



KAP study on family planning among woman of reproductive age group in Dufferin hospital, Lucknow

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Abstract

Background

Population of India is increasing exclusively and is contributing to one sixth of the population of world by having more than 6 billion people. This population explosion is to be found as the major reason for the shortage of resources and its impact in the progress in various developmental sector are also affected. Millions of people are still illiterate, unhealthy and lack of nutritional diet due to the shortage of resources available in comparison to fulfill the demand of this large population and around 17 million new individuals are added every year which ultimately leads to over population. So, the stabilization and control of population should be a needed concern of topic. Reduction in the woman's productivity play's a major role in the economic burden on their families, communities and societies and for this there level of knowledge on family planning shows a great responsibility.

Objective

To access the knowledge and attitude of the women in their productive age group about the family planning and to co-relate practice with their knowledge and attitude for their family planning methods.

Methods

A cross-section study was employed on 75 woman in the Dufferin hospital who were in their reproductive age. Self administered questionnaire was used to collect the data and was analysed by using the MS word and MS-EXCEL excel.

Result

The study believe that majority of woman 49.33% were in the age group of 18 to 25 years with secondary education 34.66% mostly and with 1 child 46.66% in majority. Approximately 64% of them had good knowledge and favourable attitude 60% towards family planning but the practice rate decreases to 29.33%.

Conclusion

Overall finding of the study shows the majority of woman have an adequate acknowledged with a favourable attitude but the practice regarding the family planning method is low. This shows the gap between the knowledge of contraception and it's actually practice of contraception.

Keywords

Family planning, contraceptive methods, knowledge, attitude, practice.

Introduction

In developing countries, especially in India customs, superstitions and deep rooted beliefs regarding pregnancy, childbirth, health of the infant as well as mother and the role of mother are still widely prevalent and women in poor socio economic background are more vulnerable to the health risks associated with child bearing in quick succession. These contribute to the high maternal morbidity and mortality rate.

The Uncontrolled growth of population is recognized to be one of the most important hindrance or obstruction to the National development. Today, the population globally stand at over 6 billion in which one-sixth of population is from India. Even though, India is the first country in the world to implement or explore a national population control program in the name of “family planning programme” in “1952”, to reduce the fertility rate and stabilize the growth of population in near future. But India is still struggling and is still the second most populous country in the world. ¹ Family planning is one of the fundamental pillars of safe motherhood and reproductive rights.

According to WHO(1971), family planning is defined as “A way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individual and couples, in order to promote health and welfare of the family group and thus contribute effectively to the social development of a country”.²

Another expert committee defined and describe the family planning as “family planning refers to the practices that help individuals or couple attain certain objectives:-

- To avoid unwanted births.
- To bring about wanted births.
- To regulate the intervals between pregnancies.
- To control the time at which births occur in relation to age of patient.
- To determine the number of children in the family. ³

Therefore family planning as per WHO is, “ the ability of an individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility”⁴.

Family planning serves three critical needs:

- (1) It helps couples avoid unintended pregnancies
- (2) It reduces the spread of sexually transmitted disease (STDs)
- (3) By addressing the problems of STDs, it helps to reduce rate of infertility.

The importance of family planning is clear from its benefits to individuals and societies⁵.

Basic human rights

The United nation conference on human rights at Teheran in 1968 recognized family planning as a basic human right. The Bucharest conference on the world population held in August 1974 endorsed the same view and stated in its ‘plan of action’ that all couples and individuals have the basic human right to decide independently and responsibly the number and Spacing of their children and to have education, information and means to do so”. ⁶

The world conference of the international women’s year in 1975 also declared, “ the right of women to decide freely and responsibly the number and spacing of their children and to have access to the information and means to enable them to exercise their right”. ⁷

Thus, family planning has emerged from whispering in private quarters to the international concerns as a basic human right and its component of family health and social welfare. ⁸

Scope of family planning ⁹

Family planning is not only a synonym of birth control, but also more than that. A WHO expert committee (1970) has stated that family planning includes:-

- The proper spacing and limitations of birth
- Advice on sterility
- Education for parenthood
- Screening for pathological conditions related to the reproductive system (ex. Cervical cancer)
- Genetic counseling
- Pre-marital conditions and examination
- Carrying out pregnancy test
- Marriage counseling
- Preparation of couple for the arrival of their first child
- Providing services for unmarried mother
- Teaching home economics and nutrition
- Providing adoption services

These activities vary from country to country, according to national objectives and policies regarding family planning. This is the modern concept of family planning.

