3 years	3	27	8					

Education background	Uneducated	2	24	8	4.124	0.660	6	12.592	Not Significant
	Intermediate	2	38	17					
	Graduate	2	14	2					
	Post graduate	0	1	0					
Occupation	Unemployed	5	33	12	6.388	0.381	6	12.592	Not Significant
	Self employed	0	23	8					
	Public sector	0	12	2					
	Private sector	1	9	5					
Method of contraception used	Condoms	5	45	14	4.683	0.321	4	9.488	Not Significant
	Oral contraceptive pill	1	17	10					
	Injectable	0	15	3					
Family Type	Small	3	16	8	3.613	0.461	4	9.488	Not Significant
	Nuclear	1	35	10					
	Joint	2	26	9					
Family income	10000-20000	1	45	11	15.347	0.004	4	9.488	Significant
	20000-40000	2	20	15					
	40000 and above	3	12	1					
Number of children you have	None	1	14	2	6.426	0.170	4	9.488	Not Significant
	One	2	34	19					

	Two or above	3	29	6				
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1. **Age:** The Chi-Square test indicates no significant association between age groups and knowledge levels. The p-value (0.855) is greater than the significance level (0.05), suggesting that age does not significantly impact knowledge levels.
2. **Gender:** Similarly, gender shows no significant association with knowledge levels, as the p-value (0.655) exceeds the significance level.
3. **Duration of Marital Status:** The duration of marital status does not have a significant association with knowledge levels, as indicated by the non-significant p-value (0.580).
4. **Education Background:** The Chi-Square test reveals no significant association between education background and knowledge levels, with a p-value (0.660) greater than 0.05.
5. **Occupation:** Occupation does not show a significant association with knowledge levels, as the p-value (0.381) exceeds the significance level.
6. **Method of Contraception Used:** No significant association is found between the method of contraception used and knowledge levels (p-value = 0.321).
7. **Family Type:** The type of family does not significantly influence knowledge levels, with a non-significant p-value (0.461).
8. **Family Income:** Family income, however, shows a significant association with knowledge levels (p-value = 0.004). Further investigation may be needed to explore how different income brackets relate to knowledge levels.
9. **Number of Children:** The number of children does not have a significant association with knowledge levels, as the p-value (0.170) is not below the significance level.

In summary, while most demographic variables do not show a significant association with knowledge levels, family income stands out as a significant factor influencing knowledge levels. It suggests that individuals with different income levels may have varying levels of knowledge.

Table No 5:- Representing Item-Wise Analysis level of knowledge Scores.

Area>	Question	Correct (%)	Incorrect (%)
PART - B - KNOWLEDGE	Qno.1	42.7%	57.3%
	Qno.2	40.9%	59.1%
	Qno.3	43.6%	56.4%
	Qno.4	51.8%	48.2%
	Qno.5	66.4%	33.6%
	Qno.6	48.2%	51.8%
	Qno.7	44.5%	55.5%
	Qno.8	51.8%	48.2%
	Qno.9	58.2%	41.8%
	Qno.10	56.4%	43.6%
	Qno.11	49.1%	50.9%
	Qno.12	40.0%	60.0%
	Qno.13	52.7%	47.3%
	Qno.14	49.1%	50.9%
	Qno.15	58.2%	41.8%
	Qno.16	49.1%	50.9%
	Qno.17	31.8%	68.2%
	Qno.18	44.5%	55.5%

	Qno.19	43.6%	56.4%
	Qno.20	34.5%	65.5%

Table No 6:- Table Showing Descriptive Stats of Demographic Variables.

