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**EFFECTIVENESS OF EDUCATIONAL INTERVENTION ON  
KNOWLEDGE REGARDING FAMILY PLANNING METHODS  
AMONG GRASS ROOT LEVEL HEALTH WORKERS AT  
SELECTED RURAL AREAS**

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**Abstract**

This study entitled “Effectiveness of Educational intervention on knowledge regarding family planning methods among grass root level health workers at selected rural areas” Aims: The objectives are to assess the knowledge regarding family planning methods among grass root level health workers at selected rural areas, to compare the knowledge level before and after educational intervention, to associate finding with selected demographic variables. Design and setting: Quasi experimental one group pre-test and post-test design approach was adopted. Total 60 grass root level workers were selected for this study through Non probability purposive sampling technique. A structured questionnaire was prepared about family planning techniques and it consists of various aspects. Pretest was conducted and after that education given about family planning techniques, then posttest conducted after 7 days of teaching. Results: This study results explained that, in pretest, it was found that the majority 10 (63.3%) of participants had average level of knowledge about family planning techniques. The mean percentage and SD of pre-test score was 30.07 and 4.863 respectively. After educational intervention, the mean percentage and SD for post-test was 31.47 and 4.754 respectively. This shows there was a significant improvement in the knowledge. Paired t-test was done to compare between pretest and posttest to compute the mean knowledge scores. There was significant difference found after educational intervention regarding family planning methods.

**Key words**

Effectiveness, Knowledge, Educational intervention, family planning methods, grass root level workers

**Introduction**

Every nation faces the difficulty of fast population increase. It may have a detrimental effect on the nation's economic development and lead to poverty. India is the world's second most



populated nation. Using family planning techniques is one of the most important ways to limit population expansion.<sup>1</sup> Health professionals can inform couples about the value of birth spacing and family planning. To gain the necessary information and abilities to carry out her responsibilities flawlessly, ASHA will need to go through training. It is expected of each ASHA to be the catalyst for community involvement in public health initiatives within her community. The Indian government offers comprehensive healthcare to its citizens, particularly in rural areas, under the auspices of the National Rural Health Mission (NRHM). One of the essential elements of NRHM is the Accredited Social Health Activist (ASHA). ASHA employees play a crucial role in accomplishing the objectives of national health programs and policies by serving as a liaison between the community and the public health system.<sup>2</sup>

### **Need for study**

Family planning programs have the ability to enhance people's economic well-being and quality of life. The study's goals were to determine the degree of knowledge, attitudes, and present usage of various family planning techniques as well as to find out why some couples choose not to use any of them. Ten hundred fifty married women of reproductive age participated in a cross-sectional descriptive study. Although the survey found that most women had excellent information and a positive attitude, couples still need to be educated and encouraged to improve family planning services.<sup>3</sup> By learning about their team worker's knowledge, attitudes, and behaviors, health workers assist them in selecting the best method of contraception and aid in the promotion of family planning services.

There is a serious lack of human resources for health, especially in low- and middle-income nations with the highest rates of maternal and newborn mortality, despite the general recognition of the need for better access to family planning (FP) services (WHO 2006).<sup>4</sup> Sub-Saharan Africa is home to 36 of the 57 nations with ongoing shortages of human resources for healthcare (WHO 2012).<sup>5</sup> Although many low- and middle-income nations have sizable rural populations, health facilities and qualified health personnel are disproportionately found in urban regions within those countries (WHO 2006). For years to come, access to healthcare in low- and middle-income nations will be hampered by the shortage of qualified healthcare professionals and their unequal distribution based on need.

One of the main causes of the high rate of unplanned pregnancies in the US is the underuse of effective contraceptive techniques by women who are at risk for becoming pregnant. This study was carried out to evaluate health care providers' understanding of contraception because they play a significant role in women's usage of contraceptives. The findings showed that obstetrician/gynecologists, female providers, younger providers, and doctors who offer intrauterine contraception in their clinic all had greater levels of knowledge. Providers' capacity to offer their patients high-quality contraceptive care could be significantly impacted by their inconsistent and inaccurate knowledge of contraception, which would also harm their capacity to avoid unwanted births.<sup>6</sup>

The effectiveness of national family planning health initiatives rests on the training and performance of ASHAs. The purpose of this study is to evaluate ASHA employees' knowledge of family planning services in a northern Kerala municipality. Over the course of two weeks (July 1–July 14), ASHA employees employed by a municipality in the Kannur District participated in this cross-sectional study. Every ASHA employee knew enough about family planning services. Despite this, some ASHA employees lack sufficient

understanding of ECPs, progesterone-only pills, and condoms' non-contraceptive applications.<sup>7</sup> Finding out how much knowledge grassroots workers have about family planning techniques and implementing educational programs to increase that knowledge are necessary.

### **Problem statement**

“Study to assess the effectiveness of educational intervention on knowledge regarding family planning methods among grass-root level health workers at selected rural areas”

Objectives of study

1. To assess the knowledge regarding family planning methods among grass root level health workers at selected rural areas.
2. To evaluate the effectiveness of educational intervention on knowledge regarding family planning methods among grass root level health workers at selected rural areas.
3. To associate the knowledge level with selected demographic variables.

