



## KNOWLEDGE AND ATTITUDE REGARDING PLANNED PARENTHOOD AMONG FINAL YEAR DEGREE STUDENTS

### Nursing

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### ABSTRACT

Having a child is one of the most important things that anyone can do in life. It will call on everything you have to give your time, energy, and finances to care for and raise the child. It is much easier if you have the support of your partner and a supportive family. Once couple has made the decision to start trying to have a baby, they should speak with your health care provider. There are certain life style changes that couple can make to improve their overall health, their chances of conceiving, and the health of their baby before even become pregnant.

#### Objectives-

1. To identify the knowledge regarding planned parenthood among the final year degree students.
2. To identify the attitude regarding planned parenthood among the final year degree students.
3. To find out correlation between the knowledge and attitude regarding planned parenthood among final year degree students.
4. To find an association between knowledge regarding planned parenthood among final year degree students with their selected socio-demographic variables.
5. To find an association between attitude regarding planned parenthood among final year degree students with their selected socio-demographic variables.

**Methodology-** The research approach adopted for the study was Co relational Survey approach. Research design was Non experimental, Descriptive Co relational research design. By using non-probability purposive sampling technique 60 final year degree were selected for the study. Structured knowledge questionnaire and attitude scale was used to assess the knowledge and attitude of the students regarding planned parenthood. The data collected from 60 subjects was analyzed, based on the analysis of data, information booklet was prepared and then administered to each subjects. **Conclusion-** The present study revealed that majority of final year degree students had average knowledge regarding planned parenthood. Therefore it was concluded that the Informational Booklet on knowledge regarding planned parenthood will help them to increase the knowledge regarding planned parenthood and develop positive attitude.

### KEYWORDS

#### I) INTRODUCTION:

Preparing for parenthood begins with the decision to become pregnant, or the discovery of pregnancy in an unplanned circumstance. Fifty years ago, unreliable or unavailable contraceptive methods resulted in parenthood for couples regardless of readiness. In addition, couples suffering from infertility or repeated miscarriages had few options and generally accepted their inability to become pregnant, ultimately seeking other parenting options, such as adoption. In recent decades, the availability of effective and reliable contraception and sterilization techniques has given many opportunities to choose the timing of parenthood. Advanced reproductive technologies now enable many couples with infertility problems to achieve a desired pregnancy.<sup>1</sup>

It is widely accepted that dysfunctional parenting practices and family conflict are generic risk factors that impact on a child's development and contribute to the occurrence of emotional and behavioral problems from a very young age. Longitudinal studies have shown that stress and distress in parents during the early years of family formation lead to negative outcomes for children lasting into the preschool and primary school years. Therefore, preparing couples for the transition to parenthood and supporting new parents in their new role is a worthwhile investment.<sup>2</sup>

Becoming a parent means adjusting to many changes in life and this process of psychological adaptation can place a strain on one's mental health as well as on one's personal relationships. It also means managing common, albeit distressing baby behaviors, such as problems with sleeping and crying. Severe sleeping and crying problems affect approximately 20% of infants. Before the birth of their first baby, less than half (44%) of parents report feeling adequately prepared for parenthood. After their child is born, a mere 18% report feeling confident as parents. As many as a third of women report problems caring for themselves and their baby and many women, especially first time mothers view current postnatal services as inadequate. In addition to this lack of confidence, some mothers and fathers experience more severe, negative adjustment difficulties, such as symptoms of depression [up to 22%], lowered self-esteem, anxiety [up to 15%], feelings of fatigue and extreme exhaustion.

#### II) Methods And Data Collection

The research approach adopted for the study was Co relational Survey approach. Research design was Non experimental, Descriptive Co relational research design. The research investigators obtained formal permission from the Principal of Gopal Krishna Gokhale College, Kolhapur. Research investigators introduced self and established rapport with the final year degree students. Informed consent was obtained from them after explaining the purposes and objectives of the study. By using non-probability purposive sampling technique 60 final year degree were selected for the study. Structured knowledge questionnaire and attitude scale was used to assess the knowledge and attitude of the students regarding planned parenthood. The data collected from 60 subjects was analyzed, based on the analysis of data, information booklet was prepared and then administered to each subjects.

#### III) DISCUSSION -

The present study has been undertaken to identify the knowledge regarding Risk associated with early pregnancy in adolescents among college going students.

