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A Family Planning, Method in Urban Women Between Age Group of 25-45, in Jeeva Hospital Satara.

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Abstract:

Family planning programs have the power to raise people's standards of living. Family planning addresses a woman's reproductive health, appropriate spacing between pregnancies, avoiding unintended pregnancies and abortions, preventing STDs, and enhancing the quality of life for the mother, fetus, and family as a whole. A simple random technique was used to select 50 women of reproductive age from Jeeva Hospital in Satara City. The study focused on the limitations of family planning practices among these women, who were between the ages of 25 and 45. A questionnaire was created to gather information from the respondents, and the data gathered was analyzed. The results of the statistical analysis of the data showed that the main factors limiting the use of family planning by women between the ages of 25 and 45 were complications and adverse effects.Nonetheless, it was determined that there is no one-size-fits-all birth control method and that women of reproductive age should receive health education about the advantages of family planning. A technique that works well for one woman could not work well for another; you have to be critically analyzed to determine which new technique is best. We will talk about a family planning method in Jeeva Hospital Satara that is used by urban women between the ages of 25 and 45 in this paper.

Keywords: Family Planning, Reproductive, Children, Infertility, Socio-Cultural, Urban Women, Knowledge.

INTRODUCTION:

The World Health Organization (WHO) states that family planning enables individuals to have as many children as they choose and to choose how far apart to conceive. It is attained by treating infertility and using contraceptive measures. Benefits of family planning are felt on an individual, household, neighborhood, or national level as well as on a worldwide scale. [1] Family planning does, in fact, contribute to women's independence and well-being by giving them access to their preferred methods of contraception, thereby promoting community advancement and health. Furthermore, the development of family planning leads to women's empowerment, the formation of universal primary education, and the prevention of maternal and infant deaths in nations with high birth rates, all of which contribute to the decrease of poverty and hunger. [2] However, it was shown that sociocultural and economic factors, such as cost, religion, culture, and concern over the adverse effects of contraceptives, had an impact on the uptake of contraceptives. Additionally, it was discovered that, in contrast to urban regions, spouse dispute accounted for a greater percentage of non-use in rural areas. For the reasons mentioned above, studies conducted in poor nations revealed a low use of contraceptive

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techniques. However, knowledge of contraceptive options is a crucial component in the chain that results in the adoption of contraceptives. [3]

"Use of contraceptives improves population reduction." Improved Awareness Campaign: Reduces Illnesses - So Savor Health Forever.

A medication or device called a contraceptive is used to keep women from getting pregnant. Datary Chakravarthy states that the term "contraception" refers to surgical sterilization as a means of temporarily preventing pregnancy. The primary benefits of using a contraceptive method include protection from STDs, a decrease in the prevalence of pelvic inflammatory illnesses, and a certain amount of protection against cervical cancer risk. Temporary contraceptives are ones that work to prevent pregnancy but only last a short while. [4] Temporary contraceptive use aids in family spacing. In order to lower the number of children, which would ultimately lead to a decrease in the population, family planning education would encourage families to use a variety of temporary measures. Assist the family in providing their child with food, a quality education, and good health. It will lessen crowding and advance the nation's household economic standing. It will stop moms from becoming pregnant unintentionally, and just like temporary contraceptive methods, permanent contraceptive methods also play a significant role in preventing pregnancy. [5]

The National Population Policy 2000 (NPP 2000) reaffirms the government's commitment to allowing citizens to freely and voluntarily choose and agree to reproductive health care services, as well as the continuation of the target-free approach to family planning administration. The NPP 2000 offers a framework for policy that will help achieve targets and prioritize approaches over the course of the following ten years, meet India's population's demands in terms of reproduction and child health, and reach active net replacement levels by 2010. It is predicated on the necessity of addressing maternal health and contraception-related concerns in tandem with expanding the reach and coverage of a full range of reproductive and child health services by government industry and the voluntary non-Governmental sector, working together.[6]

REVIEW OF LITERATURE:

Family planning is a lifestyle choice made by a couple or family to support the wellbeing and health of their community and family. The scope of family planning has expanded beyond simple birth control to include contraception, advise on sterility, appropriate spacing and limitation of pregnancies, parenting education, marriage counseling, and other services. Family planning upholds a person's freedom to choose the number and spacing of their children and lessens the necessity for abortion, particularly dangerous abortions. [7] The family planning program is client-centered, demand-driven, and need-based, and it is conducted using a cafeteria model.2. The need is determined by the health workers based on the population in each sub-center, starting at the bottom of the need-based or client-centered approach. Thus, this is also known as the "bottom-up" strategy. An attempt has been made to evaluate the scope and distribution of family planning methods and practices in the current study. [8]

OBJECTIVES:

- To find an association between Various Variables with use of Contraceptive methods.
- To find an association between Various variables with different family planning indications.
- The Aim of The Study Was to Assess the Knowledge Regarding "Family Planning Method in Urban Women, Between Age Group Of 25-45 In Satara City."

RESEARCH METHODOLOGY:

This article discusses the methodology used for the study. Research methodology, which outlines the actions, processes, and techniques for collecting and interpreting data in a research investigation, is crucial to any research endeavor. This capture focuses with the explanation of the various procedures and methods used to gather and arrange data. Resent Feign, Research Approach Setting, Sample,

Sample Technology, development and description of as well), pilot study, data collection, assessment strategy development, and data analysis plan are all included in it. The study's objective was to appraise and assess the Ushant family planning method's knowledge region. Women in the Satara City age range of 25 to 45."

RESULT AND DISCUSSION: The process of arranging data into meaningful, sequential, and logical categories and classifications so that they can be studied and interpreted is known as "findings presentation." In order to answer the research question, uncover their interrelationships, and help identify trends and linkages among the variables, analysis refers to the methodical examination and evaluation of data or information by dissecting it into its component parts. [9]

Data Analysis and Interpretation:

Sr.No.	Age in year	Numbers	Percentage
1	25 to 30	8	40%
2	31 to 35	6	30%
3	36 to 40	3	15%
4	41 to 45	3	15%

Sr.No.	Educational Level	Numbers	Percentage
1	Iliterete	1	10%
2	Primary School	6	30%
3	High School	11	55%
4	Graduate and Above	1	5%

Sr.No.	Occupational Status	Numbers	Percentage
1	House Wife	9	45%
2	Unskilled Worker	4	20%
3	Skilled Worker	4	20%
4	Professional	3	15%

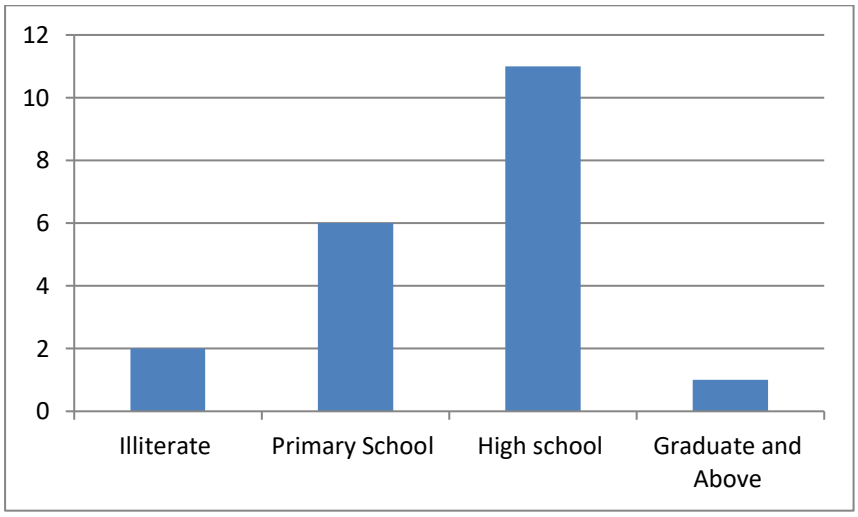
Sr.No.	Number of one Children	Numbers	Percentage
1	Only one child	6	30%
2	Two Children’s	4	20%
3	Three Children’s	2	10%
4	Four Children’s	5	25%
5	Five Children’s	3	15%

Age	Low 50%	Moderate 75%	High 90%	**Total**
25 -30	0	3	5	8
31-35	0	3	3	6
36-40	0	0	3	3
41-45	0	0	3	3
Total	0	6	14	20

Education	Low 50%	Moderate 75%	High 90%	**Total**
Iliterete	0	0	2	2
Primary School	0	3	3	6
High School	0	5	6	11
Graduate and Above	0	0	1	1
Total	0	8	12	20