The welfare concepts¹⁰

Family planning is associated with numerous misconceptions, one of them is its strong association in the mind of people with “sterilization”. Other equate it with “birth control”.

The recognition of its welfare concept came only a decade and half after its inception, when it was named as “ Family welfare program”.

The concept of welfare is very comprehensive and is basically related to the “quality of life”. The family welfare program aims at achieving a higher end, that is to improve the quality of life of the people.

The small family norm¹¹

Small differences in the family size will make big difference in the birth rate. The difference of only one child per family area decade will have a tremendous impact on the population growth.

The objective of family welfare programme in India is that people should adopt “ small family norm” to stabilize the country’s population at the level of some 1.533 billion by the year 2050 AD.

Symbolized by the inverted red triangle the programme initially adopted the model of 3 child family.

In the 1970’s, the slogan was famous “do ya teen bas”. In view of the seriousness of the situation, the 1980’s campaign has advocated the 2 child norm. The current emphasis is on three themes “sons or daughter two will do”, “second child after three years” and “universal immunization”.

A significant achievement of the family welfare programme in India has been decline in the fertility rate from 6.4 in the 1950’s to 2.4 in 2012. The national target was to achieve a net reproductive rate of ‘1’ by the year 2006, which is equivalent to attaining approximately the 2 child norm. All efforts are being made through mass communication that the concept of small family norm is accepted, adopted, and woven into the life style of the people.

Unmet need for family planning¹²

The concept of unmet need for family planning first explored in 1960’s , when data was collected from survey of contraceptive knowledge , attitude and practice (KAP) showed a gap between women’s with reproductive intention and their contraceptive behavior.

To describe this group , term that came to popular use was “KAP-GAP”.

One of the first use of term “unmet need” was published in 1977. Based on the world fertility survey data, 1978 from five Asian countries, Charles Westoff published first comparative estimate of unmet need for limiting births.

Many women’s who are active sexually but don’t want to be pregnant . still not using any method of contraception (including their partner who are also not using any).

These women are considered to have an “unmet need for family planning”. This concept usually applied for married woman; however, it can also apply to sexually active fecund woman and perhaps to men, but its measurement has been limited to married women only.

Unmet need can be a powerful concept for family planning programme, to reach and serve millions of women whose reproductive attitude resembles those of contraceptive user but who are for some reason or combination of reasons, not using contraceptives.

Among the most common reason for unmet needs are inconvenient or unsatisfactory services lack of information fear about contraceptive side effects and opposition from husband or relative.

According to national family health survey 3, the unmet need for family planning is higher (27.1 %) among women below 20 years age and is almost entirely for spacing the birth, rather than for limiting the birth. It is also relatively high for women in age group 20-24 years (21.1 %) with about 75% of the need being spacing for births. The unmet needs for contraception among women aged 30 years and above are mostly for limiting the birth.

Unmet need for family planning is higher in rural areas than in urban areas. It also varies by women’s education (within range of 10.4-13.6 %) and religion (Hindu and Christian women’s have a lower unmet need than Muslim women)¹³. Although current use of contraception has increased and the extent of unmet need has declined in most of the states in India, there is a need for considerable improvement in the coverage and quality of family planning services, especially in the four large states of Uttar Pradesh, Bihar, Madhya Pradesh, and Rajasthan.

According to the DLHS-3 (2007-2008) about 20.5% of currently married women in India have an unmet need for family planning. The unmet need for spacing the birth is about 7.2 percent and need for limiting birth is 13.3 percent ¹⁴. The federal ministry of health (FMOH) has under taken many initiatives to reduce the maternal mortality rate. Among these initiatives, the most important is the provision of family planning at all levels of the healthcare system ¹⁵.

