"A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING FAMILY PLANNING METHODS AMONG DEGREE STUDENTS IN A SELECTED COLLEGE, KOLAR WITH A VIEW TO DEVELOP HEALTH EDUCATION PAMPHLET"

BY

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Research Project Submitted to

Sri Devaraj Urs College of Nursing, Tamaka, Kolar

As a part of

Curriculum requirement for the Degree of Basic B.Sc (N)

Under the guidance of

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DECLARATION BY THE CANDIDATES

We hereby declare that this research project work entitled **"A descriptive study to assess the knowledge regarding Family Planning Methods among degree students in a selected college, Kolar, with a view to develop Health Education Pamphlet".** Is a bonafide research work carried out under the guidance of Mrs.Vani.R, Assistant Professor, Nursing Foundation, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

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CERTIFICATE BY THE GUIDE

This is to certify that research project work entitled **"A descriptive study to assess the knowledge regarding Family Planning Methods among degree students in a selected College, Kolar, with a view to develop Health Education Pamphlet".** Is a bonafide research work done by Ms. Renuka Kharel, Ms. Yakshini, Ms. Amritha K.U, Ms. Ashika, Ms. Jomol Joshy, Ms. Geetha, Ms. Merlin Getcy, Mr. Poovarasan, and Ms. Swetha. In the partial fulfillment of the requirement for the degree of Basic B.sc (N) & P B.Bsc (N).

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ENDORSEMENT BY THE HOD AND THE PRINCIPAL

This is to certify that the dissertation entitled **"A Descriptive study to assess the knowledge regarding Family Planning Methods among degree students in a selected college, Kolar, with a view to develop health education Pamphlet".** Is a bonafide research work done by Obstetrical and Gynecology research group of students under the Guidance of **Mrs.Vani.R. Assistant professor in Nursing Foundation**, Sri Devaraj Urs College of Nursing, Tamaka, Kolar in a partial fulfillment of the requirement for the degree of Basic B.sc (N)& PBsc(N).

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Acknowledgement

**"I would maintain that thanks are the highest form of thought, and
that gratitude is happiness doubled by wonder"- (Gilbert K. Chestertion)**

First of all, we praise and thank**"Almighty God"**for showering his blessings on us by giving us the strength and wisdom for the successful completion of the study.

We thank "**Dr. G. Vijayalakshmi"**, Principal of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, for giving learning atmosphere and constant support to conduct the study.

We express our gratitude to "**Dr. Radha M.S",** Vice principal of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, for guidance and support throughout our research work.

We are deeply indebted expressing the deepest sense of gratitude to "**Dr.Zeanath Cariena J."** HOD of Medical Surgical Nursing, Sri Devaraj Urs College of Nursing and CNO at RLJH & RC Tamaka, Kolar for her encouragement, timely suggestion and support the study.

We express our sincere gratitude to all the **"HOD's''** of various departments and all **Teaching faculty** of Sri Devaraj Urs College of Nursing for their encouragement, suggestions expert guidance in tool validation which helped us to complete the study.

We express our heart full thanks to **Prof. Silvia Surekha** HOD of OBG Dept., Sri Devaraj Urs College Of Nursing.

Our heartfelt thanks and gratitude to our research guide "**Mrs. Vani. R",** Assistant professor, Dept. of Nursing Foundation, Sri Devaraj Urs College of Nursing who deserve respect and gratitude for her constant guidance, constructive suggestions and encouragement to undertake and complete the Research work successfully.

We express our gratitude to "**Mrs. Lavanya Subashini**,"Asso. prof. &III Year B.sc (N) coordinator, Sri Devaraj Urs College of Nursing for guidance and support throughout our research work.

ABSTRACT

Title: "A Descriptive study to assess the knowledge regarding Family Planning Methods among Degree students in a selected college, Kolar with a view to develop health education pamphlet"

BACKRGROUND: It is estimated that the global population will increase by 2.5 billion over the next 43 years, from the current 6.7 billion to 9.2 billion in 2050.[1] Family planning is pivotal to ensuring the health and development of youth, reducing unnecessary health risks, and improving their opportunities for education and productive livelihoods. Studies have reported that the majority of the degree students (17–19 years) during which they are more likely to experiment with sexual activities while lacking knowledge on sexual health and protective measures. Unsafe sex has been estimated to be the second most important global risk factor for health.

METHODS: The study was a descriptive cross-sectional survey using a structured self-administered questionnaire towards family planning methods. 100 undergraduate students from the Mahila Samaja degree College were selected respectively for pilot study and Main study data collection using a purposive sampling technique.

RESULTS: Findings show that majority of respondents 82% of participants are having inadequate knowledge, 18% of participants are having moderate knowledge & none of the participants had adequate knowledge, regarding family planning methods.

CONCLUSION: Family Planning awareness do not commensurate knowledge and usage levels calls for more innovative strategies for contraceptive promotion, and Education on the various university campus. The study recommends that public Universities should consider a possible curriculum restructuring to incorporate family planning updates. And nurses play a pivotal role working in Hospital as well as in the Community setup should educate and provide awareness to the adolescents and eligible couples regarding Family Planning and can play key role in population reduction of Country.

Keywords: *Family planning methods , Degree students*

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INTRODUCTION

Research is to see what everybody else has seen, and to think what nobody else thought.

-Albert Szent- gyorgyi

"Research is an organized method for keeping you reasonably dissatisfied with what you have"

- **Charles F Kettering**

Family planning services are defined as educational, comprehensive, medical or social activities which enables individual's including minors to determine freely the number and spacing of their children and to select the means by which these may be achieved. Family planning may have involved consideration of the number of children women wishes to have, including the choice to have no children. As well as the age at which she wishes to have them. Other aspect of family planning include sex education, prevention and management of sexually transmitted infections, preconception counseling and management of infertility.[1]

In Countries like Spain, Canada and Italy, where the population is decreasing, population explosion might be considered as a boon. But for developing country like India, population explosion is nothing but a curse which is damaging the development of the country and its society. With 16% of world's population, India is the second most populated country in the world. A developing country already faces a lack in their resources and needs. With the rapidly escalating population, the resources available per person are further plummeting, leading to increased poverty, malnutrition and other large population related problems. Therefore, predicament is much more severe here in India because of the escalating pressure on the limited resources of the country.[2]

The current population of India is 1,375,048,145 as of Wednesday, February 19, 2020, based on World meter elaboration of the latest United Nations data. India 2020

population is estimated at 1,380,004,385 people at midyear according to UN data. India population is equivalent to 17.7% of the total world population.[3]

Family planning in India is based on efforts largely sponsored by the Indian government. In the year 1965 to 2009 period, contraceptive usage has more than tripled (from 13% of married women in 1972 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2009) but the national fertility rate is still high enough to cause long term population growth[4]. Up to 1,000,000 people to its population every 15 days. Although the crown of the world's most popular country is on China's head for decades, India is all set to take the number one position by 2030. Which the population growth rate at 1.58%, India is predicted to have more than 1.53 billion people by the end of 2030.[4]

Birth control techniques are used to prevent unwanted pregnancies. There are range of contraceptive methods, each with unique advantages and disadvantages. Any of the widely recognized methods of birth control is much more effective than no method. Long acting contraceptive methods such as Intrauterine device (IUD) are important are highly effective and convenient, requiring little user action. In addition to providing birth control, Male or female condoms protect against sexually transmitted diseases (STDs). Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the wellbeing and autonomy of women, while supporting the health and development of communities. A women's ability to choose if and when to become pregnant has a direct impact on her health and wellbeing. Family planning allows spacing of pregnancies and can delay problems in young at increased risk of health problems early child bearing and can prevent pregnancies among older women who wish to limit the size of their families to do so. Evidence suggests that women who have more than 4 children are at increased risk of maternal mortality. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.[5]

Family planning benefits the health and wellbeing of women and families through the world. Using contraception can help to avoid unwanted pregnancies and space births, protest against STDs, including HIV or AIDS and provide other health benefits.[6]

NEED FOR THE STUDY

"Creativity requires input, and that's what research is. You are gathering material with which to build."

- **Gene Luen Yang**

Family planning helps women protect themselves from unwanted pregnancies. Since the 1960s family planning programs have helped women around world avoid 400 million unwanted pregnancies. As a result, many women's lives have been saved from high risk pregnancies or unsafe abortions.[7]

India has more than a sixth of the world's population. Already containing 17.5% of the world's population, India is projected to be the world's most populous country by 2025, surpassing China, its population exceeding 1.6 billion people by 2050.[8]

Key facts as per WHO

- Approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions.[9]

- At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. [10]

- Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally. [11]

- Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe, contributing to maternal mortality, morbidity and lasting health problems.[12]

- Adolescent mothers (ages 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm delivery and severe neonatal conditions.[13]

A cross sectional descriptive study was done in the Obstetrics and Gynecology Department of the STNM Hospital and Central Referral Hospital, both attached to the Sikkim Mani pal Institute of Medical Sciences to assess the knowledge and attitude regarding family planning and the practice of contraceptives among the women of reproductive age group in east Sikkim and to determine the barriers for contraceptive use among them. A predesigned questionnaire was provided among 443 women of reproductive age group (15-44 years) attending the two hospitals during the month of January 2004 to March 2005. 98% of the women had knowledge about family planning and 94.2% of them had knowledge about contraceptives. The study highlights that knowledge and awareness doesn't always lead to the use of contraceptives. There is still a need to educate and motivate the couple's and improve family planning services to achieve more effective and appropriate use of contraceptives and to arrest the trend towards increase in population.[14]

On the whole, the standard of living will deteriorate if the population is over-seized. Before we run out of resources, immediate actions must be taken to limit the birth rate. Therefore various contraceptive methods exist. Hence we will introduce the common contraceptive methods used, from the past to the future.[15]

Family planning benefits the health and wellbeing of women and families through the world. Using contraception can help to avoid unwanted pregnancies and space births, protest against STDs, including HIV or AIDS and provide other health benefits.[16]

The complication of teenage pregnancy includes anemia, high blood pressure, low birth weight or premature birth. So it is necessary to control the population of India. Research in developing countries is essential for the evaluation of the safety, efficiency and acceptability of both new and already available contraceptives. Research conducted by scientist in developing countries has also played an essential role in the development of new contraceptives. Progestin at a low dose, copper, IUDs, contraceptive, monthly inject able and vaginal rings are example of new methods with the input of research conducted largely in developing countries. WHO the population council and family health international have played an important role in supporting collaborative studies for the development.[17]

The gap existed between Family Planning awareness knowledge and usage levels so it calls for more innovative strategies for contraceptive promotion, and Education on the various university campus. The study recommends that public Universities should consider a possible curriculum restructuring to incorporate family planning updates. And nurses play a pivotal role working in Hospital as well as in the Community setup should educate and provide awareness to the adolescents and eligible couples regarding Family Planning and can play key role in population reduction of Country.[18]