(Source: Google)

Educational Level

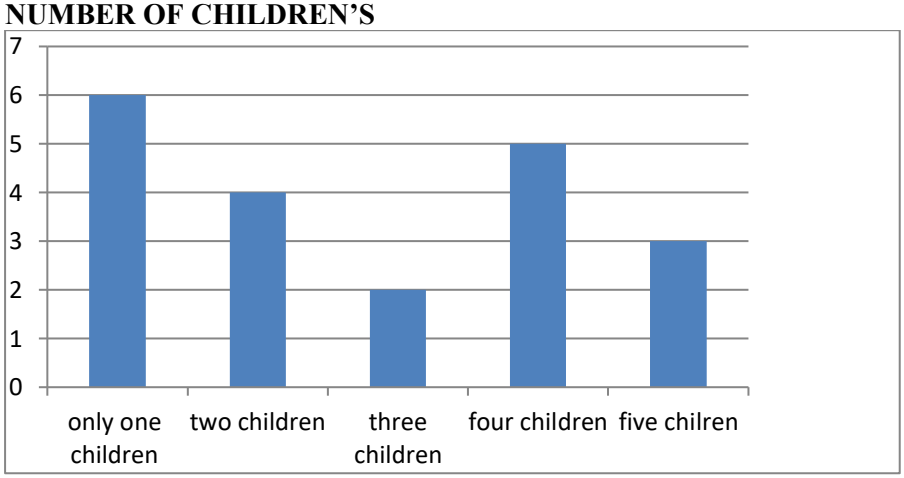


Occupational Status	Low 50%	Moderate 75%	High 90%	**Total**
House Wife	0	5	4	9
Unskilled Worker	0	1	3	4
Skilled Worker	0	2	2	4
Professional	0	1	2	3
Total	0	9	11	20

Occupational Status

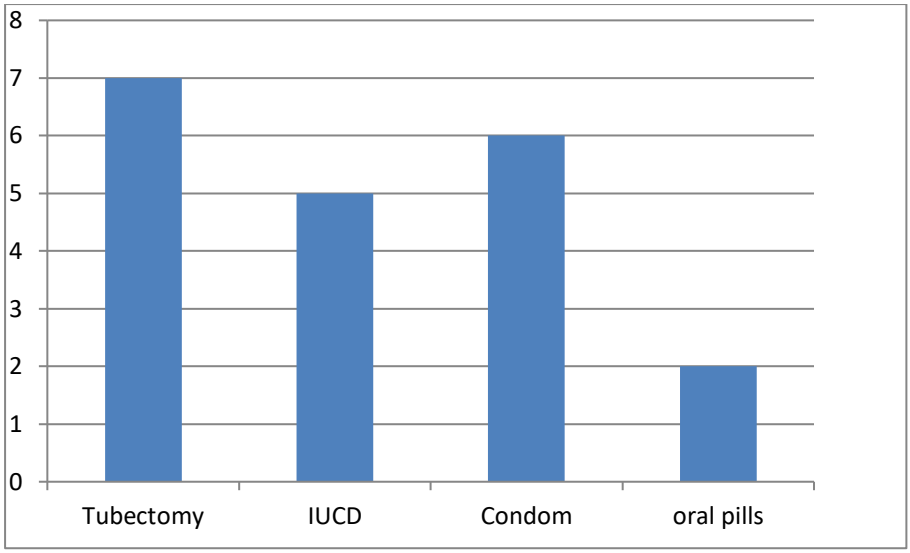
Number of one Children	Low 50%	Moderate 75%	High 90%	**Total**
Only one child	2	3	1	6
Two Children's	1	2	1	4
Three Children's	0	1	1	2
Four Children's	3	1	1	5
Five Children's	1	1	1	3

NUMBER OF CHILDREN'S



Family Planning Method use	Low 50%	Moderate 75%	High 90%	**Total**
Tubectomy	2	3	2	7
IUCD	1	3	2	5
Condoms	1	1	4	6
Oral Contraceptive Pills	1	1	0	2