Currently, short term modern family planning methods are available at all levels of governmental & private health facilities, while long term method is being provide in health centers, hospitals, and private clinics. ¹⁶

The study done on Jima Zane; Ethiopia showed that knowledge on contraceptive did not match with the high practice of contraceptives use. ¹⁷

Different research showed that the highest awareness but low utilization of contraceptives making the situation a serious challenge. ¹⁸

Most of the reproductive age women know little or incorrect information about family planning methods .Even when they know some name of contraceptive method, they don't know how to use or where to get it from. These women have negative attitude about family planning while same have heard false and misleading information. ¹⁹

The current study aimed in assessing the knowledge, attitude and practice (KAP) of family planning among women of reproductive age group in Dufferin Hospital, Lucknow.

Method

Setting of study

A hospital based study was conducted in Dufferin Hospital , Lucknow.

Duration of study

One week date

Study population

Population of the study was women among reproductive age group of 18-45 years

Sample size

Sample size of the study was 75 reproductive age women 18-45 years

Sample criteria

1. Inclusion criteria
 1. Reproductive age women between 18-45 years
 2. Married women
 3. Who are willing to participate in the study
2. Exclusion criteria
 - Women above age of 50 or below 18 years
 - Those who have undergone permanent family planning method
 - Those who are not comfortable and willing to participate in the study

Sample Technique

A convenient sampling technique was used to select the study sample.

Research Variable

- Study Variables: Knowledge, attitude and practice of family planning among the reproductive age group of women.
- Extraneous Variables: Age, puberty, education, source of information

Development and Description of Tool

In this study a semi structured questionnaire was prepared to assess the knowledge, attitude and practice of family planning among reproductive age group of women.

1. Development of the tools:

The tool was developed with four parts:

Part1 - Socio demographic data

The socio demographic data was prepared with four questions collecting the personal information of the study.

Part2 – Semi-Structured knowledge questionnaire

The semi-structured knowledge questionnaire was prepared with five questions and with various options to choose

Part3 – Attitude Statement

Comprises of four questions with parameter of Yes and No.

Part4 – Practice Questionnaire

The practice questionnaire comprises of three questions with their options to choose.

2. Description of the Tool:

Tool consist of four parts.

Part1 – Socio Demographic Data

Socio demographic variable consists of four items which included name, age of the women, number of the children, educational status of the women.

Part2- Semi Structured knowledge questionnaire

This questionnaire consists of five questions which include the following points.

- a. Awareness of Family Planning
- b. Source of information about the family planning
- c. Knowledge of family planning methods.
- d. Knowledge of understanding of family planning.
- e. Knowledge of any side effects of family planning methods.

Part3 – Attitude statements to assess

The attitude of women regarding family planning and methods of includes following questions.

- a. Interest in family planning
- b. About the importance of family planning
- c. Attitude towards the intention to use any contraceptive methods in future
- d. Attitude towards motivating advising friends and other to use family planning methods.

Part4 – Practice based questionnaire

Includes three questions.

- a. Is subject using any contraceptive methods
- b. If using then what are the preferential methods.
- c. If not using then the reason for not using any method.

RESULT

Socio demographic characters

Age

The data shown in table no1 that socio demographic characteristics of the women studies in the survey. Among all the women studies, majority of them were in the age group of 18-25 years (49.33%), (41.33%) were in the age group of 26-30 years (6.66%) were in the age group of 31-35 years and very few were above the age group of 36 years (2.66%). (Fig.no.1)

Education

Education is the prime influencing factors that may have direct influence on the fertility.

Since education affect the knowledge, attitude and behavioural pattern of an individual.