CHAPTER-II
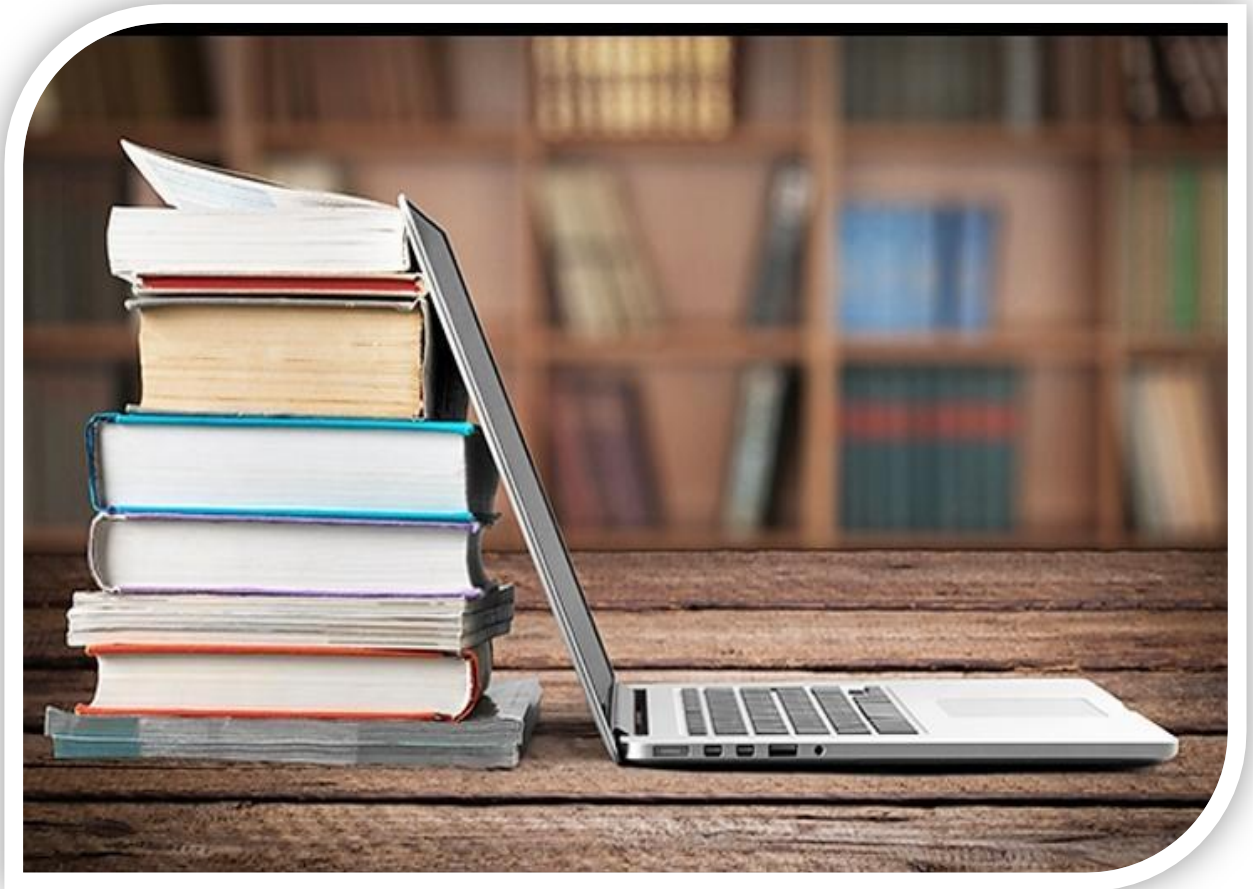
"Research is formalized curiosity. It poking and prying with a purpose''

-Zora Neala Hurston

"We need to inject humanism into our education and research by injecting all walks of life into the process."

-Fei Fei Li

Review of relevant literature serves as an essential background for any research. Critical examination of previous studies will help researcher to formulate and delimit the problem, to minimize the possibility of research to suggest theoretical framework for the study to learn from the reported experience of others about its feasibility, to critically evaluate various methods used by others and to choose the most appropriate design for the investigation.[19]

Review of literature is a broad comprehensive in depth systematic and critical review of scholarly publication, unpublished scholarly print materials, audio visual material and personal communications.[20]

1. Literature related to Knowledge of Family planning methods

A descriptive cross-sectional survey regarding family planning among undergraduate university students focusing on their knowledge, use and attitudes towards contraception in the University of Education Winneba in December 2019. By using structured self-administered questionnaire data was collected among one hundred undergraduate students using a multistage simple random sampling technique. A Likert scale was used to assess the attitude of the respondents towards family planning methods. Findings show that the respondents had a positive attitude towards family planning with an average mean score of

about 4.0 using a contraceptive attitude Likert scale. Emergency contraceptives was reported has easy to get contraceptive , hence the most frequently used contraceptive 31% among young female students age 21-24 years who appear as the most vulnerable in assessing and using contraceptive due to perceived social stigma. Knowledge of contraception, awareness and benefits however do not commensurate contraceptive use among undergraduate students since availability, accessibility and preference influence usage. The study recommends that public Universities should consider a possible curriculum restructuring to incorporate family planning updates.[21]

A descriptive cross sectional study was conducted in Government College Gangtok, Sikkim on April 2009 to evaluate the knowledge, attitude and practice of contraception among 156 students enrolled in one year bachelor course. Questionnaire was administered for data collection and purposive sampling with snow ball techniques was used. And data was analyzed by using descriptive statistics. Results showed that 98% of students had knowledge about family planning. 86% of them had heard about contraceptives and 69% knew about the source of availability of contraceptives. Study concluded that knowledge and awareness do not always lead to a positive attitude towards the use of contraceptives. Although in the present study the actual number of sexually active young adults not known.[22]

A Descriptive exploratory study was conducted to assess family planning knowledge attitude and practice among married men and women age between 15-40 in rural area of Pakistan on 2015.The study targeted young and newly married men and women with no child older than 2 years. Focus group discussion technique was used for data collection selected

with random sampling technique. The study reveals that most of the participant has knowledge of at least one modern contraceptive method with condom being the most commonly known method. The study concluded that the need for qualified and trained female health care providers especially for long term family planning services, including IUD.[23]

A study assessed the family planning methods adopted among 540 the married women of reproductive age (15- 45yrs) residing in urban slums of, Lucknow. About 53.40 % adopted I.U.C.D, 38.83% O.C pills & only 7.77% of their partners used condoms. 66.6% have undergone laparoscopic & 33.4% mini-lap sterilization. Vasectomy was not done for even a single partner. More number of illiterate and primary educated accepted permanent method after 3 or more children than higher educated who accepted it after 1 or 2 children. The study concluded that acceptance in family planning is associated with increasing age, nuclear family & level of literacy. The study revealed that acceptance of family planning methods both temporary and permanent methods increased with level of literacy of women and emphasized on necessity to inform and motivate married women to adopt permanent method of contraception earlier.[24]

A cross-sectional study was conducted on Objective and perceived knowledge of oral contraceptive methods among adolescent breast feeding mothers. 278 teenage mothers (15-19 years), with their childbearing

A study conducted on contraceptive knowledge, practices and utilization of services on eligible woman; 14,276 were using contraceptive and 17,082 were not using any

contraceptive methods. The study reveals that among the contraceptive users, only 26% of woman were using contraceptive methods with the knowledge of their husbands and had their support for continuing the same. The study concluded that the most common reason given for not using any contraceptive methods was "family not completed (34.6%) and fear of side effects (10%).[25]

A study was conducted on knowledge, attitude and practice of contraceptive methods among 60 eligible couples in ward six of Sreekaryan panchayat in Kerala. Structured interview schedule was used to collect the data from the sample. The findings of the study revealed the knowledge score was below average for 87% of the sample, 56.7% of the couples were practicing family planning, while 43-3% were not practicing majority (46.2%) of them were using copper-T and 73.1% of couples were not producing family planning just because they did not like these methods.[26]

A study reported that, an women who is breast feeding for more than 6 weeks the oral contraceptives will come in class IV use (which have not be used at all). Whereas in women feeding more than 6 months oral contraceptives move to class II (the use of contraceptive benefit outweighs theoretical risks). Thus special situations demand special needs and flexibility rather than rigidity should be adopted.[27]

II. Literature related to effectiveness of intervention regarding family planning methods.

A quasi experimental research study on effectiveness of planned teaching module on knowledge of mothers regarding weaning was done in a primary health Centre in

Bettahalsoor, North Bangalore and the total sample consisted of 75 mothers who had children below 6 months age. Data was collected by using structured interview schedule. Pre-test data was collected in their home city, planned teaching module was implanted by group approach and post test data was collected 7 days after the implementation of planned teaching module. This study reveals that the mean postures knowledge score 29.13(mean %44.28 %) is higher than mean pretest knowledge score 14.17 (mean % 91.03%) with t=40.7 at p<0.001 level of significance. This study concluded that planned teaching module was effective in increasing the knowledge of mothers.[28]

A quasi-experimental study provided group training of contraceptive methods to 53 women, and then evaluated the effect of training on the dependent variable of husbands' participation in family planning. The data was gathered using a questionnaire and a checklist and then was analyzed. The results indicated that the mean score of knowledge level of the case group members and their husbands changed significantly after the training program (p < 0.001). Also, it was found that 51% of the participants and their husbands used contraceptive methods after the training program. Considering the results, providing training for couples to increase the participation rate of men in family planning programs will be beneficial.[29]

A cross-sectional observational study assessed the knowledge, attitude regarding family planning and the practice of contraceptives among 100 rural women between the ages 15-45, living with their husbands and coming from rural area were interviewed. The mean age of 29.7 years, 81(81%) had some knowledge about family planning methods. Regarding the usage of contraceptive methods, only 53 (53%) of the respondents were using some sort of contraception. Barrier method (condoms) was in practice by 18 (33.9%) and 12 (22.6%) of

women had already undergone tubal ligation. The women using injectable and intrauterine contraceptive devices were 10 (18.8%) and 7 (13.2%) respectively. Six were using oral contraceptive pills (11.3%). Positive attitude towards contraception was shown by 76 (76%) of them, while 41(41%) stated their husbands' positive attitude towards contraception.[30]

III. Literature related to awareness of family planning

A quasi-experimental study among women aged 15 to 49 years in two rural communities in Ebony state. Using simple random method, we recruited 484 women for the study. We used pre-tested interviewer-administered questionnaire to collect information from the participants. Community awareness and distribution of information, education and communication materials were carried out within one month. We estimated the effect of the intervention on the level of awareness, approval and uptake of family planning methods. Level of awareness increased by 19% (p<0.001) while uptake of family planning increased by 16.7% (p<0.001) in the intervention group. The approval rate was higher in the intervention group compared to the control group (p=0.008). The most commonly used method of family planning was the natural method in intervention and control arms. Although uptake of family planning increased significantly in the study population, the rate is generally low. Given the critical role of the community in family planning programmers, community mobilization may be deployed to increase uptake of family planning in similar rural communities.[31]