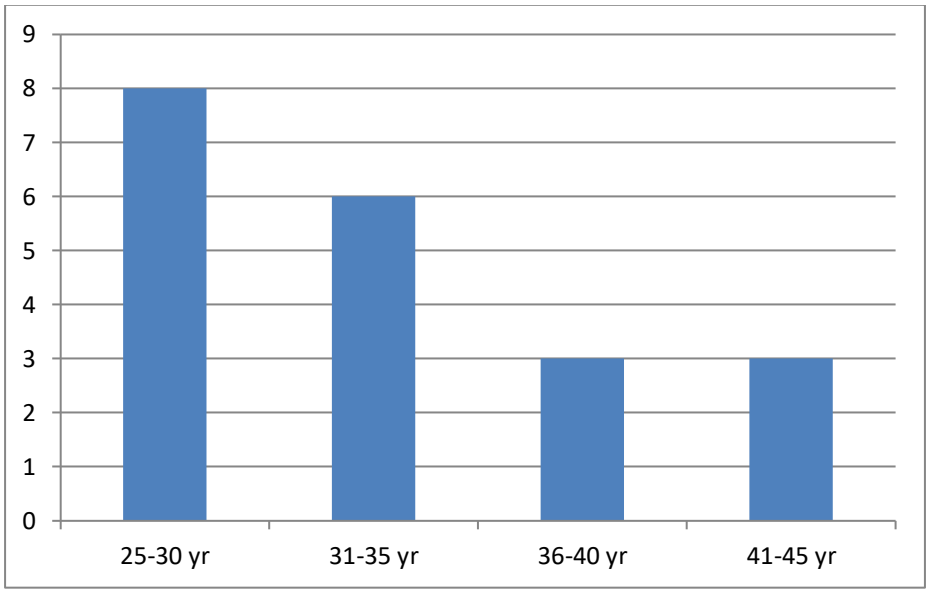
Types of Family Planning Methods



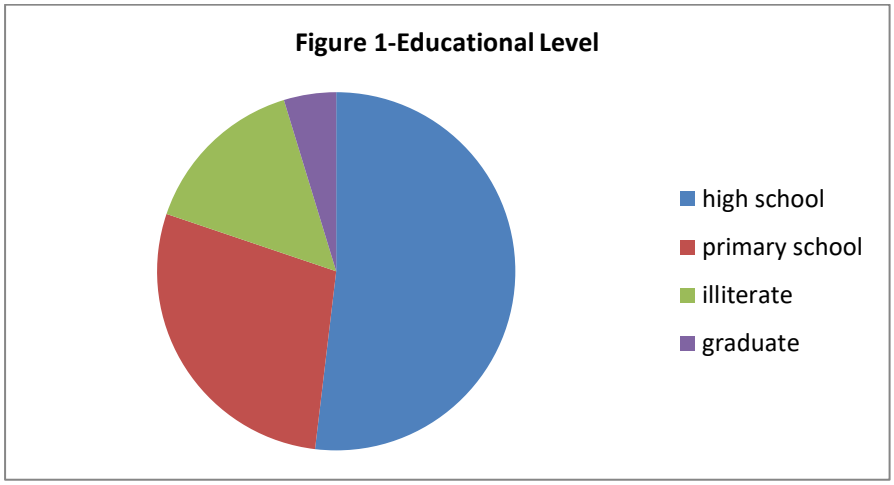
Organizing And Interpretation Data

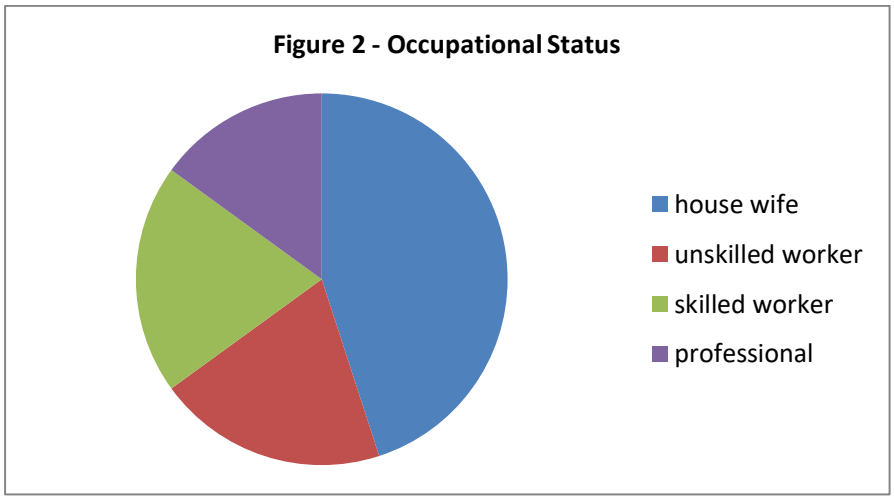
Evaluation and interpretation of the findings in light of the study's goals. The gathered information was revised, calculated, tallied, and examined. The next part contains the tables and diagrams that were used to present the findings. [10]