#### 1) Findings related to Selected Socio-demographic Variables:

Majority of subjects 30 (50%) belonged to the age group of 21-22 years and minimum 10 (16.66%) belonged to 25 & above years of age group. Majority of subjects 53 (88.34%) belonged to Hindu religion and minimum 03 (05.00%) belonged to other religion. Majority of subjects 31 (51.66%) belonged to nuclear family while minimum 29 (48.34%) belonged to joint family. Majority of subjects 40 (66.66%) were from rural area of residence while minimum 20 (33.34%) were from urban area of residence. Majority of subjects 24 (40.00%) had received information from any family member and minimum subjects 04 (06.66%) had received information from others.

#### 2) Findings related to knowledge scores of subject regarding planned parenthood.

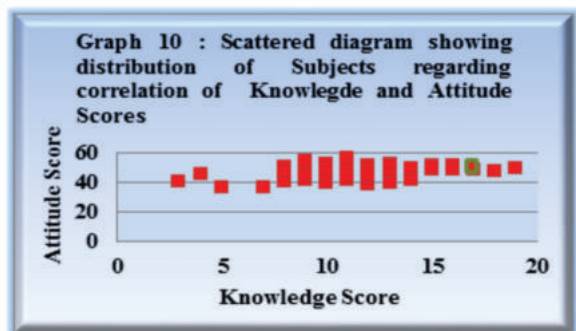
Majority of the subjects 45 (75.00%) had average knowledge, 13 (21.66%) had poor knowledge and minimum 02 (03.34 %) had good knowledge.

### 3) Findings related to frequency and percentage distribution of attitude scores of subjects regarding planned parenthood.

Majority of the subjects 38 (63.33%) had moderately favorable attitude and minimum 22 (36.66 %) had favorable attitude. No any subject had unfavorable attitude.

### 4) Finding related to correlation between knowledge and attitude scores regarding planned parenthood.

The calculated correlation value was ( $t_{cal}=0.35$ ) greater than tabulated value ( $t_{tab}=0.19$ ). Hence  $H_0$  was accepted. This indicated that there was a moderate positive correlation between knowledge and attitude which was statistically significant at  $p < 0.05$  level, regarding planned parenthood.



### 5) Findings related to association between knowledge scores of subjects with their selected socio demographic variables.

There was significant association between knowledge scores and selected socio-demographic variables like age in years [ $\chi^2_{cal} = 13.89$ ,  $\chi^2_{tab} = 9.49$ ], religion [ $\chi^2_{cal} = 0.7$ ,  $\chi^2_{tab} = 9.49$ ], type of family [ $\chi^2_{cal} = 3.44$ ,  $\chi^2_{tab} = 5.99$ ], area of residence [ $\chi^2_{cal} = 0.77$ ,  $\chi^2_{tab} = 5.59$ ], source of information [ $\chi^2_{cal} = 9.14$ ,  $\chi^2_{tab} = 11.07$ ]. The calculated Chi-square values for age in years was greater than tabulated value at  $p < 0.05$  level of significance. Hence  $H_0$  was accepted.

### 6) Findings related to association between attitude scores of subjects with their selected socio demographic variables.

There was no any significant association between attitude scores and selected socio-demographic variables like age in years [ $\chi^2_{cal} = 1.99$ ,  $\chi^2_{tab} = 5.99$ ], religion [ $\chi^2_{cal} = 0.40$ ,  $\chi^2_{tab} = 5.99$ ], type of family [ $\chi^2_{cal} = 0.38$ ,  $\chi^2_{tab} = 3.54$ ], area of residence [ $\chi^2_{cal} = 1.30$ ,  $\chi^2_{tab} = 3.84$ ], source of information [ $\chi^2_{cal} = 1.30$ ,  $\chi^2_{tab} = 7.81$ ]. The calculated Chi-square values was lesser than tabulated value at  $p < 0.05$  level of significance. Hence  $H_0$  was rejected.

## IV) CONCLUSION -

The present study revealed that majority of final year degree students had average knowledge regarding planned parenthood. Therefore it was concluded that the Informational Booklet on knowledge regarding planned parenthood will help them to increase the knowledge regarding planned parenthood and develop positive attitude.

## V) REFERENCES

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