In the present study , substantial proportion of the total population were illiterate (20%) and about (22.66%) of women were educated till primary school. Majority of them were with higher and secondary education (34.66%) and (22.66%) of them were graduate or post graduate.(Fig.no.2)

Parity

Among the reproductive age, majority of them were with one child (46.6%) and minority of them were with no child (4%). (33.33%) of women were with two child and very few (16%) of women were with three or more child. With increase of parity number of women decrease according to the data given.(Fig.no.3)

Knowledge Of Family Planning

As shown in the table 2(a) family planning were heard by majority of women in studies that is (64%) (Fig.no.4), almost (57.33%) of women were aware of at least one method of contraception (Fig.no.5) and (42.66%) were aware of the family planning

norms(Fig.no.6). The majority of women claimed television or advertisement (30.60%) as their sources of information for family planning about (24%) contributed by family friends and relatives as source of knowledge and (28%) of women get to know through the health personnel about the family planning(Fig.no.7). Above data shows that the digital and mass media is playing an adverse role in the awareness. Table 2(b) shows that the awareness of contraceptive methods among the women studies in which majority of women (42.60%) were aware of condoms, followed by (36%) were aware of oral pills the awareness of IUCD were (29.30%) and injectable(20%) awareness of female sterilization as well as male sterilization were nil(Fig.no.8). According to table 2(c) the understanding of family planning norms were analyzed. Majority of women (41.30%) understands that family planning is all about limiting the family size only and minority of women (5.31%) understand that family planning is for spacing and timing of childbirth about (14.60%) women things family planning is the prevention of unwanted pregnancies and none of the women understands about the importance of family planning is also for improving health status(Fig.no.9).

Attitude Towards Family Planning

In Table 3, (60%) of women shows the positive attitude and approved the family planning whereas(40%) still disapproved which shows a great percentage of negative attitude(Fig.no.10). Approximately(53.33%) of women shows interest to use any contraceptive method in future, whereas (46.66%) don't want to use any method of contraception even in future(Fig.no.11). Among all women, (44%) said that they will advise or motivate others to use the contraceptive method and encourage the family planning program, while (56%) shows no interest to advise or encourage others(Fig.no.12). According to the above data, the positive attitude towards family planning is quite good (60%) but intention to use the contraceptive method decreases to (53.3%) and the interest to motivate others to use the method is continuously decreased to (44%).(

Practice of Family Planning

Beside the good knowledge and attitude, the level of practice is not acceptable. In spite of having knowledge only 29.33% of women are indulged in the practice of family planning and majority 70.66% are not in practice(Fig.no.13). Among these 70.66% of women, majority 26.66% of women give the reason of desire for male or more child, 10.66% gave the reason of husband disapproval, 6.66% don't use any method because of the fear of side effects, least 2.66% said that there is a lack of accessibility and approx, 24% of women have no specific reason for not using any method of contraception(Fig.no.15). Among 29.33% of women who are using the contraceptive method, majority 17.33% preferred the condoms as the choice of method, followed by 9.33% IUCD and only 1.33% oral pills and injection and, respectively. Most of the women opted for temporary method than the permanent method, as shown in the table. None of the women were willing to undergo sterilization(Fig.no.14). Reasons include not good for health, opposition of husband/family/relatives, desire of more child.None of that women were able to say whether their husbands would undergo male sterilization.They showed that there is a lack of communication in the couple.

Table 1 – SOCIO DEMOGRAPHIC CHARACTERISTICS (n = 75)

Age	Number	Percentage
18-25	37	49.30%
26-30	31	41.33%
31-35	5	6.66%
36 & above	2	2.66%

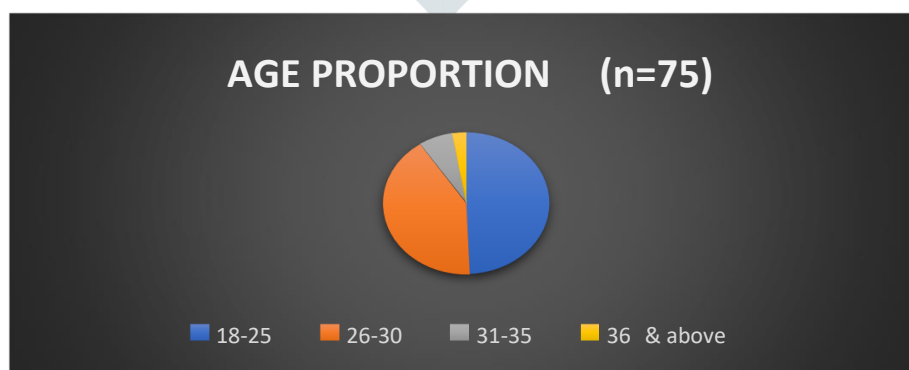


Fig. No. 1

Education	Number	Percentage
Illiterate	15	20%
Primary	17	22.66%
Higher/Secondary	26	34.66%
Graduate/PG	17	22.66%