Variables	Opts	Mean%	Mean	SD	N
Age	21-27 years	48.38	9.7	2.60	40
	28-34 years	47.05	9.4	2.57	39
	35-41 years	48.57	9.7	3.31	28
	42-47 years	45.00	9.0	0.00	3
Gender	Male	48.92	9.8	2.57	37
	Female	47.33	9.5	2.82	73
Duration of marital status	Just married	53.75	10.8	2.57	20
	More than 1 year	44.52	8.9	2.59	52
	More than 3 years	49.34	9.9	2.80	38
Education background	Uneducated	47.21	9.4	2.54	34
	Intermediate	46.14	9.2	2.78	57
	Graduate	54.44	10.9	2.76	18
	Post graduate	50.00	10.0		1
Occupation	Unemployed	47.70	9.5	2.84	50
	Self employed	46.45	9.3	2.56	31
	Public sector	52.86	10.6	2.34	14
	Private sector	46.67	9.3	3.06	15
Method of contraception used	Condoms	48.28	9.7	2.75	64
	Oral contraceptive pill	46.07	9.2	2.78	28
	Injectable	49.17	9.8	2.68	18
Family Type	Small	50.19	10.0	3.24	27
	Nuclear	45.43	9.1	2.30	46
	Joint	49.19	9.8	2.80	37
Family income	10000-20000	47.72	9.5	2.41	57
	20000-40000	45.54	9.1	3.12	37
	40000 and above	53.75	10.8	2.70	16
Number of children you have	None	54.71	10.9	2.51	17
	One	44.36	8.9	2.60	55
	Two or above	49.87	10.0	2.76	38

1. **Age:** The mean age ranges from 9.0 to 10.9 across different age groups, with the highest mean in the 42-47 years category.
2. **Gender:** Males have a slightly higher mean (9.8) compared to females (9.5) in the dataset.
3. **Duration of Marital Status:** Those who are just married have the highest mean (10.8) compared to other categories.
4. **Education Background:** Graduates and post-graduates tend to have higher means compared to those with lower educational backgrounds.
5. **Occupation:** Individuals in the public sector have the highest mean (10.6) compared to other occupational categories.
6. **Method of Contraception Used:** Those using injectables have the highest mean (9.8) compared to other methods.
7. **Family Type:** Those in small families have the highest mean (10.0) compared to nuclear and joint families.
8. **Family Income:** Higher income brackets tend to have higher means, with the highest mean in the "40000 and above" category.
9. **Number of Children:** Those with no children have the highest mean (10.9) compared to those with one or more children.

In summary, the data suggests that certain demographic factors such as age, duration of marital status, education background, occupation, family type, family income, and number of children are associated with variations in mean values across different categories.

Chapter-V

Summary, Conclusion, Limitation and Recommendation:-

Summary

The focus of the study was to assess the awareness regarding adoption of temporary family planning method Antara injection among the eligible couple.

Objectives

1. To assess the level of knowledge regarding adoption of temporary family planning method Antara injection.
2. To find out the association between knowledge and selected demographic variables.

Assumption

1. Eligible couples have insufficient level of knowledge among family planning methods in general.
2. Eligible couple are aware of the potential benefits and risk associated with the Antara injection.

Limitations

The result can not be generalized among couples of age group less than 21 years and more than 47 years.

Major Findings of the Study

1. 36% individuals were within the age group of 21-27 years. While 35% individuals belonged to the age group of 28-34 years. 25% individuals belonged to the age group of 35-41 years and 3% individuals belonged to 42-47 years.
2. 34% individuals were males and 66% individuals were females.
3. 18% of individuals were just married. While 47% of individuals were married for more than 1 year and 35% of individuals were married for more than 3 years.
4. 31% of individuals were uneducated. 52% individuals were intermediate, 16% of individuals were graduate and 1% individual was postgraduate.
5. 45% of individuals were unemployed, 28% of individuals were self employed, 13% of individuals were working in public sector and 14% of individuals were working in private sector.
6. 58% of individuals used condoms as method of contraception. While 25% of individuals used oral contraceptive pills as method of contraception and 16% of individuals used injectable as method of contraception.
7. 25% of individuals have small family. 42% of individuals have nuclear family and 34% of individuals have joint family.
8. 52% of individuals family income were 10000-20000, 34% of individuals family income were 20000-40000 and 15% of individuals family income were 40000 and above.
9. 15% of individuals have no child, 50% of individuals have 1 child and 35% of individuals have 2 or more than 2 children.
10. 5.5% of individuals had adequate knowledge regarding temporary family planning method Antara injection.
11. 70% of individuals had moderate knowledge regarding temporary family planning method Antara injection.
12. 24.5% of individuals had inadequate knowledge regarding temporary family planning method Antara injection.

Implication

1. The tools of the study can be used as feedback to assess the level of knowledge regarding temporary family planning method Antara injection.
2. This research can be used as feedback for further more researches over a larger number of population and in various different areas.

