

A Study to Assess the Knowledge Level Regarding Family Planning Methods Among Married Men and Women in a View to Develop Information Booklet

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Abstract:

➤ Introduction

Although procreation is one of God's blessings to humanity, it is also seen as one of the main issues that people face on an emotional, physical, social, and economic level. The challenges of managing and preventing unintended pregnancies that result in undesired newborns could be the reason of this. Due to these challenges, people have often looked for strategies to avoid unintended pregnancies without resorting to abortion procedures. Family planning is any deliberate attempt to restrict or space out the number of children one wishes to have. This includes looking for contraceptive techniques and family planning services.

➤ Aims/Objectives:

- To assess the knowledge regarding family planning methods among married men and women.
- To develop and disseminate information booklet.

➤ Methodology

This descriptive study conducted in panchayat village, Gautam Budh Nagar, Uttar Pradesh. The sample comprises 100 married men, selected using purposive sampling. Inclusion criteria include participants who are married, available and willing to participate, and able to understand Hindi or English. Females in menopause are excluded. Data collection involves a socio-demographic profile and a self-structured knowledge questionnaire to assess knowledge of family planning methods. Information booklet on family planning methods was developed to teach the participants for the improvement of their knowledge level.

➤ Results

The study's findings indicated that 52% of participants had poor knowledge while 48% showed average knowledge.

➤ Conclusion

Understanding the awareness of family planning techniques in the rural areas of greater Noida, Uttar Pradesh, was the goal of this study. Raising awareness of family planning techniques can be greatly aided by disciplined instruction. The community and family, particularly the spouse, should be encouraged to participate in order to increase knowledge of family planning techniques.

Keywords: Family Planning Methods, Knowledge, Structured Teaching Programme, Information Booklet.

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I. INTRODUCTION

The capacity to manage and control one's fertility so that pregnancies are desired and happen at the best periods is known as family planning, and it improves one's general health and well-being. It is essential for decreasing unintended pregnancies, promoting mother and child health, and raising family standards of living.¹

The WHO constitution's definition of health, which was previously demonstrated, does not include a woman who lacks the resources to manage and control her fertility in a "state of complete physical, mental, and social well-being." She cannot plan her life, pursue her education, pursue a successful career, have the joy of a desired pregnancy, avoid the distress of an unwanted pregnancy, or schedule her births to occur at the best times for childbearing, which would increase her safety and improve her child's chances of surviving and developing normally.

In addition to improving the lives of women, family planning also benefits the entire family, especially the youngsters. The more time, energy, and money parents can devote to raising fewer children, the better the quality of child care will be, including play and stimulation, health, and education.²

Families can choose whether and when to have children by using family planning information, resources, and techniques. Along with non-invasive techniques like the calendar method and abstinence, this covers a broad spectrum of contraceptives, including as tablets, implants, intrauterine devices, fertility-limiting surgeries, and barrier methods like condoms. Information on how to conceive when it is desirable and how to manage infertility are also included in family planning.²

Couples have both the right and the obligation to plan their families, which includes choosing when and whether to have children as well as taking the necessary actions to reach the target family size. Family planning techniques improve the health of mothers, newborns, and children by reducing the number of unintended pregnancies and avoidable fatalities brought on by "too soon/too many" deliveries.³

Preventing unplanned pregnancies is one of the most crucial parts of assisting people with their pregnancy planning. Planning their family gives couples more time and energy for personal and family growth, less financial,

emotional, and physical stress, and more economic prospects. Thus, efficient family planning reduces the burden on community resources, including health care and social services.⁴

Complications are more likely to occur in pregnancies that occur at very young ages (teenage) or very old ages (over 35). In order to assist avoid conception at these dangerous ages, birth control is crucial in this situation. Life-threatening complications during pregnancy and labor can be considerably decreased by making sure the pregnancy is desired, well-planned, and well-managed.⁵

Family planning enhances people's lives and helps their communities, nations, and individuals. It improves women's and their families' socioeconomic standing, encourages equality between men and women, increases the resources available to each kid, and increases women's participation in society. It improves gender equality, health, education, and employment. In order to improve resilience, it also lessens environmental, social, and economic constraints.⁶

There is an urgent need for targeted family planning education programs that are culturally sensitive, accessible, and actively involve health workers, community leaders, and media. Strengthening the role of ASHA workers, increasing health literacy, and improving access to family planning services are essential steps toward empowering women to make informed reproductive decisions and improving overall community health outcomes.