Fig. No. 2

Parity	Number	Percentage
P0	3	4%
P1	35	46.66%
P2	25	33.33%
P3 and above	12	16%

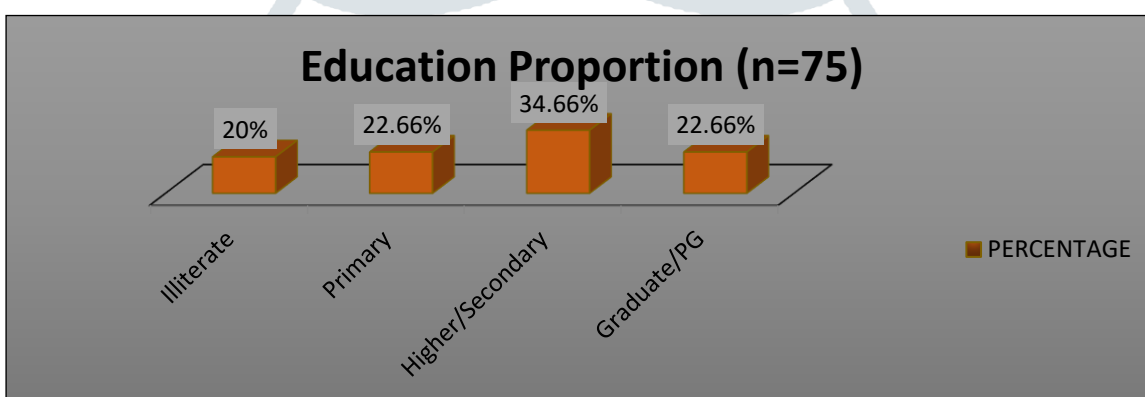


Fig. No. 3

Table 2(a) KNOWLEDGE OF FAMILY PLANNING

Heard of F.P.	Number (N=75)	Percentage
Yes	48	64%
No	27	36%
Awareness of Contraceptive Method		
Yes	43	57.33%
No	32	42.66%
Awareness of Family Planning Norms		
Yes	32	42.66%
No	43	57.33%
Source of Information		
Television/Ad	23	30.60%
Friends/Relatives	18	24%
Health Personnel	21	28%