CHAPTER-III

RESEARCH METHODOLOGY
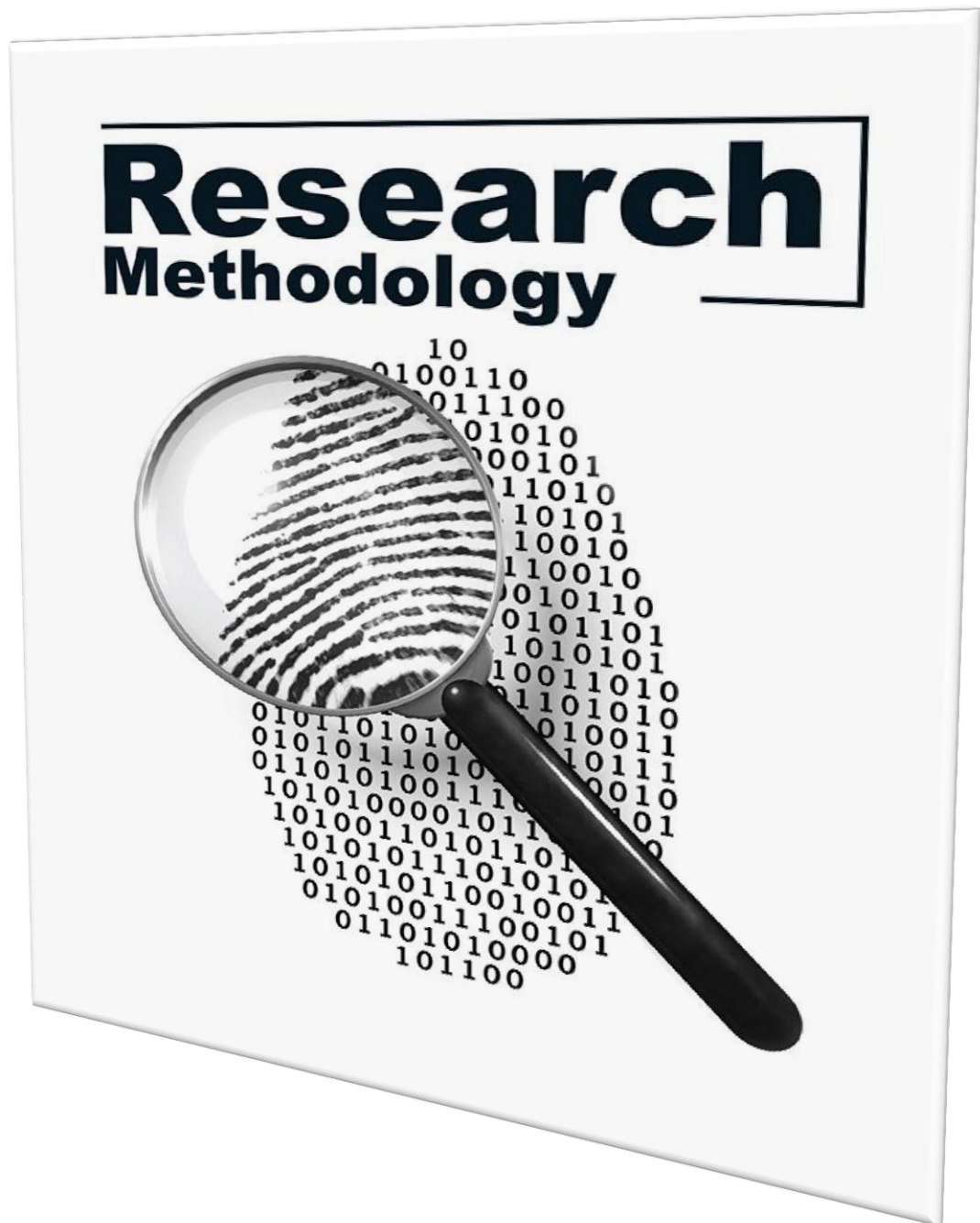
''It is important to get results from experiment but the most importance is the process in getting the results''

-Dr. Nik Ahmad Nizam

"For good ideas and true innovation, you need human interaction, conflict, argument, debate."

- **Margaret Hefferman**

Research methodology is the frame work for conducting the study. This chapter deals with description of the methods, research approach, design, setting of the study, population, sample and sampling technique, sample size, criteria for sample selection, data collection instrument, development of the tool.[32]

The present study aimed at assessing knowledge regarding knowledge regarding Family Planning Methods among Degree students in a selected College, Kolar.

RESEARCH APPROACH

Research approach is the whole design including assumption, the process, the of inquiry, the type of data collected and the measuring of finding

The research approach used in this study was Quantitative survey approach

RESEARCH DESIGN

Research design refer to a researchers overall plan for obtaining answer to the research question (or) for testing the research hypothesis.[33]

The research design, adopted for this study was Descriptive design.

VARIABLES

Variables are qualities, properties or characteristics of person, things or situation that change or vary.[34]

- o **Independent Variables**: Health education pamphlets regarding Family Planning

- o **Dependents variables**: Knowledge of degree students regarding Family Planning.

- o **Demographic variables**: It contains demographic variables of degree students such as, Age, Gender, And Year, Type of Family, Place of Residence, Family Income, and Sources of Information Regarding Family Planning.

SETTING

The term setting refers to the specific place where data collection occurs.

The setting selected for the present study was Mahila Samaja Degree College, SNR circle, Kolar.

POPULATION

The term population refers to the target population which represented the entire group or all the elements like individuals or objective that meet certain criteria for inclusion in the study.[35]

The population for the present study consisted of all degree students of Mahila Samaja Degree College.

SAMPLE

Sample refers to subset of the population that is selected to collect data in a particular study.

The sample for the present study consists of all the degree students of Mahila Samaja Degree College and also who fulfilled the criteria of sample selection.

SAMPLING TECHINQUES

Sample size consists of 100 degree students of Mahila Samaja Degree College, Kolar.

SAMPLING TECHINQUES

A purposive sampling technique was adopted to collect the data for present study.

SAMPLING CRITERIA

➢ *Inclusion criteria: Degree studenst who are*

  1) Willing to participate in the study.

  2) Able to read and write English Language.

➢ *Exclusion criteria* Degree students who are

  1) Mentally challenged.

  2) Not available during study period.

DATA COLLECTION OF THE TOOL

The adopted tool consisted of the following sections.

  o **Section-A**

  It Consisted of Socio-Demographic Variable Such As Age, Gender, Year, Type of Family, and Place of Residence, Family Income, Source of Information regarding Family Planning.

  o **Section-B** : It consists of Structured Knowledge Questionnaire.

PILOT STUDY

A Pilot experiment also called as a pilot study, is small scale preliminary study conducted before the main research in order to check the feasibility or to improve the design of a research.[36]

Pilot study was conducted among 10 participants of RV College, Kolar the study revealed that reliability of study is r=+ 0.88. By conducting the pilot study the researchers came to know that the study was found to be feasible, sample was available and the tool was relevant.

METHODS OF DATA COLLECTION

Data was collection in the following steps:

STEP 1: Ethical clearance was obtained from research and ethical committee of institution.

STEP 2:

1) The samples were selected by using purposive sampling techniques based on the inclusion criteria of the study.

2) Basic information regarding their purpose of the study was explained to the participants.

3) Informed written consent was taken from study participants before collecting data.

4) About 10-15 min was taken from study participants before collecting data.

5) Data from 100 samples was collected during the data collection period.

SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

A Descriptive Study to assess the knowledge Family planning Methods among Degree students in selected College, Kolar, with view to develop Health Education Pamphlets

RESEARCH DESIGN: - Descriptive Design

SETTING:- Mahila Samaja Degree College

SAMPLE AND SAMPLING SIZE:- 100 degree students

SAMPLING TECHINQUES:- Purposive sampling techniques

DATA COLLECTION TOOLS:- Structured knowledge questionnaire

ANALYSIS AND INTERPRETION: - Descriptive and inferential statistics

PLAN FOR DATA ANALYSIS

The data obtained was analyzed by using descriptive and inferential statistics in achieving the objective of the study.

ETHICAL CLEARANCE

Ethical clearance was obtained from SDUCON and to conduct study permission was obtained from Mahila Samajya Degree College informed consent was taken from study participant before data collection.

SUMMARY

This chapter of methodology has dealt on research approach, research design, setting, population, sample and sampling technique, developing and description of tool, data collection, plan for data analysis and ethical related to conducting research.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Data is a precious thing and will last longer than the system themselves.

-Tim Berners-lee

"Research is what I am doing when I don't know what I am doing"

- **David Ogily**

-

This chapter deals with the data analysis and interpretation of the study findings.

Data analysis is a process of inspecting, cleansing, transforming, and modeling data with the goal of discovering useful information, suggesting conclusion and supporting decision making.

Based on the objectives of the study the findings are organized as follows:

SECTION-I

This section deals with the data pertaining to the socio-demographic characteristics of study participants.

SECTION-II

This section deals with the data pertaining to the first objective of the study knowledge regarding family planning among degree students.

- Distribution of study participants according to knowledge regarding Family Planning Methods.

SECTION-III

Association between knowledge score regarding Family Planning Methods among degree students and selected socio-demographic variables.

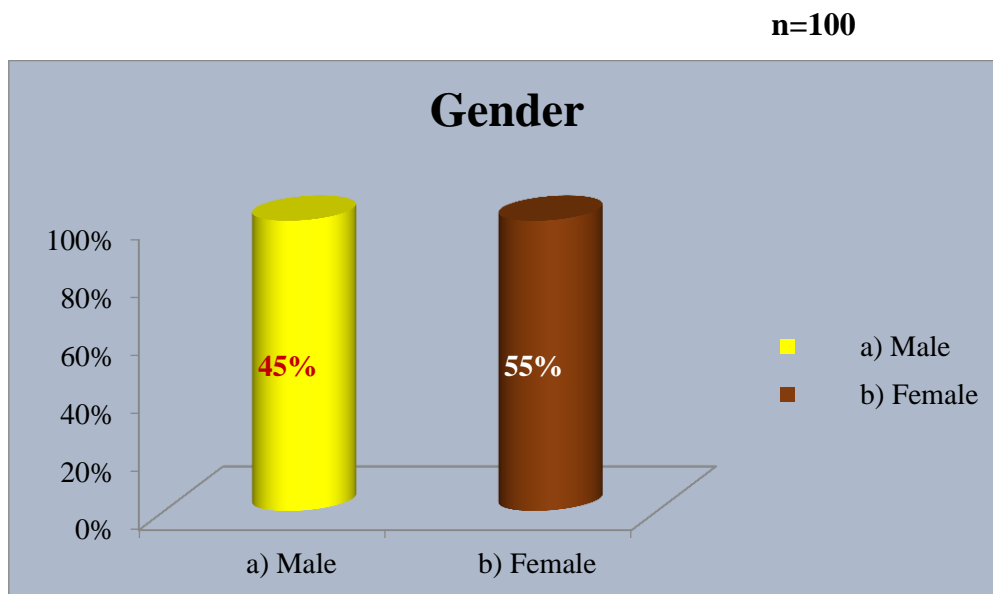**Table -1 : Frequency and distribution of Socio-demographic variables of the study sample**   **n=100**

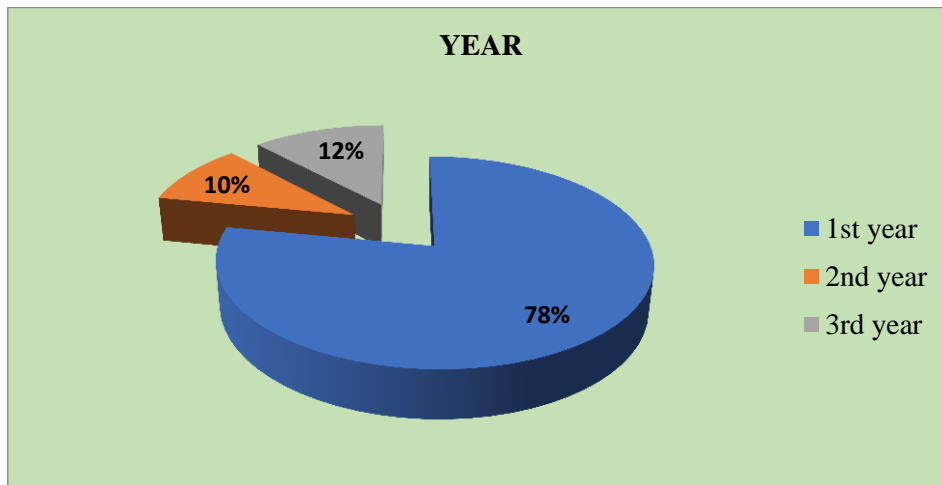| S.NO	Demographic characteristic	Frequency	Percentage(%)
1	Age in year a) 19-20 b) 21-22	 77 23	 77% 23%
2	Gender a) Male b) Female	 45 55	 45% 55%
3	Placement of study a) 1st year b) 2nd year c) 3rd year	 78 10 12	 78% 10% 12%
4	Type of family a) Nuclear family b) Joint family	 65 35	 65% 35%
5	Place of residence a) Urban area b) Rural area c) Semi-urban area d) City	 36 54 6 4	 36% 54% 6% 4%
6	Family income a) <10,000 b) 10,000-20,000 c) 20,000-30,000 d) >30,000	 40 30 18 12	 40% 30% 18% 12%
7	Source of information regarding family planning a) Parents b) Family members c) Mass media d) Teachers e) Health care persons	 49 35 12 2 2	 49% 35% 12% 2% 2%