Figure 1-Age range of female in the study

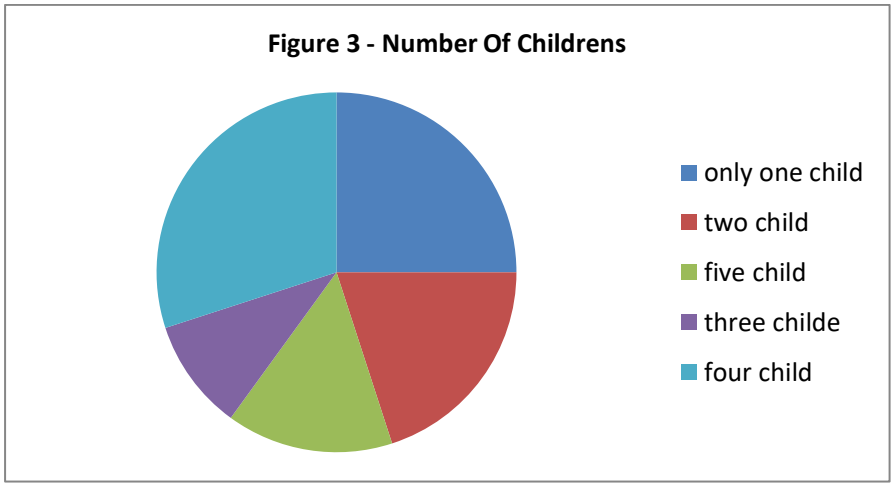


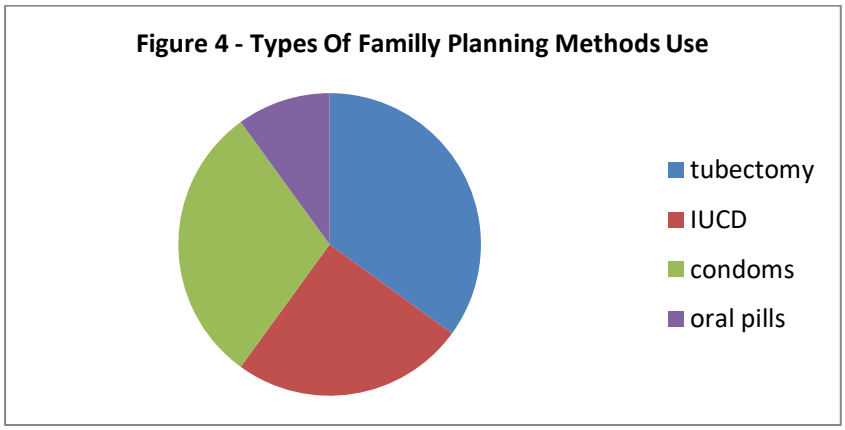
Age range of female in the study is from 25 to 45 years
25 to 30 years of age their are 40% women's
31 to 35 years of age their are 30% women's
36 to 40 years of age their are 15% women's
41 to 45 years of age there are 15% women's





The results of the current study, "A study to assess the knowledge regarding "family planning methods in urban women between Age group of 24-45 in Jeeva Hospital Satara," are covered in this chapter. The researcher has attempted to contextualize the findings by drawing comparisons between the outcomes of the current study's quantitative technique and those from earlier studies that may provide evidence to justify the conclusions. [11]





CONCLUSION:

Based on the results of the current study, women's awareness and knowledge levels can be effectively raised through family programs. The goal of these investigations is to lower the rate of sickness and death in society. The study was successfully completed thanks to the subject's cooperation, desire in taking part, and regular guidance and encouragement from the guide.

The results of this study demonstrated the effectiveness of the family planning program and its contribution to knowledge improvement.

1) The family planning approach was employed to raise people's awareness and level of understanding.
2) The variables were examined.
3) Family planning strategies and methods will help to control population growth and prevent population explosion.

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