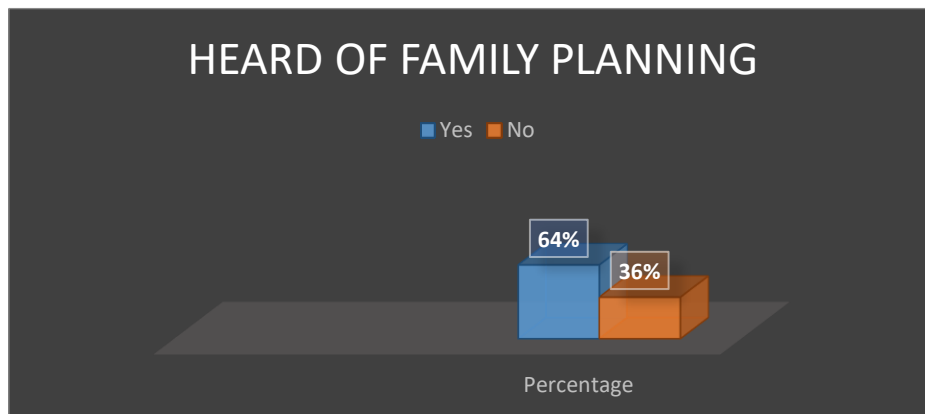


Fig. No.4

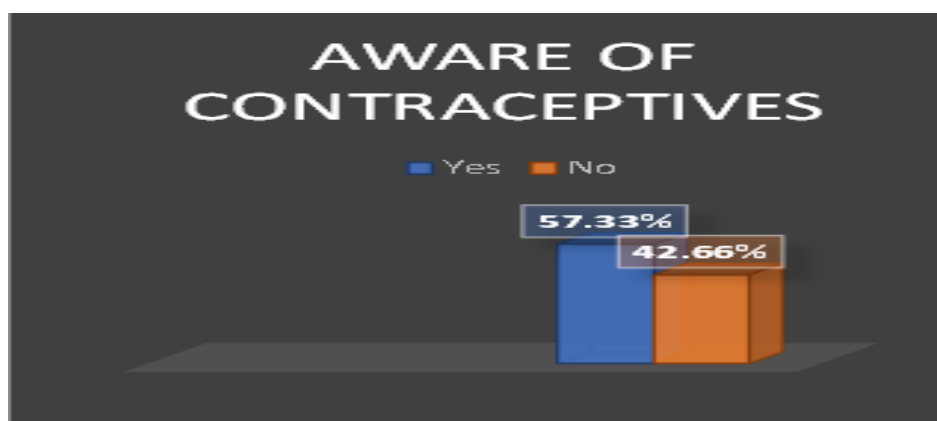


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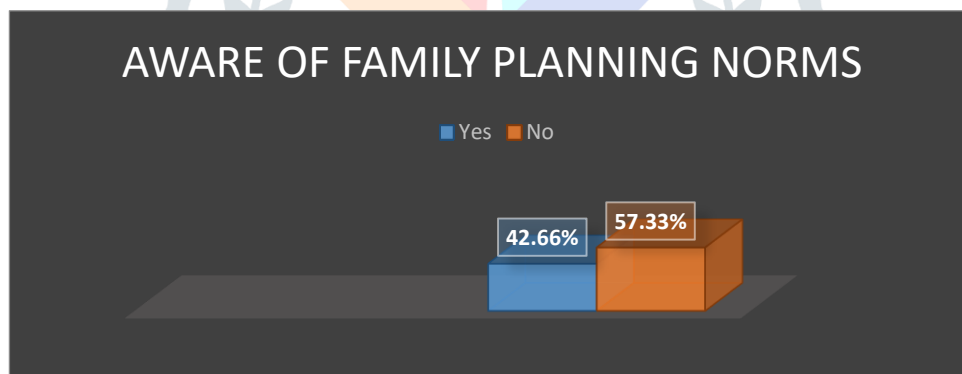


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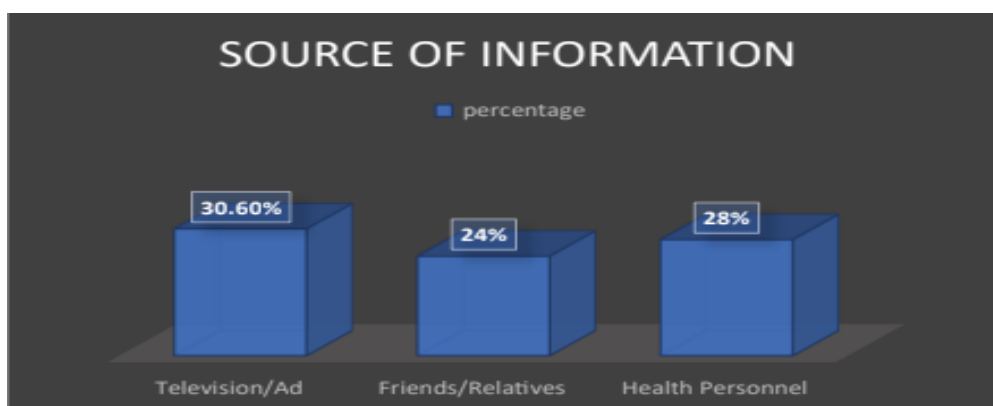


Fig. No. 7

Table 2(b) – Awareness of Contraceptive Methods

Methods	Number	Percentage
Oral Pills	27	36%
Injectables	15	20%
IUCD	22	29.30%
Condoms	32	42.60%
Female Sterilization	0	0%
Male Sterilization	0	0%