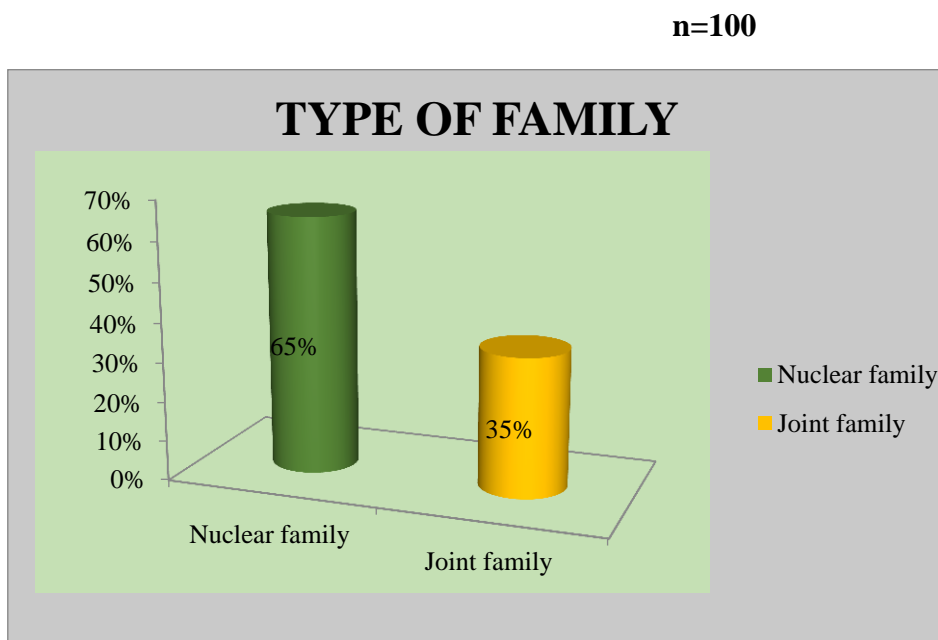**Table – 1 and figure 1-7 reveals the socio-demographic variables of study participants.**
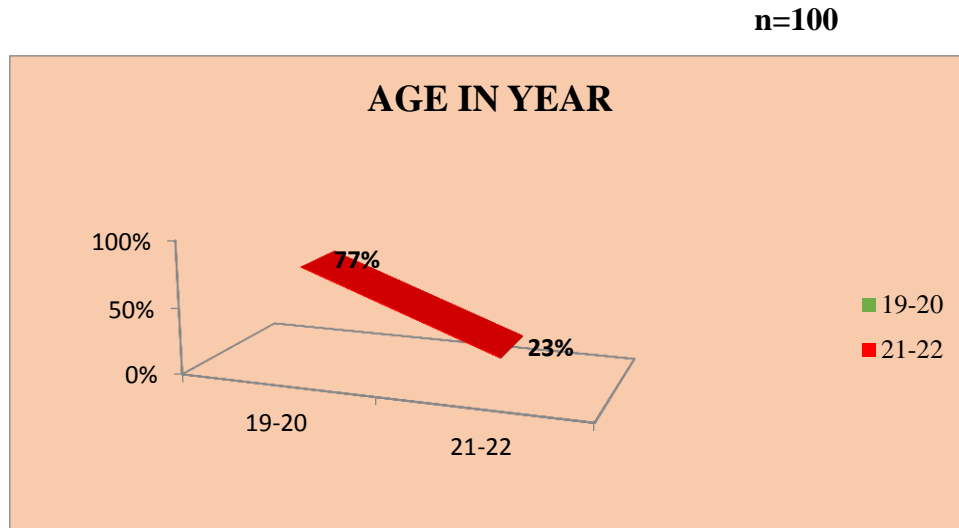
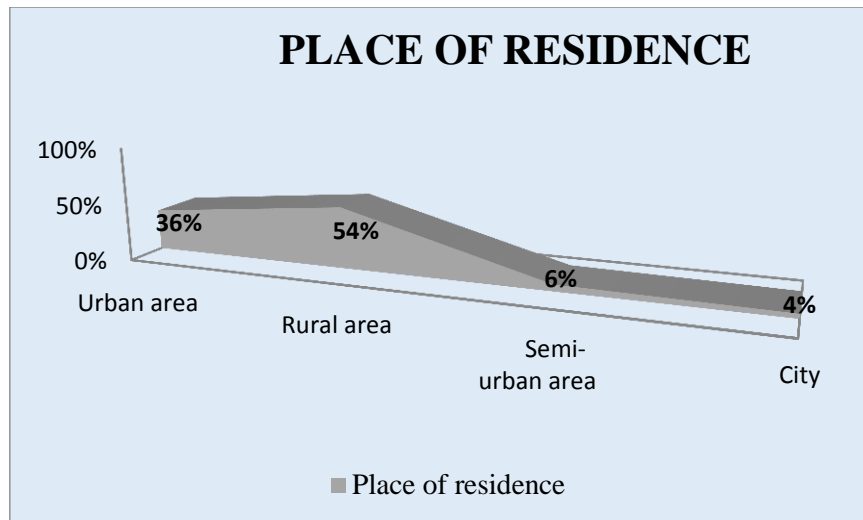**FIG -1   AGE OF STUDY PARTICIPANT**

FIG-2 GENDER OF STUDY PARTICIPANT
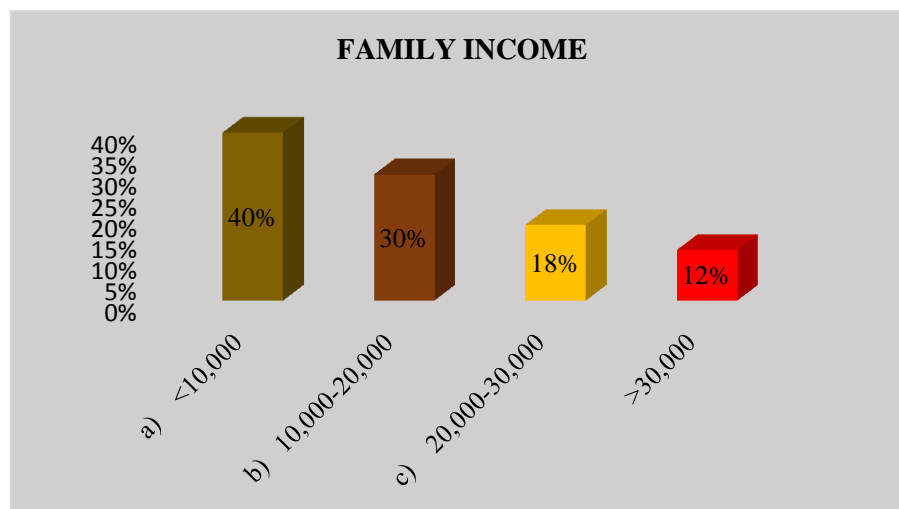
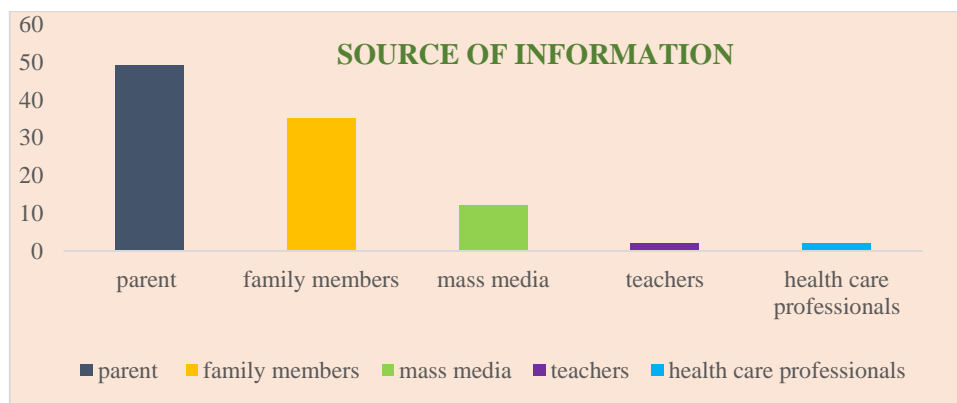**FIG-3   PLACEMENT OF STUDY**

n=100

FIG-4 TYPES OF FAMILY

PLACE OF RESIDENCE

100%

50%

0%

36%   54%

6%

4%

Urban area

Rural area

Semi-
urban area

City

■ Place of residence

FIG-5 PLACE OF RESIDENCE

n=100

FAMILY INCOME

40%
35%
30%
25%
20%
15%
10%
5%
0%

40%   30%   18%   12%

a) <10,000   b) 10,000-20,000   c) 20,000-30,000   >30,000

FIG- 6 FAMILY INCOME

n=100

SOURCE OF INFORMATION

60
50
40
30
20
10
0

parent   family members   mass media   teachers   health care professionals

■ parent ■ family members ■ mass media ■ teachers ■ health care professionals

FIG-7 SOURCE OF INFORMATION

27

1. Age

Majority 77% of the study participants were between the age group of 19-20 years and 23% of them is belonged to the age group of 21-22 years.

2. Gender

Most of the participant that is 55% were females and 45% were males.

3. Placement of study

Out of 100 respondent 78% of the participants were form 1st year, 10% from 2nd year and 12% from 3rd year.

4. Type of family

About 65% of the participants are from nuclear family and 35% of participants are from joint family.

5. Place of residence

Out of 100% of participants 54% were from rural area, 36% were from urban area, 6% were from semi-urban area and 4% of participants were from city.

6. Family income

Majority 40% of the participants were having family income <10,000, 30% of participants were having family income 10,000-20,000, 18% of participants were having 20.000-30,000 and 12% of participants were having family income >30,000.

7. Source of information regarding family planning methods

At about 49% of the participants get information from their parents,35% from family members ,12% from mass media, 2% from teachers and 2% from health care professional.

Table-2

Distribution of samples according to the overall level of Knowledge

Knowledge	Frequency (f)	Percentage (%)
Adequate(above 75%)	0	0%
Moderate (5-75%)	18	18%
Inadequate (<50%)	82	82%
Total=	100	100%

n=100
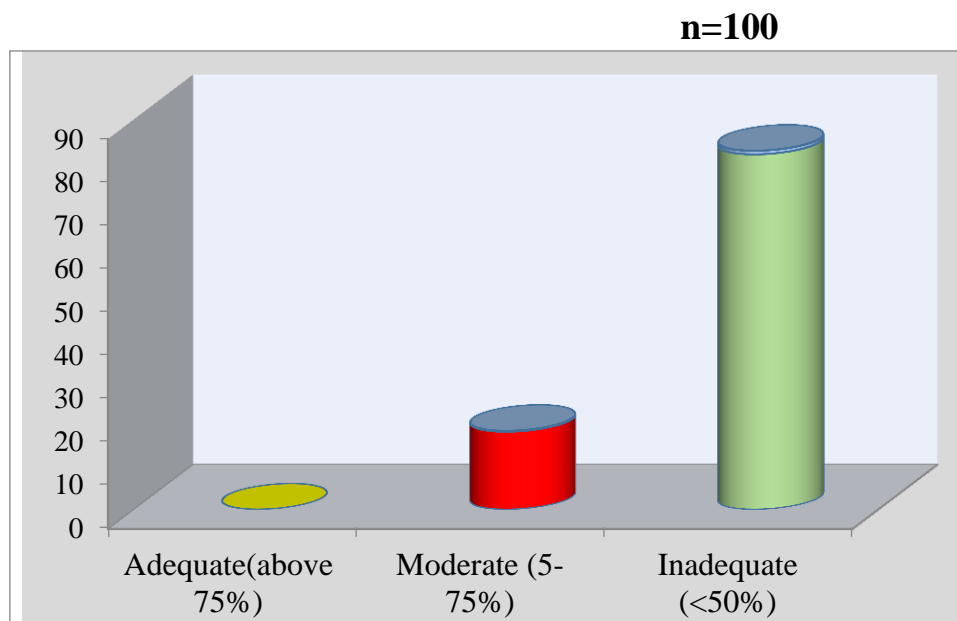
Fig- 8 : Overall Knowledge level of Study Participant

This chapter deals with the data analysis and interpretation of the study findings. As per the objective of the study, regarding the knowledge of family planning among degree students were assessed and the result revealed that, 82% (82) of the study participants have inadequate knowledge, 18% (18) of the study participants have moderate knowledge and none of the study participants have adequate knowledge.