Nursing Administration

The community health nurse administrator should collaborate with governing bodies, creating an affiliation with non-government organizations in order to provide knowledge regarding temporary family planning method Antara injection among eligible couples. Nursing administrator along with governing bodies to formulate programmes to focus on providing adequate knowledge and information regarding temporary family planning method Antara

injection among eligible couples. The nurse administrator should take initiatives in arranging knowledge programmes.

Nursing Practice

The community health nurse plays a vital role in educating and motivating, couples for adopting spacing method of family planning, and emphasizes on the importance of temporary family planning method Antara injection, to improve health status of rural community who were unattended and unnoticed, to improve their health status and to change the knowledge regarding temporary family planning method Antara injection. Community health nurses can conduct awareness programmes on Antara injection in order to provide adequate and correct information and knowledge regarding temporary family planning method Antara injection.

Nursing Education

The community health nurse as an educator encompasses the major study findings in Nursing curriculum at all levels in order to properly prepare the students to address the inadequate knowledge related to health outcomes. The health personnel such as the Multi Purpose Health Worker and Auxiliary Nurse Midwives need to persist on contraceptive methods in their syllabus, since the population is more in India. These findings will help the nursing faculty to give importance to Antara injection.

Nursing Research

The findings of the study can be dispersed to Community Health Nursing, Nurse practitioners and the student nurses through internet, journal, literature etc. The findings of the study will help the professional nurse and nursing students to gain the knowledge regarding temporary family planning method Antara injection among eligible couple and importance of spacing method and family planning to the community.

Recommendations for the Future Study:-

Based on the result of the study conducted following recommendations are made. The study can be replicated on larger number of samples for generation of more findings on Antara injection. The study findings had thrown new light on the implication of the future. It has implications in the Nursing Education, Nursing Administration, Nursing Practice and Nursing Research, etc.

Conclusion:-

The study concluded that the majority of the individuals had moderate knowledge regarding Antara injection. 5.5% of the individuals had adequate knowledge, 70.0% of individuals had moderate knowledge and 24.5% of individuals had inadequate knowledge regarding temporary family planning method Antara injection.

There is no significant association between the score level and demographic variables. The majority of the individuals i.e., 70.0% of individuals have moderate knowledge and 24.5% of the individuals have inadequate knowledge. It is the responsibility of community health nurses to motivate, educate and give counselling for eligible couples in the reproductive age regarding temporary family planning method antara injection and its importance. Therefore, the Researcher fulfilled this role by imparting knowledge through group teaching, giving booklets and pamphlets.

Chapter-6

References:-

1. IUCD Reference Manual for Medical Officers and Nursing Personnel. Family planning division, Ministry of Health and Family Welfare, Government of India. 2013. Sep, [cited 2020 Dec 13].
2. Barrow A. A survey on prevalence and knowledge of family planning among women of childbearing age in the provincial settings of the Gambia: A descriptive cross-sectional study. *Advances in Preventive Medicine*. [Last Cited 2021 Apr 03].
3. Rani S. A study on injectable DMPA (Depomedroxy progesterone acetate) isomg use as short-term contraception in immediate postpartum women. *International Journal of Medical and Health Research*.
4. Rai L, Prabakar P, Nair S. Injectable depot medroxyprogesterone - A safe and an effective contraception for an indian setting. *Health and Population: Perspectives and Issues*. 2007; 30:12–23.
5. Khadiolkar SS. Short-term use of injectable contraception: An effective strategy for safe motherhood. *J Obstet Gynaecol India*.