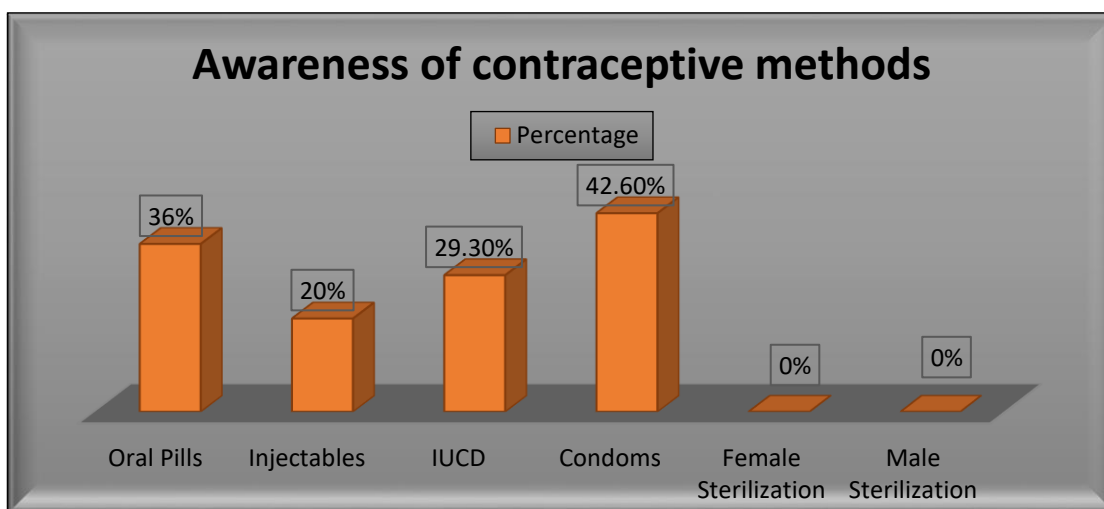


Fig. No. 8

Table 2(c) – Understanding of family planning norms

Importance	Number	Percentage
Spacing & timing of child birth	4	5.31%
Limiting family size	31	41.30%
Prevention of unwanted pregnancies	11	14.60%
Improving health status	0	0%