The association between socio demographic variables and knowledge related to family planning methods were assessed and the result revealed that there is significant association between gender and type of family and there is no significant association between age in year, year, Place of residence, family income and source of information regarding family planning among degree students.

Table 3. Association between Demographic Variables with Knowledge Related to Methods of Family Planning   n=100

S.no	Demographic variables	Knowledge score		X² value	df	P value	Inference
		Below or equal to median (<17.5)	Above median (>17.5)				
1	Age	**37**	**39**	0.01	1	0.91	NS
		12	12				
2	Gender	16	**30**	7.89	1	0.004	*SS
		34	20				
3	Placement of year	**40**	37	0.21	2	0.89	NS
		8	8				
		3	4				
4	Type of family	18	**30**	5.76	1	0.16	*SS
		32	20				
5	Place of residence	16	20	2.26	3	0.51	NS
		27	**26**				
		4	1				
		3	3				

6	Family income						
		15	**24**				
		17	16				
		11	5	4.36	3	0.22	NS
		5	6				
7	**Source of information regarding family planning**						
		28	**21**				NS
		14	20				
		2	6	4.50	4	0.34	
		2	3				
		2	2				
		2	2				
Note:- $p < 0.05$, SS* - statically significant, NS- Non significant , Table value df-1(3.84),df-2(5.99),df-3(7.81),df-4(9.48)							

Age: The obtained x^2 value (0.91) which is less than the table value (3.84) at 5% level of significant. Hence there is no significant association between the ages of participants with their knowledge related to family planning methods.

Gender: The obtained x^2 value (7.89) which is more than the table value (3.84) at 5% level of significance. Hence there is a significant association between genders with the knowledge related to the family planning method.

Year: The obtained x^2 value (0.89) which is less than the table value (5.99) at 5% level of significance. Hence there is a no significant association between the qualifications of the participants with their knowledge related to family planning method.

Type of family: The obtained x^2 value (5.76) which is more than the table value (3.84) at 5% level of significance. Hence there is significant association between the places of residence of the participants with their knowledge related to family planning method.

Place of residence: The obtained x^2 value (0.51) which is less than the table value (7.81) at 5% level of significance. Hence there is no significant association between the years of experience of the participants with their knowledge related to family planning method.

Family income: The obtained x^2 value (0.22) which is less than the table value (7.81) at 5% level of significance. Hence there is no significant association between the total years of experience till date of the participants with their knowledge related to family planning method.

Source of information regarding family planning: The obtained x^2 value (0.34) which is less than the table value (9.48) at 5% level of significance. Hence there is no significant association between sources of information regarding family planning in with their knowledge related to family planning method.

CHAPTER-V

CONCLUSION

"The study of origins is the art of drawing sufficient conclusions from insufficient evidence"

-Allan sandage

This chapter presents the summary, conclusion, its implication and recommendation made. The present study was conducted to assess the knowledge regarding family planning methods among degree students in a selected Mahila Samaja degree college Kolar, with a view to develop health education pamphlets. A descriptive study design was adopted to assess the knowledge regarding family planning methods among degree students in a selected Mahila Samaja degree college Kolar.

The study was conducted at Mahila Samaja Degree College Kolar, The sample size of study was 100 degree students reading in Mahila Samaja Degree College. The purposive sampling technique was adopted to select the sample of study. The data was collected from samples by using a Structured Knowledge Questionnaire.

Based on the objectives of the study conclusions are presented under the following points

1) As per the first objectives of the study, knowledge regarding family planning methods among degree students was divided into three category i.e. Adequate knowledge (above 75%) was 0%, moderate knowledge (51-75%) was 18% and inadequate knowledge (<50%) was 82%.

2) As per second objective of the study association between socio demographic variables and knowledge regarding methods of family planning was done and the result revealed that, there was significant association between gender (x^2-7.89, df-1, p=0.04)and types of family(x-5.76,df-1,p-0.16)and no association between age(x-0.01,df-1,p-0.91) year (x^2-0.2198, df-2, p=0.895911) place of residence (x^2-2.2633, df-3,p=0.519586) family income   (x^2-4.3612, df-3, p=0.225007) source of information (x^2-4.5054, df-5,

p=0.341909) thus the stated assumption is rejected, whereas only with regard to gender (x^2-0.1603, df-1, p=0.04) and type of family (x^2-5.76, df-1, p=0.16) it is statistically significant as calculated x^2value was greater than the table value.

NURSING IMPLICATION

The findings of the study can be used in the following areas of nursing profession.

Nursing Practice

Nursing professionals working in the hospital as well as in the community set up should educate and provide awareness to the eligible couple regarding family planning methods.

Nursing professional play a key role in enhancing the people awareness regarding family planning methods and can help in population reduction of country.

Nursing Education

1) Education is the base of knowledge. As a nurse educator they are abundant opportunities for nursing professionals to educate degree student about importance of family planning.

2) The student nurses from college of nursing should be encouraged to attend seminars, conference and workshop regarding family planning. distribute most methods of contraception and disseminate information

3) Distribute most methods of contraception and disseminate information

4) Curriculum based education can be incorporated on Adolescent health status

Nursing Administration

Nurses plays major role in achieving the objective of reducing country's population and can distribute most of the contraception and disseminated information regarding family planning

Nursing Research

1) Research in nursing is the need of the hour to improve the health status of the masses. If not only helps the nurse in improving their knowledge but also refine quality of care provided to society.

2) This study help nurse researcher to carry out studies on the improvement of health and knowledge of degree student.

Recommendations of the study

1) A similar study can be replicated on a large sample in different types of setting.

2) A similar study can be conducted using teaching method.

3) A similar study can be conducted with a control group.

Limitations

1) The sample size was limited to 100.

2) There was no control group.

3) The study was limited to only assessing the knowledge of method family planning.

4) The study doesn't have any intervention and assessment of its intervention.

Summary

1) This chapter deals with overall study analysis, implications, limitations and recommendation to improve the knowledge of method of family planning.

2) Based on the findings revealed on the study the above recommendations were formulated to improve the knowledge regarding methods of family planning among degree college students.

CHAPTER-VI

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"Learning is a treasure that will follow its owner everywhere"

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APPENDICES

ANNEXURE-I

	SRI DEVARAJ URS COLLEGE OF		Format No.	IEC 00
NURSING TAMAKA, KOLAR – 563 103.			Issue No.	01
INSTITUTIONAL ETHICS COMMITTEE			Rev No.	01
			Date	01-04-08

Meeting No-**04**   Ref. No: SDUCON/IEC/37/2018-19

This is to certify that the Institutional committee of Sri Devaraj urs college of nursing, Tamaka, Kolar has examined and unanimously the following research projects

Sl. No.	Name of the Topic	Guide	Investigator	Accepted/ Not accepted	Remarks
1	A study to assess the knowledge and practice of staff nurses in prevention of neonatal hypothermia in a selected hospital kolar with a view to develop neonatal hypothermia prevention protocol	Prof. Radha.M.S.	Renita Richard Hepzibha.Binil Keasiya E Bju Mounashreee R Anjana Rajan AthiraMurali Ahallya Sibi Doody Allan Sheri Mathew Likitha S.V. Asha Rani S	Accepted	Non invasive procedures
2	A study to assess the knowledge and practice regarding household waste management strategies among women in selected urban area, kolar.	Prof. Mary Minerva	Aimy John Anjitha AthulyaS DeepikaN Hithesh N Jinu K baby Lathashree Reshma J Nachitha R Rukhminidevi	Accepted	no invasive procedure

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#	Title	Guide	Students	Status	Remarks
3	An Exploratory study to assess the prevalence and risk factors of dyslexia among primary school students in selected schools at kolar	Mr.Rajesh R	AjithraSaji Ansusiby DennaEldhose Honeymol Nandhitha Reshmi Rahul Joshua Suchithra Babitha Nagaraj	Accepted	No invasive procedure
4	A study to assess the work life satisfaction among staff Nurses working at selected hospitals, Kolar.	Mrs. Gayathri	Arathy.s, Alanta Joy, BessyJohny, Dhanu K S, Gibson Daniel, Jeena Mathew, Maria Mathew, Nayana Paul, Revathi R, Nagaraj	Accepted	Noinvasive procedure
5	a study to assess the knowledge and practice regarding Management of minor disorders of pregnancy among primigravida mothers at R.L Jalappa hospital kolar, with a view to develop information booklet	Mrs. Punitha.	Alwin Archanaa Bindhu JibinaJoby Keerthika Mariamol Wilson NeenuMariya RintuRaju Swathi S Pushpalatha	Accepted	No invasive procedure

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No.	Title	Guide	Students	Status	Remarks
6	A study to assess the knowledge regarding developmental supportive care among staff nurses working in paediatric wards and Icu's at RL jalappa hospital, kolar with a view to develop an information booklet	Mrs. Lavanya	Amala joy, ArshaBiju, Binta T John, DhilsaSaji, Jisa Mary Ben, MeenaKumari, Neethu R, Sajitha V S, Shashikumar, Sandya N	Accepted	No in Vasive Procedures
7	A Study to assess the knowledge on management of borderline hypertension among adults (30 to 40yrs) at selected village under DRS PHC	Mrs. Malathi	Ambika S, Arunima Reiji, Binimol Benny, Divya E V, Jismy Roy, Meghanaanna, RamyaG, Nishma K, Sandra PP, Shamala	Accepted	No in Vasive Procedures
8	A descriptive study on knowledge regarding family planning methods among degree students in a selected college, kolar with a view to develop health education pamphlet. NOTE: Since the principal Instruction Prof. Sitivla Surekha was very Recently ghospitalised. Hes group trans to mrs.K vani Assist. Prof. Bovcon.	Prof. siivlasurekha	Amritha, Ashikas., Geetha, JomolJoshy, Merlin Getchy, Poovarasan.E, RenukaKharel, Yakshini. G, Shwetha.R	Accepted	No invasive Procedures
9	A study to assess stress and coping strategies among destitute women at selected destitute home, kolar district.	Mrs. JairakiniAruna	AncyIssac, Ancy Varghese, Ashley Elizabeth, Chinnu Susan, Dhanush, Grace Mary, Josna Jose, Mithrashaji Naveen Kumar	Accepted	No invasive procedures

10	A study to assess the Live experiences of foot ulcer patients admitted at RL Jalappa Hospital, kolar with a view to develop an information booklet on management of foot ulcer	Dr. G. Vijayalakshmi	DebuAryal Angel grace Atheertha Chethan ChrsteenaBabu AripriyaJalesh Moniishaa Princymol Swathi	*Accepted* No invasive procedures
11	A study to assess the knowledge of Nursing staff in adapting Modern Technology related to the use of bio Medical Equipments in care of Patient at selected hospital kolar with a view to develop information pamphlet	Dr. Zeanth C.J	BelhaThambi J.Umadevi Nivya Joseph Renimol Thomas Sandra Sam Shelnatomy Shima Krishnan Suma V Varsha B VijayalakshmiV	*Accepted* No invasive procedures

Sl. No.	Name	Signature
1	Dr.V.Lakshmaiah	
2	Dr.Bhaskaran	
3	Dr.Bhuvana K.	
4	Mr.Sridhar	
5	Mr.Suresh B	
6	Acharya Chinmayananda Avadutha	
7	Mrs.Lakshmi	

SECRETARY
ETHICAL COMMITTEE
Member. Secretary
SRI DEVARAJ URS COLLEGE OF NURSING

CHAIR PERSON
ETHICAL COMMITTEE
Chair person
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563 103

48

FROM,

Research Students,
III Year B. Sc.(N),
Sri Devaraj Urs College of Nursing,
Tamaka, Kolar - 563103

TO,

The Principal,
R.V. College
Bangarpet Road, kolar-563103

Forwarded through:

The Principal
Sri Devaraj Urs College of nursing
Tamaka, Kolar – 563103

Respected madam,

Sub: Permission to collect data from degree student of R.V. college RC-reg

We, the undersigned III Yr B.Sc(N) students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has selected the below mentioned topic for our research project as a partial fulfillment for bachelors of Nursing.