II. METHODOLOGY

This quantitative study utilizes a one-group pre-test, post-test design, conducted in Panchayatan village, Gautam Budh Nagar, Uttar Pradesh. The sample comprises 100 married men and women, selected using purposive sampling. Inclusion criteria include participants who are married, available and willing to participate, and able to understand Hindi or English. Females in menopause are excluded. Data collection involves a socio-demographic profile and a self-structured knowledge questionnaire to assess knowledge of family planning methods. Information booklet on family planning methods was developed to teach the participants for the improvement of their knowledge level. The tools and intervention were validated by the experts in the field of Nursing and community medicine; the changes were made after the suggestion received.

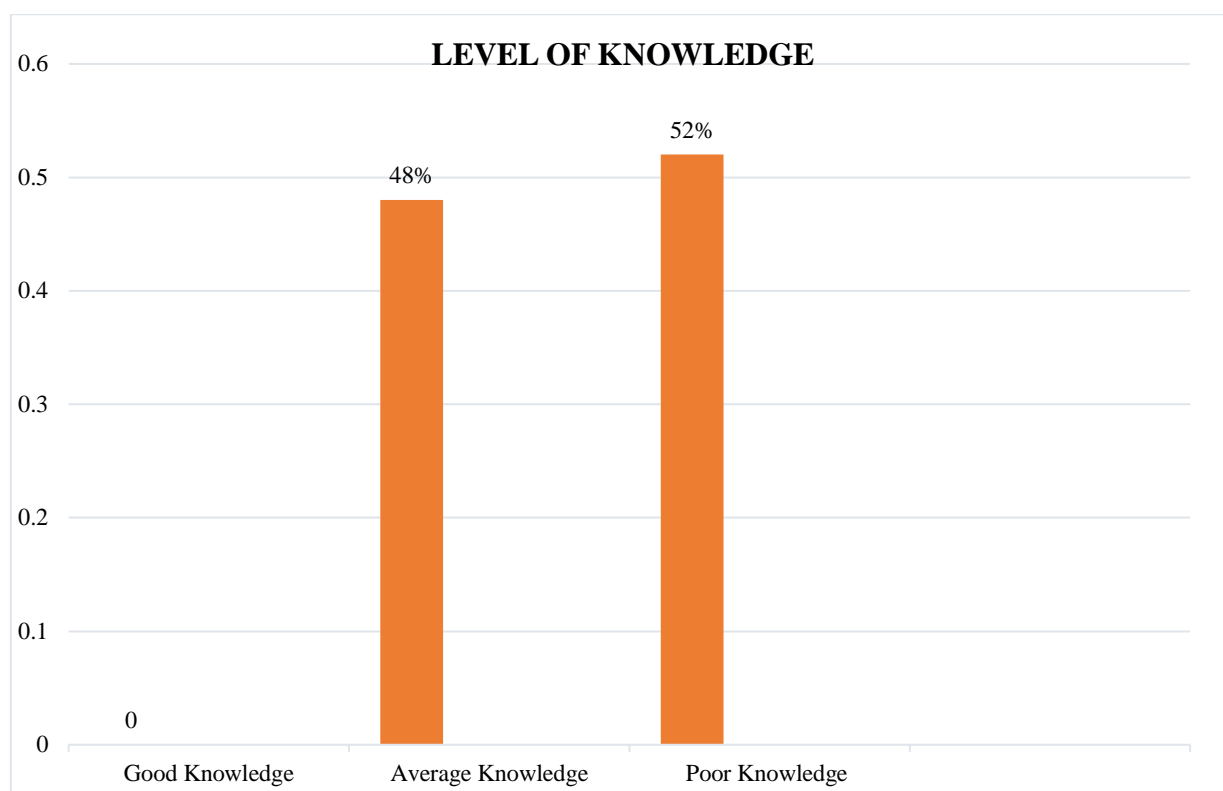
III. RESULTS

Table 1. Frequency and Percentage Distribution of Socio-Demographic Profile of Study Participants

Sr. No	Socio Demographic Variables	Frequency	Percentage
1	Age		
	1. 18-25	40	40.0
	2. 26-33	52	52.0
	3. 33+	08	8.0

2	Sex		
	1. Male	0	0
	2. Female	100	100.0
3	Education		
	1. Primary	49	99.0
	2. Secondary	31	31.0
	3. Graduate	09	09.0
	4. Above graduate	11	11.0
4	Spouse education		
	1. Primary	37	37.0
	2. Secondary	13	13.0
	3. Graduate	35	35.0
	4. Above graduate	15	15.0
5	Employment status		
	1. Labour work/farmer	46	46.0
	2. Govt. employee	15	15.0
	3. Private Employee	29	29.0
	4. Business	10	10.0
6	Spouse Employment status		
	1. Labour work/farmer	48	48.0
	2. Govt. employee	16	16.0
	3. Private Employee	25	25.0
	4. Business	11	11.0
7	Religion		
	1. Hindu	80	80.0
	2. Muslim	20	20.0
	3. Christian	0	0
	4. Other	0	0
8	Residence		
	1. Rural	95	95.0
	2. Urban	05	5.0
9	Monthly Income		
	1. Up to 10,000	22	22.0
	2. 10,001-20,000	44	44.0
	3. Above 20000	34	34.0
10.1	Do you know about family planning methods, if yes, mention the name.		
	1. Yes	23	23.0
	2. No	77	77.0
10.2	Media		
	1. TV	11	11.0
	2. Spouse	9	9.0
	3. Asha workers/ hospital	3	3.0
	4. Nil	77	77.0