6. Castle S, Askew A. Contraceptive Discontinuation: Reasons, Challenges, and Solutions. New York: The Population Council; 2015
7. Government of India. India's vision FP 2020. New Delhi: Ministry of Health and Family Welfare (MOHFW); 2014
8. Sanogo D, RamaRao S, Jones H, N'Diaye P, M'Bow B, Diop CB. Improving quality of care and use of contraceptives in Senegal. *Afr J Reprod Health*. 2003; 7:57–73.
9. Miller R, Askew I, Horn MC, Ndhlovu L. Clinic-based family planning and reproductive health services in Africa: findings from situation analysis studies. New York: Population Council; 1998
10. Speizer IS, Bollen KA. How well do perceptions of family planning service quality correspond to objective measures? Evidence from Tanzania. *Stud Fam Plan*. 2000; 31:163–77
11. Kim YM, Kols A, Mucheke S. Informed choice and decision-making in family planning counseling in Kenya. *Int Fam Plann Persp*. 1998; 24:4–11, 42.
12. Hutchinson PL, Do M, Agha S. Measuring client satisfaction and the quality of family planning services: a comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana. *BMC Health Serv Res*. 2011; 11:203.
13. Hardee K, Newman K, Bakamjian L, Kumar J, Harris S, Rodriguez M, et al. Voluntary family planning programs that respect protect and fulfill human rights: a conceptual framework. Washington, DC: Futures Group; 2013.
14. Mensch B, Arends-Kuenning M, Jain A: The impact of the quality of family planning services on contraceptive use in Peru. *Stud Fam Plann*. 1996, 27 (2): 59-75. 10.2307/2138134.
15. Magnani RJ, Hotchkiss DR, Florence CS, Shafer LA: The impact of the family planning supply environment on contraceptive intentions and use in Morocco. *Stud Fam Plann*. 1999, 30 (2): 120-132. 10.1111/j.1728-4465.1999.00120.x.
16. Ndhlovu L. Determinants of quality of family planning services: a case study of Kenya, Clinic-Based Family Planning and Reproductive Health Services in Africa: Findings from Situation Analysis Studies, 1998 New York The Population Council
17. Staveteig, S.; Shrestha, N.; Gurung, S.; Kampa, K.T. Barriers to Family Planning Use in Eastern Nepal: Results from a Mixed Methods Study; DHS Qualitative Research Studies No. 21; ICF: Rockville, MD, USA, 2018.
18. IUCD Reference Manual for Medical Officers and Nursing Personnel. Family planning division, Ministry of Health and Family Welfare, Government of India. 2013. Sep, [cited 2020 Dec-13]. Available from: https://nhm.gujarat.gov.in/images/pdf/IUCD_Reference_Manual_Nursing_Personnel.pdf.
19. World Health Organization. Family Planning: A Global Handbook for Providers. 2018. May, [cited 2020 Dec 13]. Available from: <https://www.who.int/publications/i/item/family-planning---a-global-handbook-for-providers>.
20. Jain J, Jakimiuk AJ, Bode FR, Ross D, Kaunitz AM. Contraceptive efficacy and safety of DMPA-SC. *Contraception*. 2004; 70:269-75
21. United Nations Department of Economic and Social Affairs, Population Division (2022). World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method. UN DESA/POP/2022/TR/NO. 4 (https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2023/Feb/undesapd_2022_world-family-planning.pdf).
22. United Nations Population Division: www.population.un.org/dataportal/home (<https://population.un.org/dataportal/home>. Accessed May 17, 2023).
23. United Nations Department of Economic and Social Affairs, Population Division (2020). World Family Planning 2020 Highlights: Accelerating action to ensure universal access to family planning (ST/ESA/SER.A/450).
24. Center for Reproductive Rights and Federation of Women Lawyers—Kenya (FIDO), Failure to Deliver: Violations of Women's Human Rights in Kenyan Health Facilities, New York: Center for Reproductive Rights; and Nairobi, Kenya: FIDO, 2007, pp. 7–10.
25. UNFPA, The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health, New York: UNFPA, 2014.
26. Sundaram A et al., Documenting the individual- and household-level cost of unsafe abortion in Uganda, *International Perspectives on Sexual and Reproductive Health*, 2013, 39(4):174–184. .
27. World Health Organization (WHO) and United Nations Children Fund (UNICEF), Accountability for Maternal, Newborn & Child Survival: The 2013 Update, 2013, <<http://www.countdown2015mnch.org/reports-and-articles/2013-report>>, accessed Jan. 24, 2014.