Title of the topic:

"**A descriptive study to assess the knowledge regarding family planning methods among degree students in a selected college Kolar, with a view to develop health education pamphlet.**"

With regard to above, we request you to grant permission to collect data from degree students on your College and do the needful. Further we assure you that we will collect the data from the students without disturbing the college rules and regulation. And the information collected from the students will be confidential.

Here with we are enclosing the research topic along with the objectives of the study, tool and ethical clearance for your kind consideration and approval.

Thanking you,

Please Consider & do the needful
Forwarded to the Principal
30/7/19

3/8/19

Yours sincerely,

Annexures
Enclosing: 1. Statement and objective
                    2. Ethical clearance
                    3. Tools
                         a) Demographic data
                         b) Structural knowledge question

Ms. Amritha
Ms. Ashika
Ms. Jomol
Ms. Geetha
Ms. Renuka kharel
Mr. Poovarasan
Ms. Yakshini
Ms. Merlin getcy
Ms. Swetha

Forwarded to the Principal, R.V. College with a request to Permit Students to collect data 30/07/19

Date: 30/7/19
Place: Tamaka, Kolar

Principal
of Nursing

49

FROM,
  8th Group
  Sri Devaraj Urs College of Nursing
  Tamaka, Kolar-563103.
TO,
  The Principal
  Mahila Samaja degree college
  SNR Circle, Kolar
Forwarded Through:

  The Principal
  Sri Devaraj Urs College of Nursing
  Tamaka, Kolar-563103.
Respected Sir,
<u>**Sub: Permission to collect data from degree students**</u>

        We are the student of 8th group of 3rd year BSc(N) & PPBSc of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has selected the below mentioned topic for research project, as a partial fulfillment for BSc Nursing Programme.

Title of the topic

"A descriptive study to assess the knowledge regarding Family planning methods among degree students in a selected college Kolar, with a view to develop health education pamphlet."

        With regard to the above mentioned subject, we kindly request you to grant permission to collect data from degree students on your College and do needful. Further we assure you that we will collect the data from the students without disturbing the college rules and regulation. And the information collected from the students will be confidential.
Here with we are enclosing the research topic along with the objectives of the study, tool and ethical clearance for your kind consideration and approval.

<div align="center">Thanking you</div>

Annexures
Enclosing 1. Statement and objectives
              2. Ethical clearance
              3. Tools
                   a) Demographic data
                   b) Structural knowledge question

Yours sincerely,
  Ms. Amritha
  Ms. Ashika
  Ms. Jomol
  Ms. Geetha
  Ms. Renka Kharel
  Ms. Merlin getcy
  Mr. Poovarasan
  Ms. Yakshini
  Ms. Swetha

Forwarded for the needful 19/8/19

Forwarded to Principal, Mahila Samaja degree college c̄ a request to permit our students to collect data.

Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563 101.

PRINCIPAL
Mahila Samaja Arts, Science, Commerce &
Management Studies College
New Extension, KOLAR-563101.

<div align="center">50</div>
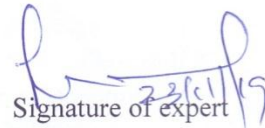
CERTIFICATE FROM STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis to IIIrd year B.Sc. (N) students, for the research study titled as **"A descriptive study on knowledge regarding family planning methods among degree students in a selected College, Kolar, with a view to develop health education pamphlet"** at Sri Devaraj Urs College of Nursing Tamaka, Kolar.

Place: Tamaka, Kolar

Date: 23|11|19

Signature of expert

S. RAVISHANKAR
Lect./Assit. Professor,
Dept. of Community Medicine,
Sri Devaraj Urs Medical College,
Tamaka, Kolar-563101

INFORMED CONSENT FORM

NAME OF THE INVESTIGATORS: Ms. Renuka Kharel, Ms. Yakshini Ms. Amritha, Ms. Ashika, Ms. Jomol, Ms. Geetha, Ms. Merlin Getcy, Mr. Poovarasan Ms. Swetha.

NAME OF THE ORGANIZATION: Mahila Samaja Degree College.

TITLE OF THE STUDY; 'A descriptive study to assess the knowledge regarding Family Planning methods among degree students in a selected college Kolar, with a view to develop health education pamphlet'

   If you agree to participate in the study I will collect information related to the knowledge regarding Family Planning methods among degree students.

   You are invited to take part in this research study. You are being asked to participate in this study because you are satisfying our eligible criteria. The information in the given document is meant to help you decide whether or not to take part please feel free to ask any queries.

   I have read or it has been read and explained to me in my own language. I have understood the purpose of this study, the nature of information that will be collected and disclosed during the study. I had the opportunity to ask questions and the same has been answered to my satisfaction. I understand that I remain free to withdraw from this study at any time and this will not change my future care. The undersigned agree to participate in this study and authorize the collection and disclosure of my personal information for presentation and publication.

s.no	Date	Name of the participants	Signature
1	24/08/19	Sindhu.S	
2	24/08/19	Monisha.M	
3	24/08/19	Sindhu. M.V	
4	24/08/19	Raksitha. N	
5	24/08/19	Sahama. G	
6	24/08/19	Sahana B.R	
7	24/08/19	Nandini. N	
8	24/08/19	Mounika. K.M	
9	24/08/19	Sahana.N	
10	24/08/19	Chaithara.V	
11	24/08/19	Sushmithra. V	

LETTER REQUESTING OPENINON AND SUGESTION OF EXPERTS FOR ESTABLISHING CONTENT VALIDITY OF RESEARCH TOOL

From

III year Bsc Nursing& Ist PPBSc Nursing

Dept. of Obstetrical & Gynecological Nursing

Sri Devaraj URS College of nursing

Tamaka, Kolar

To,

Respected sir/ Madam,

Subject; Request for opinion and suggestion of experts for establishing content validity of research tool and information pamphlet.

We, the III year BSc Nursing & I PPBSc students of Sri Devaraj URS College of Nursing, Tamaka, Kolar have selected below mentioned topic for research project for the fulfillment of the requirements of nursing research subject for BSc Nursing degree and PBBS course.

Tittle of the Topic: "A Study to assess the knowledge regarding family planning methods among degree college students in a selected college kolar with a view to develop health education pamphlets."

With regard to the above matter, we kindly request you to validate the tool for its appropriateness and relevancy we are hereby enclosing the objectives of the study and the knowledge questionnaire for your reference. We will be highly obliged and thank full for your great help.

<div align="center">Thanking you,</div>

<div align="right">Yours's faithfullly</div>

Ms. Renuka Kharel, Ms.Yakshini, Ms. Ashika S, Ms. Geetha Ms. Jomol Joshy, Ms. Merlin Getcy, Mr. Amritha, Mr. Poovarasan, , Ms.Swetha

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool and content of information pamphlet of 8th batch of III year BSC (N), Students of Sri Devaraj URS College of Nursing, Tamaka, Kolar, who are undertaking a research project as a partial fulfillment of Bachelor of Science in nursing degree.

"A study to assess the Knowledge regarding family planning methods among degree students in a selected college Kolar with a view to develop health education pamphlets "

DATE: **Signature of the validator**

PLACE: Tamaka, kolar

\

SECTION A: SOCIO-DEMOGRAPHIC VARIABLES

INSTRUCTIONS: Please answer the questions carefully and put a tick mark (√) in the appropriate place provided. The data collected will be kept confidential and used for research purpose only.

1. Age in years

a) 19-20   (   )

b) 21-22   (   )

c) 23-24   (   )

d) 25-26   (   )

2. Gender

a) Male   (   )

b) Female   (   )

3. Year

a) 1st year   (   )

b) 2nd year   (   )

c) 3rd year   (   )

5. Type of family

a) Nuclear   (   )

b) Joint   (   )

c) Extended   (   )

6. Place of residence

a) Urban   ( )

b) Rural   ( )

c) Semi Urban   ( )

d) City   ( )

7. Family Income (In rupees/month)

a) >30,000   ( )

b) 20,000-30,000   ( )

c) 10,000-20,000   ( )

d) Below10, 000   ( )

8. Source of information regarding Family planning methods

a) Parents   ( )

b) Family members/Siblings /Friends   ( )

c) Mass Media   ( )

d) Teachers   ( )

e) Health care professionals   ( )

f) Any other (specify)…..   ( )

INSTRUCTIONS: Read the following items carefully. Choose the most appropriate response from the given options and place a tick (√) mark in the space provided.

1. What is family planning?

a) Practice of using contraception to control the number of children (   )

b) Planning for the development & progress of family   (   )

c) Planning for the expenses per month of family   (   )

d) Practice of having only male child in the family   (   )

2. What are the purposes of family planning methods?

a) Prevents from STDs   (   )

b) Prevent unsafe abortion   (   )

c) Control the number of children   (   )

d) All of the above   (   )

3. How does the family planning methods have been classified?

a) Primary and secondary   (   )

b) Temporary and permanent   (   )

c) First degree and second degree   (   )

d) Modern methods and traditional methods   (   )

4. Which is the most widely known and used barrier device by the males around the world?

a) Vasa gel   (   )

b) Vasectomy   (   )

c) Condom   (   )

d) Hormonal gel   (   )

5. What is the drawback of male condom usage?

a) Its slips off or tear during coitus   (   )

b) Prevents sexual diseases   (   )

c) Prevents RTI's   (   )

d) Expensive   (   )

10. Beside condom, which is another barrier method for birth control?

a) Diaphragm   (   )

b) IUDs   (   )

c) Withdrawal   (   )

d) Sterilization   (   )

11. How many hours can IUDs remind in place after sexual intercourse?

a) 6hrs   (   )

b) 4hrs   (   )

c) 8hrs   (   )

d) 2hrs   (   )

12. What is the disadvantage of diaphragm?

a) Can be used for long time   (   )

b) Can be washed and reused   (   )

c) No protection against STDs   (   )

d) One time cost   (   )

9. Which of the following side effect has been associated with use of diaphragm?

a) Cushing syndrome   (   )

b) Compartment syndrome   (   )

c) Down syndrome   (   )

d) Toxic shock syndrome   (   )

10. What is spermicides?

a) A substance that kill insects   (   )

b) A substance that kill ovum   (   )

c) A substance that kills spermatozoa   (   )

d) A substance that kill zygote   (   )

11. Expand IUDs?

a) Intra uterine death   (   )

b) Intra uterine device   (   )

c) Internal urban development   (   )

d) International urban development   (   )

12. Who is the ideal candidate for IUD insertion?

a) Who has at least one child ( )

b) No history of PID ( )

c) Has normal menstrual period and willing to check the IUD tail ( )

d) All the above ( )

13. When is the ideal time for copper- T insertion?

a) Before menstruation ( )

b) During menstruation or 10 days of beginning of menstruation period ( )

c) After 12 days of menstruation ( )

d) During ovulation ( )

14. How long copper- T will be effective against birth control?

a) Up to 1 years ( )

b) Up to 10 years ( )

c) Up to 2-3 years ( )

d) Lifelong ( )

15. What are the advantage of IUDs?

a) Simplicity and inexpensive ( )

b) Highest continuation site ( )

c) Free of systematic metabolic side effects ( )

d) All the above ( )

16. Which among this is a Hormonal contraceptives?

a) Oral pills   ( )

b) Foams   ( )

c) Jellies   ( )

d) Diaphragm   ( )

17. When is the ideal day for the first course of oral contraceptive pills?

a) 5th day of menstrual period ( )

b) 7th day of menstrual period ( )

c) 3rd week of menstrual period ( )

d) 1st day of menstrual period ( )