According to Table 1, the majority of participants were aged between 26–33 years (52%), followed by those aged 18–25 years (40%), and only 8% were above 33 years. All participants were women (100%), indicating the study was focused on females. Educationally, a large portion had completed only primary education (49%), with smaller percentages attaining secondary (31%), graduate (9%), and above graduate (11%) levels. In contrast, the spouses showed a more diverse educational background: 37% had primary education, 13% secondary, 35% were graduates, and 15% had education beyond graduation. Regarding employment, most women were engaged in labor work or farming (46%), followed by private employment (29%), government jobs (15%), and business (10%). Their spouses were similarly distributed, with 48% in labor/farming, 25% in private jobs, 16% in government service, and 11% in business. Religiously, the group was predominantly Hindu (80%), with the remaining 20% identifying as Muslim. The vast majority of the respondents (95%) resided in rural areas, and only 5% were from urban settings. When it came to income, 44% had a monthly household income between ₹10,001–20,000, 34% earned above ₹20,000, and 22% earned up to ₹10,000. Awareness of family planning methods was significantly low, with only 23% of the respondents claiming to know about such methods, while 77% were unaware. The primary sources of information among those aware were television (11%), spouses (9%), and ASHA workers or hospitals (3%), indicating limited outreach and awareness programs.



Graph 1: Level of Knowledge

➤ *Graph 1: Level of Knowledge*

Graph 1 depicts that, 52% of participants had poor knowledge while 48% showed average knowledge.

The data highlights a significant gap in knowledge, with no one having good knowledge and the majority (52%) possessing poor knowledge. This emphasizes the need for enhanced educational efforts and awareness programs to improve the understanding of the subject among the target population. The fact that nearly half only have average knowledge further stresses the importance of more effective communication and learning opportunities to raise the overall knowledge level.

IV. DEVELOPMENT AND DISTRIBUTION OF INFORMATION BOOKLET

An information booklet on family planning methods is a valuable educational tool designed to inform individuals or couples about the various options available to them for managing fertility and planning their families. After taking post-test information booklet based on family planning methods was distributed to participants.

V. CONCLUSION OF THE STUDY

The present descriptive study conducted in Panchayatan village, Gautam Budh Nagar, Uttar Pradesh, revealed that the overall knowledge of married men regarding family planning methods remains inadequate. With 52% of participants demonstrating poor knowledge and only 48% exhibiting an average understanding, the findings highlight a significant gap in awareness and informed decision-making related to

reproductive health. These results emphasize the need for targeted educational interventions, particularly among married men, to promote shared responsibility in family planning. The development and dissemination of the information booklet in this study served as a supportive tool to enhance participants' knowledge. Strengthening such community-based educational initiatives can contribute to improved awareness, better utilization of family planning methods, and ultimately, enhanced reproductive health outcomes for families.

REFERENCES

- [1]. (N.d.). Sciencedirect.com. Retrieved September 22, 2025, from <https://www.sciencedirect.com/topics/medicine-and-dentistry/family-planning>
- [2]. *Family planning*. (n.d.). UNFPA Arab States. Retrieved September 22, 2025, from <https://arabstates.unfpa.org/en/topics/family-planning>
- [3]. (N.d.-b). Gov.In. Retrieved September 22, 2025, from https://nhm.gov.in/images/pdf/programmes/family-planing/schemes/CHO_Family_Planning_Booklet-2022_English.pdf
- [4]. Butler, A. S., & Clayton, E. W. (2009). *Overview of family planning in the United States*. National Academies Press.
- [5]. *Benefits of family planning (KB) for women's health*. (n.d.). EMC Healthcare - SAME. Retrieved September 22, 2025, from <https://www.emc.id/en/care-plus/understanding-the-importance-of-family-planning-kb-benefits-for-womens-health>
- [6]. Martin, K. (n.d.). *Why is Family Planning Important?* Tciurbanhealth.org. Retrieved September 22, 2025, from <https://tciurbanhealth.org/courses/what-is-family-planning/lessons/why-is-family-planning-important/>