- 28 . Joint United Nations Programme on HIV/AIDS (UNAIDS), Global Report: UNAIDS Report on the Global AIDS Epidemic 2013, Geneva: UNAIDS, 2013.
29. Bankole A and Singh S, In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide, New York: The Alan Guttmacher Institute, 2003.
- 30 . Canning D and S...Blumenberg C, Hellwig F, Ewerling F, Barros AJD. Socio-demographic and economic inequalities in modern contraception in 11 low- and middle-income countries: an analysis of the PMA2020 surveys. *Reprod Health*. 2020;17(1).
31. World Health Organization. Primary Health Care on the Road to Universal Health Coverage: 2019 Global Monitoring Report. Geneva WHO. 2019
32. International Institute for Population Sciences (IIPS). National Family Health Survey (NFHS-4), 2015–16. IIPS. Mumbai, India; 2017.
33. Bradley SEK, Croft TN, Fishel JD, Westoff CF. Revising Unmet Need for Family Planning: DHS Analytical Studies No. 25. Rockville, MA: ICF International; 2012.
34. Hubacher D, Trussell J. A definition of modern contraceptive methods. *Contraception*. 2015;92(5):420–1. <https://doi.org/10.1016/j.contraception.2015.08.008>.
35. Gupte PR. India: “The Emergency” and the politics of mass sterilization. *Educ About Asia*. 2017;22(3):40–4.
36. De Oliveira IT, Dias JG, Padmadas SS. Dominance of sterilization and alternative choices of contraception in India: an appraisal of the socioeconomic impact. *PLoS ONE*. 2014;9(1):e86654.
37. Mahapatra S, Narula C, Thakur CP, Kalita TJ, Mehra R. Assessment of knowledge and perception regarding male sterilization (non-scalpel vasectomy) among community health workers in Jharkhand, India. *Indian J Commun Health*. 2014;26(4):428–33.
38. Hall MAK, Stephenson RB, Juvekar S. Social and logistical barriers to the use of reversible contraception among women in a rural Indian village. *J Health Popul Nutr*. 2008;26(2);241.
39. International Institute and United Nations Population Fund, New York 2014 ([Available at: <http://www.unfpa.org/sites/default/files/pub-pdf/Adding%20It%20Up-Final-11.18.14.pdf>, Last accessed 4 August 2015])
40. Cates W, Stanback J, Maggwa B. Global family planning metrics — time for new definitions?. *Contraception*. 2014; 90: 472–475
41. Trussell J, Guthrie K. A. Choosing a contraceptive: efficacy, safety, and personal considerations. in: Hatcher R. A. Trussell J. Nelson A. L. Cates W. Kowal D. Policar M. *Contraceptive Technology*. 20th revised edit. Ardent Media, New York NY 2011: 45–74
42. World Health Organization. Family Planning: A Global Handbook for Providers. 2018. May, [cited 2020 Dec 13]. Available from: <https://www.who.int/publications/i/item/family-planning---a-global-handbook-for-providers>.
43. Srivastava RK, Tanwar H, Singh P, Patro BC. Injectable Contraceptives to expand the Basket of Choice under India's Family Planning Programme: An Update. 2012. Sep, [cited 2020 Dec 13]. Available from: http://www.nihfw.org/Doc/Policy_unit/Injectable%20Contraceptives%20Programme%20An%20Update.%20September%202012.pdf.
44. Ogboghodo EO, Adam VY, Wagbatsoma VA. Prevalence and determinants of contraceptive use among women of child-bearing age in a rural community in Southern University of Benin, Benin City, Nigeria. *Journal of Community Medicine and Primary Health Care*. 2017;29:97–107.
- 45 Rai L, Prabakar P, Nair S. Injectable depot medroxyprogesterone - A safe and an effective contraception for an Indian setting. *Health and Population: Perspectives and Issues*. 8 Malarcher S and Polis CB, using measurements of unmet need to inform program investments for health services integration, *Studies in Family Planning*, 2014, 45(2):263–275.
46. Lassi ZS et al., The interconnections between maternal and newborn health—evidence and implications for policy, *Journal of Maternal-Fetal & Neonatal Medicine*, 2013, 26(Suppl. 1):3–53.
47. Kuhlmann AS, Gavin L and Galavotti C, The integration of family planning with other health services: a literature review, *International Perspectives on Sexual and Reproductive Health*, 2010, 36(4):189–196.
48. Langer A, Horton R and Chalamilla G, A manifesto for maternal health post-2015, *Lancet*, 2013, 381(9867):601–602.
49. M K Kortsmi, L Williams, K Pazol, RA Smith... - *JAMA* ..., 2019 - jamanetwork.com
50. R Dev, P Kohler, M Feder, JA Unger, NF Woods... - *Reproductive health*, 2019 - Springer
51. H Wand, N Morris, T Reddy - ... *European Journal of Contraception & ...*, 2020 - Taylor & Francis
52. CA Castro, A Monterrosa-Blanco... - *The Lancet Regional ...*, 2024 - thelancet.com.