18. Which is the most widely available contraceptives pill in PHC'S?

a) MALD.D ( )

b) MALA N ( )

c) MALA.F ( )

d) MALA.E ( )

19. When is the appropriate time for post coital contraception use?

a) Pills must be taken 48 hrs. Later of unprotected intercourse ( )

b) Can be taken at any time you prefix ( )

c) Must be taken within 72 hrs. Of an unprotected intercourse ( )

d) Can be taken within 50 hrs. Of an unprotected intercourse ( )

20. What is the action of oral pills?

a) To thicken the cervical mucous ( )

b) To prevent the release of sperm from seminiferous tubule ( )

c) To increase the progesterone production ( )

d) It is to prevent the release of the ovum from the ovary ( )

21. Which of these is a possible side effect of birth control pills?

a) Nausea ( )

b) Irregular bleeding ( )

c) Headache ( )

d) All of the above ( )

22. Which is the ideal age group for contraceptive pills usage?

a) Above 40 years ( )

b) Below 35 years ( )

c) 38 years ( )

d) 45 years ( )

23. How many months does DMPA depot formulations give protection against pregnancy?

a) 5 months ( )

b) 6 months ( )

c) 10 months ( )

d) 3 months ( )

24. What do you mean by post conceptional methods?

a) Pregnancy test after first trimester ( )

b) Practice of involving in none of the sexual activity ( )

c) Pregnancy test after second trimester ( )

d) Aspiration of uterine contents within but before tests can confirm pregnancy ( )

25. What are the different post conceptional methods available?

a) Abortion ( )

b) Menstrual regulation and menstrual induction ( )

c) Hysterectomy ( )

d) Both a & b ( )

26. What is sexual abstinence?

a) Practice of involving in oral sex but not through anal sex ( )

b) Practice of involving in all of the sexual activity ( )

c) Practice of refraining from all aspects of sexual activity ( )

d) None of the above ( )

27. What is coitus interrupts?

a) Arousal of sexual activity with non-living objects ( )

b) Decrease desire for sexual activity in man ( )

c) Sexual intercourse in which the penis is withdrawn before ejaculation. ( )

d) Men's inability to maintain an erectile penis during intercourse ( )

28. What is safe period?

a) 9 to 21 days of menstruation period ( )

b) Before 5 days and after 5 days of menstruation period ( )

c) After 15 days of menstrual period ( )

d) Before 15 days of menstrual period ( )

29. Which of these is natural family planning methods?

a) Tracking Basal Body Temperature ( )

b) Tracking change n cervical mucous ( )

c) Tracking the menstrual cycle on a calendar and Brest feeding ( )

d) All of the above ( )

30. Which of these is natural family planning methods of sterilization is permanent?

a) Vasectomy ( )

b) Thyroidectomy & Tubectomy ( )

c) Removing the prostate gland ( )

d) Removing the testes ( )

31. What is vasectomy?

a) Cauterizing a small section of the testes ( )

b) Severing the two vas deferens ( )

c) Removing the prostate gland ( )

d) Removing the testes ( )

32. What are the advantage of vasectomy?

a) It is safe, highly effective and permanent method of birth control   (   )

b) It helps to increase the fertility in male   (   )

c) It helps to increase in sperm count in male   (   )

d) It helps to decrease sperm count in male   (   )

33. Which of the following methods is permanent methods of sterilization in female?

a) Laparotomy   (   )

b) Tubectomy   (   )

c) Hysterectomy   (   )

d) Thyroidectomy   (   )

34. What is tubectomy?

a) Surgical procedure for male in which seminiferous tubules is permanently blocked   (   )

b) Surgical procedure for female in which fallopian tubes are permanently blocked   (   )

c) Surgical procedure for female in which cervix is permanently blocked   (   )

d) Both b & c   (   )

35. What is advantage of tubectomy?

a) Permanent birth control, with very good success rate at preventing pregnancy (   )

b) Helps in prevention of cervical cancer   (   )

c) Helps mother to give healthy child   (   )

d) Helps in prevention of sexually transmitted disease   (   )

ANNEXURE-VIII

KEY ANSWERS

Question. No	Answer	Question. No	Answer	Question. No	Answer
1	A	18	B	35	A
2	D	19	C		
3	B	20	A		
4	C	21	D		
5	B	22	B		
6	A	23	B		
7	A	24	D		
8	C	25	D		
9	D	26	C		
10	C	27	C		
11	B	28	B		
12	D	29	D		
13	B	30	A		
14	B	31	B		
15	B	32	A		
16	A	33	B		
17	A	34	B		

ANNEXURE-IX

LIST OF VALIDITORS

1. **Dr. G Vijayalakshmi**
   Principal
   SDUCON
   Tamaka, Kolar

2. **Dr. M S Radha**
   Vice. Principal & HOD of
   Child Health Nursing
   SDUCON
   Tamaka, Kolar

3. **Prof. Mary Minerva**
   HOD of Community Health Nursing
   SDUCON
   Tamaka, Kolar

4. **Prof. Jairakini Aruna**
   HOD of Mental Health Nursing
   SDUCON
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5. **Dr. Malathi K. V**
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6. **Asso. Prof. Lavanya Subashini**
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7. **Mrs. Gayathri K. V**
   Asso. Prof. of OBG
   SDUCON
   Tamaka, Kolar

8. **Asso. Prof. R. Rajesh**
   HOD of Fundamentals of Nursing
   SDUCON
   Tamaka, Kolar

9. **Mrs. Punitha**
   Assoc. Prof. of OBG
   SDUCON
   Tamaka, Kolar

ANNEXURE-X

FORMULA USED

Standard deviation=

$$\sigma = \sqrt{\frac{\sum (X - \bar{X})^2}{n-1}}$$

X=Observed value

n=number of

observations

$$\text{MEAN} = \sum x \div n$$

x=Observed value

n=Number of

observations

$$\text{MEDIAN} = (n+1) \div 2^{th} \text{ value}$$

$$x^2 = \sum \frac{(O-E)^2}{E}$$

O = Observed frequency

E = Expected frequency

$\sum$ = Sum of above across all cells

Participant	Age	Gender	Year	Type of F	Place of R	Family IN	Source of inf	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	Total	%
1	a	b	a	a	b	a	a	0	0	0	1	1	0	0	0	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	1	9	25.7
2	a	b	a	a	a	a	a	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	1	0	1	1	0	1	9	25.7
3	a	a	a	b	b	c	a	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	6	17.5
4	a	a	a	a	a	a	a	0	1	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1		9	25.7
5	a	b	a	a	b	a	a	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	1	1		9	25.7
6	a	b	a	b	b	a	a	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	1	0	0	0		8	22.8
7	a	a	a	a	b	a	b	1	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0		8	22.8
8	a	b	a	a	c	a	a	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	0	1	0	0	0	1	0	0	1	0		9	25.7
9	a	b	a	a	a	a	a	0	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	1	0	1	0	0	0	0	1	1	0	0	0	1	0	1	0		10	28.5
10	a	b	a	a	b	a	b	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	0	1	0	0			8	22.8
11	a	b	a	b	b	a	a	1	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1		6	17.5
12	a	a	a	a	c	c	a	1	1	1	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0			8	22.8
13	a	b	a	b	b	d	d	0	1	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	1	1	1	0	0	0	1	1	0	1	0	11	31.4
14	a	a	a	a	a	c	a	0	0	0	1	1	1	0	1	0	0	1	0	0	1	0	1	0	0	0	0	1	0	1	0	0	0	1	1	0	1	0	0	0	0		12	34.2
15	a	a	a	a	a	b	a	0	0	0	1	0	1	0	1	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	0	1	0	1	0	0	0	1	0	0	0	0	12	34.2
16	a	b	a	a	c	b	a	0	1	0	0	1	0	0	0	0	1	0	0	0	1	0	0	1	0	1	0	0	1	1	0	0	1	1	0	0	1	1	0	1	1	0	14	40
17	a	a	b	c	a	b	1	1	0	1	0	1	0	1	0	0	0	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	1	0	0			13	37.1
18	a	a	a	a	d	a	0	0	0	1	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	1	1	1	1	0	0	1	0	0	1	0	0	0	0			10	28.5
19	a	a	a	c	b	d	d	0	0	1	0	0	1	0	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	1	0	1	1		11	31.4
20	a	a	a	b	b	c	b	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	1	1	1	0	0	1	1	0	0	0		11	31.4
21	a	a	a	b	b	d	b	0	1	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0		9	25.7
22	a	a	a	b	b	c	a	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	1	0	1	0	0	1	0	0	0	0		8	22.8
23	b	b	b	b	b	b	b	1	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0	0	1	0	0	1	1	0	0	1	0	0	0	0	1	0	1	0		7	20
24	b	a	b	a	b	b	b	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	1	0	1	0	1	0	0	1	0	0	0	1	1	0	0	1	0	0	18	28.5
25	b	b	c	a	a	b	b	1	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0	0	1	0	0	1	1	0	0	1	0	0	0	0	1	0	1	0		11	31.4
26	b	b	b	c	a	b	b	1	1	1	0	0	1	0	1	0	0	0	0	1	0	1	1	1	1	0	0	0	1	0	0	0	1	0	1	0	1	1	0	0	0	1	16	45.7
27	b	b	b	b	b	b	b	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	9	25.7
28	a	a	a	a	b	a	b	1	1	1	0	0	0	1	0	0	0	0	1	0	0	1	0	1	1	1	1	0	0	0	1	0	0	0	1	0	0	1	1	0	0	0	15	42.8
29	b	b	b	a	b	b	b	1	1	1	1	1	1	0	0	0	0	1	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	0	1	0	1	0	1	0	1	0	18	51.4
30	a	b	b	b	a	a	a	0	0	1	0	1	0	1	0	1	0	0	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	15	42.8
31	a	a	a	b	a	a	b	0	1	0	0	0	0	1	1	1	1	1	1	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	1	0	1	1	1	20	51.1
32	a	b	a	b	a	a	d	0	1	0	0	1	1	1	1	0	0	1	0	0	1	0	0	1	0	0	1	1	1	0	1	0	1	0	1	0	1	0	1	0	0	0	16	45.7
33	b	b	c	a	a	a	e	1	1	0	1	1	0	0	0	1	1	1	1	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0		12	34.2
34	b	b	a	a	a	b	c	1	0	0	0	1	1	1	1	1	0	1	1	0	1	0	0	0	1	1	0	1	1	0	0	1	1	0	0	1	1	0	0	0	0		18	51.4
35	b	c	b	b	a	b	b	1	0	0	0	0	0	0	0	1	1	1	1	0	1	0	1	0	0	1	1	1	1	0	1	1	0	1	1	1	1	0	0	1	1		19	54.2
36		a	a	a	b	a	b	1	1	0	1	1	0	0	0	1	1	1	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0		12	34.2
37		a	b	a	a	a	b	1	1	0	1	1	1	0	1	0	1	0	0	0	1	1	0	0	0	1	0	1	1	0	0	1	0	0	0	1	0	0	0	1	1	0	16	45.7
38	a	a	a	a	a	c	a	0	0	1	1	0	0	0	1	0	0	0	0	0	1	1	1	1	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0		12	34.2
39	a	a	a	a	a	d	c	1	1	1	0	1	0	0	1	1	1	1	0	1	0	1	1	1	1	0	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	15	42.8