### **Hypothesis**

H1: “There is a significant difference between pre-test and post test scores on family planning methods among grass root level health workers at selected rural areas.”

H2: “There is significant association between the knowledge level with selected socio demographic variables.”

### **Assumptions**

This study assumes that

1. Grass root level workers have inadequate knowledge on family planning methods.
2. Educational intervention may improve the grass root level workers knowledge.
3. Knowledge on family planning methods may be associated with socio demographic variables.

### **Material Method:**

#### **Research**

#### **approach:**

Quasi experimental one group pre-test and post-test design approach.

#### **Sample size:**

Sample size consisted of 60 ASHA workers in rural areas.

#### **Sampling Technique:**

Nonprobability purposive sampling technique was adopted.

#### **Setting of the study:**

This study was conducted at Salempur area.

#### **Variables:**

Dependent variable – Knowledge regarding family planning methods

Independent variable – Educational intervention on family planning methods.

Demographic Variables:

This contain the baseline information of grass root level workers such as age, educational qualification, type of family, Number of children, duration of experience.

#### **Criteria for sample selection:**

##### **Inclusion criteria:**

1. Grass root level workers who were available at the time of data collection.
2. Qualified grass root level workers who are currently working in Salempur area.

**Exclusion criteria: -**

1. Grass root level workers who are not willing to participate in this study.

**Description of tool**

**Section-A:**

Socio – demographic data comprises of age, educational qualification, type of family, duration of experience, religion.

**Section-B:**

Self-structured questionnaire consists of 30 questions about various methods of family planning. The tool was validated by the experts in the nursing field. The final draft of the questionnaire was prepared after including the suggestions from the experts.

**Scoring Procedure:**

Based on the sum total scores obtained by the study participants, these were categorized into three such as above average, average and below average.

Below average - 0 to 10

Average – 10 to 20

Above average – 21 to 30

**Procedure for data collection:**

Before collecting the data, consent was taken from the participants by explaining the purpose of the study. After pretest, family planning education was given with various visual aids. It was done for about 30-40 minutes. After 7 days, post test was conducted to evaluate the effectiveness. The researchers used audiovisual aids and lectures on the various facets of contraception to undertake an educational intervention program among the health personnel. Every attempt was made to ensure that the educational session was both sufficient, relevant, and ample while also being clear and brief. It was created especially to provide thorough information on every facet of contraceptive services.

**Results and interpretation**

Table 1 – Frequency and percentage of knowledge level on family planning methods among grass root health workers

Level of Knowledge	Pretest		Posttest	
	N	%	N	%
<b>Below Average</b>	0	0	0	0
<b>Average</b>	36	60	20	33.3

<b>Above Average</b>	24	40	40	66.7
<b>Total</b>	<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>

The above table showed that most of the respondents during pretest 36 (60%) had average knowledge and 24 (40%) had above average knowledge whereas in posttest 20 (33.3%) had average and 40 (66.7%) had above average knowledge about family planning methods.

**Table 2 – Comparison of pretest and posttest knowledge on family planning methods**

Aspects	Mean	SD	't' value	Result
Pre-test	28.70	4.356	17.793	Significant
Posttest	37.50	4.183		

The above table depicted that the observed 't' value of 17.793 was higher than the table value 0.05 level of significance indicating that the educational intervention contributes significantly to improve the knowledge level among grass root health workers.

**Discussion**

The present study has been conducted to assess the effectiveness of educational intervention on knowledge regarding family planning methods among grass root level health workers in selected rural areas. The findings indicated that maximum number of health workers belong to the age group of 28-38 years, most of them belongs to Hindu religion 49 (81.6%). With regard to type of family, 47 (78.3%) belongs to joint family and majority 46 (76.7%) were studied upto 10<sup>th</sup> standard, 10 (16.7%) had completed higher secondary education and only 4 (6.7%) were completed degree and other courses. The mean overall pre-test knowledge of grass root level health workers was 28.70 with standard deviation was 4.356. After the educational intervention, the mean for overall post-test knowledge level was 37.50 with the standard deviation was 4.183. Hence, education plays a major role in improving the knowledge level on family planning methods. Chi-square test was applied to find the association between selected sociodemographic variables and knowledge scores and the age factor is significantly associated with the knowledge level and other demographic variables were not associated with knowledge scores.

**Conclusion**

Family Planning programme for quite some time the health providers at the ground level lacked the detailed knowledge on the composition of various Contraceptives, their side effects and how the regimen works. Therefore, high quality training on the basics of contraceptives should be imparted to all health personnel belonging to both government and nongovernment organization especially those who are working at the grass root level. This in the long run will prevent unwanted pregnancies and unsafe abortions and thus reduce maternal morbidity and mortality making this nation healthier and happier.

**Limitations**

- ❖ The research was limited to grass root level workers in selected rural areas.
- ❖ The study only confined to a small sample selected by non-probability sampling technique.
- ❖ Extraneous variables like information given by other health professional, mass media were not under the control of investigator.

**Recommendations**

- ❖ A comparative study can be carried out to ascertain knowledge level on family planning methods with a control group design.



- ❖ A similar study can be conducted in urban areas.
- ❖ A descriptive study can be conducted to assess the knowledge on various family planning methods among health workers.

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