#	c1	c2	c3	c4	c5	c6	c7	binary	total	%
40	a	b	a	a	b	b	a	1 0 1 1 1 0 0 0 1 0 0 0 0 0 0 0 1 0 0 0 1 1 0 1 0 1 1 0 0 0 0 1 0 0 1	12	34.2
41	a	b	a	a	a	d	a	1 1 0 0 1 1 1 0 0 0 1 0 0 0 1 1 1 1 0 0 0 0 1 0 0 0 0 1 1 1 1 0 1 0 1	17	48.5
42	a	b	a	a	a	a	b	1 1 0 0 1 1 0 0 1 1 0 0 0 0 1 1 0 0 1 0 0 1 1 0 0 1 0 1 0 1 1 1 1 0 0 0	16	45.7
43	a	b	a	a	a	c	b	1 1 0 0 0 1 0 0 1 0 0 0 1 1 0 0 0 0 0 0 1 0 1 0 0 1 0 1 1 1 1 0 1 1 0	15	42.8
44	a	b	a	a	a	a	e	1 1 0 0 1 1 0 0 1 0 0 1 0 0 1 1 0 0 0 0 1 0 0 0 1 0 0 0 0 1 0 1 1 0 1	14	40
45	a	b	a	a	a	a	a	1 1 0 0 0 1 1 0 1 0 0 1 0 1 1 0 1 1 0 1 0 1 1 1 0 1 0 1 0 1 0 1 0 1 1 0	19	54.9
46	a	b	a	b	b	c	a	1 1 0 0 0 0 0 0 0 1 1 1 0 1 0 0 1 0 1 0 1 0 0 1 0 1 0 0 1 1 1 0 1 1	16	45.7
47	a	a	a	a	d	b	a	0 1 0 0 0 1 1 1 1 0 1 0 0 0 0 1 0 0 1 0 1 0 0 0 0 0 1 1 1 0 0 1 0	15	42.8
48	a	a	a	b	b	b	b	0 0 0 1 0 1 0 0 0 1 0 1 0 1 0 1 0 0 0 0 1 1 1 0 1 1 1 1 1 0 0 0 1	16	45.7
49	a	a	a	a	b	b	a	1 1 0 0 0 0 1 1 1 0 0 0 0 1 0 0 1 1 0 1 0 1 1 0 1 1 1 0 0 0 1 0 1 1	17	31.4
50	a	a	a	a	a	c	a	1 0 0 1 0 1 0 0 0 1 1 0 0 0 0 1 1 0 1 1 1 0 0 1 0 1 1 0 0 1 0 1 1	16	45.7
51	a	a	a	a	a	b	a	1 1 0 1 1 0 1 0 0 1 1 0 1 0 1 1 0 0 0 1 1 1 0 0 1 1 1 0 0 0 0 1 1 1	19	54.28
52	a	a	a	a	a	a	a	1 0 0 1 0 1 0 0 0 1 1 0 0 0 1 1 0 1 0 0 1 1 1 0 1 1 0 1 0 0 1 0 0 0 0	15	42.8
53	a	a	a	a	b	b	a	1 0 0 1 0 1 0 1 0 0 1 0 1 1 1 0 0 0 1 0 1 1 1 0 1 0 0 0 1 1 0 1 1 1 0	18	51.4
54	a	a	a	a	b	b	c	1 0 0 1 0 0 0 1 1 1 0 1 0 1 1 0 0 0 1 0 0 1 0 1 0 0 0 1 1 0 0 1 1 0 0	15	42.8
55	a	b	a	a	b	a	a	0 0 1 1 0 0 0 1 1 0 0 0 1 0 0 1 1 0 0 1 1 1 1 1 0 0 0 1 0 1 1 0 1 1 0	17	31.4
56	a	b	a	b	b	a	b	1 0 0 1 1 1 0 0 1 1 0 1 1 1 0 0 0 0 1 0 0 0 0 1 1 0 0 1 0 1 0 1 1 1 1	18	51.4
57	a	b	a	a	b	a	b	0 1 0 0 1 1 0 1 0 0 0 1 0 1 0 1 0 1 0 0 1 0 0 0 1 0 0 0 1 0 0 1 0 0 0	12	34.2
58	b	b	a	a	b	a	a	1 0 0 1 0 1 0 0 1 1 0 0 0 0 1 0 1 0 0 0 0 1 1 0 1 0 1 0 1 0 1 1 0 1	15	42.8
59	a	b	a	a	b	d	c	1 0 0 0 0 0 0 0 0 1 0 1 0 0 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 0 1 0 0 0 1	19	54.2
60	a	b	a	a	b	a	c	0 0 0 1 1 0 0 0 1 1 0 0 1 1 0 1 1 0 0 0 1 1 1 0 0 1 1 0 0 1 1 1 1 1 0	18	51.4
61	a	b	a	b	b	d	a	1 1 0 1 0 1 0 1 1 0 0 1 0 1 1 1 0 1 0 0 1 1 1 0 0 0 1 0 0 1 0 0 1 1 0	18	51.4
62	a	b	a	a	c	d	a	0 1 0 1 0 0 1 0 1 0 0 0 0 1 0 1 1 0 0 1 0 0 1 1 0 1 1 1 0 0 1 1 1 1 0	17	48.7
63	a	b	a	b	b	c	a	1 0 1 1 1 1 1 1 1 1 1 0 1 1 0 0 1 0 1 0 0 0 0 0 0 0 1 1 1 0 1 0 1 0 1	20	57.2
64	a	b	a	a	d	a	e	1 1 0 1 0 1 0 1 0 0 1 1 1 0 1 0 0 0 0 1 0 0 1 1 0 0 1 0 1 0 1 0 0 1 0	12	31.4
65	a	b	a	a	b	b	a	1 1 0 0 0 0 0 0 0 0 1 0 1 1 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 0 1 0 0 0 1	10	28.5
66	a	b	a	a	b	a	a	1 1 0 0 0 0 0 1 1 0 1 1 1 1 0 0 0 0 0 0 1 0 0 0 0 1 0 0 0 1 1 0 1 0 0	13	37.1
67	a	b	a	a	b	d	a	0 0 0 1 1 0 0 0 1 1 0 0 1 0 0 0 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0 0 1 1	9	25.7
68	b	b	a	a	b	b	b	1 1 1 1 0 1 0 1 0 1 1 0 0 0 0 0 0 1 1 0 1 0 0 1 1 1 0 0 1 1 0 1 1 0 0	18	51.4
69	b	a	b	a	a	b	b	1 1 1 0 1 1 0 1 0 0 1 1 1 0 0 0 0 0 1 1 0 1 0 0 1 0 0 0 1 0 1 1 1 0 1	17	48.5
70	b	b	b	b	b	b	b	1 0 0 1 1 1 0 1 0 0 1 1 0 1 0 0 1 0 0 1 1 0 0 0 0 1 0 0 0 1 0 1 1 1 0	16	45.7
71	b	b	b	b	b	b	b	1 0 0 1 1 0 0 1 0 0 1 1 0 0 1 0 0 0 1 0 1 0 1 0 0 1 0 0 0 1 0 1 0 1 1	15	42.8
72	a	a	a	b	a	d	d	1 1 0 0 1 1 0 1 0 0 1 1 1 1 0 0 0 0 1 1 0 1 0 0 1 0 0 0 1 0 1 1 1 0 1	18	51.4
73	b	a	c	b	b	a	b	1 1 0 1 1 0 0 0 0 0 1 1 0 1 1 0 0 1 0 1 1 0 1 0 0 1 0 0 0 1 0 1 1 1 0 1	17	48.5
74	b	b	b	b	b	a	b	1 0 0 0 0 0 0 0 0 0 1 0 1 0 1 0 0 1 0 1 1 0 1 0 0 1 0 1 0 0 0 1 0 1 0	12	34.2
75	b	b	b	b	b	a	a	0 1 1 1 1 0 0 1 0 0 1 1 0 1 1 0 0 0 0 1 0 0 1 0 0 1 0 0 0 1 0 0 0 0 0	11	31.4
76	b	a	c	a	b	b	b	1 1 0 0 0 0 0 0 0 0 1 0 0 0 1 0 1 0 0 0 1 0 1 0 0 1 0 0 0 1 0 1 1 1	12	34.2
77	b	a	b	a	b	b	c	1 0 0 1 1 0 0 1 0 0 0 1 0 1 0 0 0 0 1 0 1 0 0 0 1 0 0 0 1 1 1 1 1 1	15	42.3
78	b	b	b	b	a	b	c	1 0 0 1 1 0 0 0 0 1 1 0 1 0 0 0 0 1 0 0 1 0 0 0 1 0 0 0 1 0 1 0 1 0	12	34.2
79	b	a	b	b	b	b	c	1 0 0 1 1 0 0 0 0 1 0 0 1 0 0 0 0 0 0 1 1 0 1 1 0 1 0 1 0 0 0 0 0 1 0 1	13	37.1
80	b	b	b	b	b	b	b	0 0 0 0 0 0 0 0 1 0 0 1 0 0 0 1 0 0 1 1 1 1 0 0 1 0 1 1 1 0 0 1 0 1	13	37.1

81	b	a	b	b	b	b	b	1	1	0	1	0	0	0	0	0	0	1	1	0	1	1	0	0	0	0	1	0	0	1	1	0	1	0	0	0	1	0	1	1	1	1	15	42.8
82	b	b	c	a	a	b	b	1	1	0	1	0	1	0	0	0	0	0	1	0	0	1	0	0	0	1	1	0	1	0	0	1	0	0	1	1	0	1	1	1	1	16	45.7
83	a	d	a	a	d	c	a	1	0	1	1	1	1	0	0	0	0	1	0	1	0	1	0	1	0	1	1	0	1	1	0	0	1	0	1	0	1	1	0	0	1	0	18	51.4
84	a	b	a	a	a	a	a	0	0	0	1	1	1	0	0	0	1	1	1	1	1	1	0	0	0	0	1	1	0	1	0	0	1	0	0	0	1	0	1	1	1	1	18	51.4
85	a	a	a	b	b	c	a	0	1	0	1	0	0	1	0	0	0	0	1	1	1	0	0	1	0	0	1	0	0	1	1	0	1	1	1	1	1	0	0	1	1	0	17	48.5
86	a	a	a	a	a	a	a	1	1	0	1	0	1	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	10	28.5
87	a	b	a	a	b	a	a	1	1	0	1	0	0	0	0	1	0	0	1	1	0	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	13	37.1
88	a	b	a	b	b	a	a	1	0	0	0	0	1	1	0	1	1	0	1	1	1	1	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	1	1	1	1	17	48.5
89	a	a	a	a	b	a	b	1	0	0	1	0	1	0	0	0	0	0	1	1	1	0	0	1	0	0	1	0	0	1	1	0	1	1	1	1	0	0	1	1	0		16	45.7
90	a	b	a	a	a	a	a	1	1	1	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	1	1	0			11	31.4
91	a	b	a	a	b	a	b	1	1	0	1	1	0	0	0	0	1	1	1	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1	1	0	0		14	40
92	a	b	a	b	b	a	a	0	0	1	0	1	0	0	0	0	1	1	0	1	0	1	1	0	1	1	1	0	1	1	0	1	0	0	0	1	0	1	1	1	1		18	51.4
93	a	a	a	a	a	c	a	1	1	0	1	1	0	0	0	0	1	1	1	1	1	0	0	0	0	1	1	0	1	1	1	0	0	0	0	1	0	1	1	1	1		19	54.2
94	a	a	a	a	b	a	a	0	1	0	1	1	0	0	0	0	1	1	1	1	1	0	0	0	0	1	1	0	1	0	0	1	0	1	0	0	0	0	1	0	0		14	40
95	a	b	a	a	c	b	a	1	1	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0	0	1	1	0	1	0	0	1	1	0	0	1	1	0	1	1	1		16	45.7
96	a	b	a	a	c	b	a	1	0	0	0	1	1	0	1	0	0	0	1	1	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0		11	31.4
97	a	a	a	b	a	c	b	1	0	0	0	0	1	0	0	0	0	1	1	1	1	1	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	1	1	1	1	14	40
98	a	a	a	a	a	d	a	1	1	0	1	1	0	0	0	1	1	0	0	1	0	1	1	0	0	0	1	1	0	0	1	1	0	1	0	1	0	1	0	0	1	0	17	48.5
99	a	a	a	c	b	d	d	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	1	0	1	0	0	1	0	0	0	1	0	0	1	1	1	13	37.1
100	a	a	a	b	b	c	d	1	0	0	1	1	0	0	1	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	1	1	1	1	1	1	15	42.3