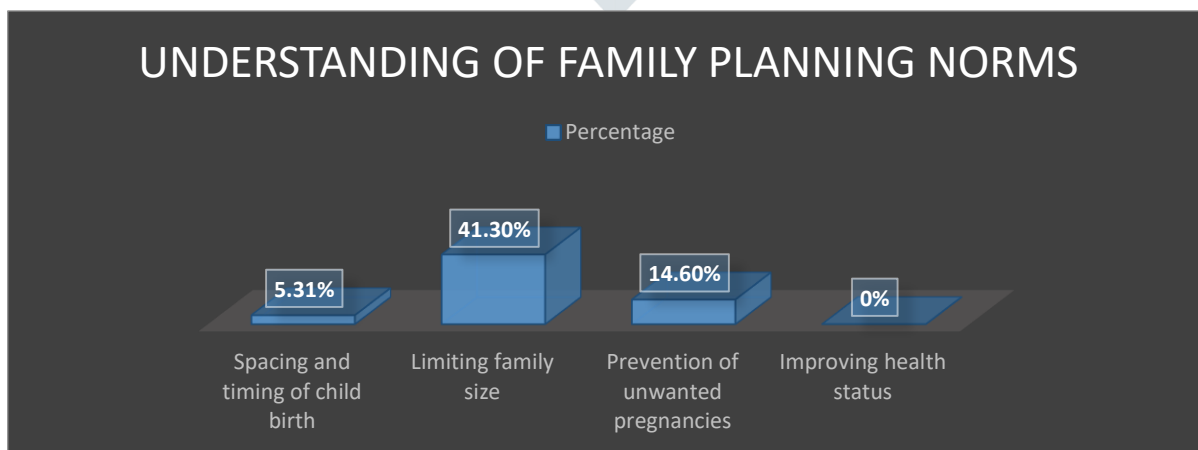


Fig. No. 9

Table 3 – Attitude towards family planning

Attitude	Number	Percentage
Approve	45	60%
Disapprove	30	40%

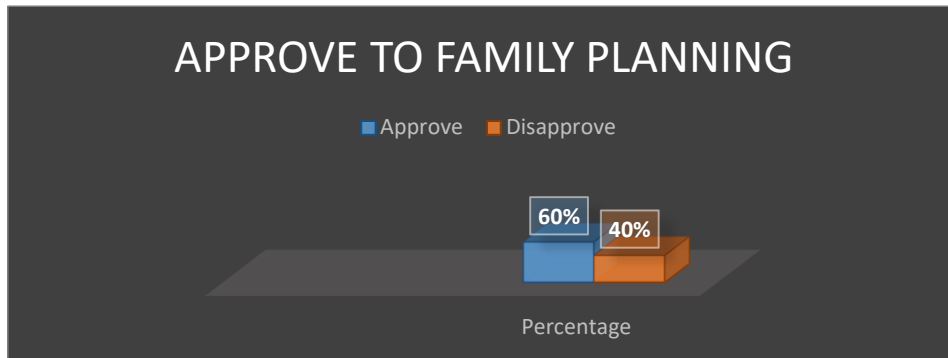


Fig. No.10

Intention to use in future	Number	Percentage
Yes	40	53.33%
No	35	46.66%

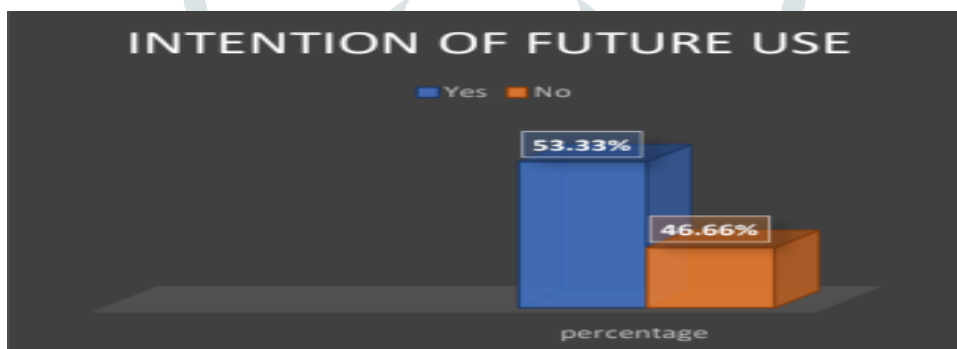


Fig. No. 11

Will advise or motivate other to use	Number	Percentage
Yes	33	44%
No	42	56%

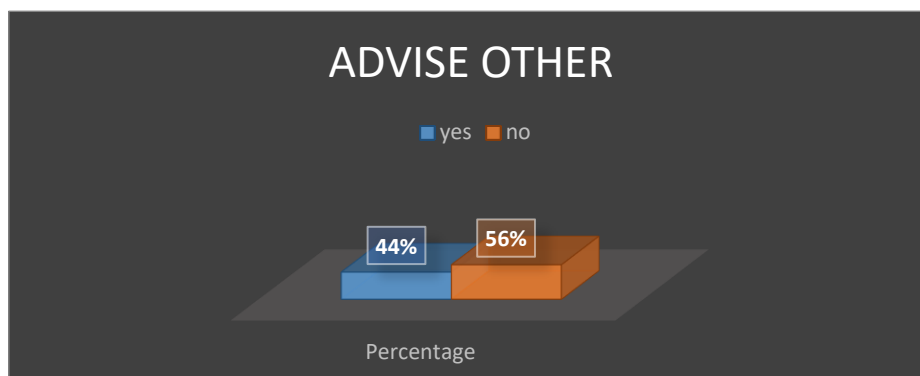


Fig. No. 12

Table 4(a) – Practice of contraceptive methods

Using any method	Number	Percentage
Yes	22	29.33%
No	53	70.66%

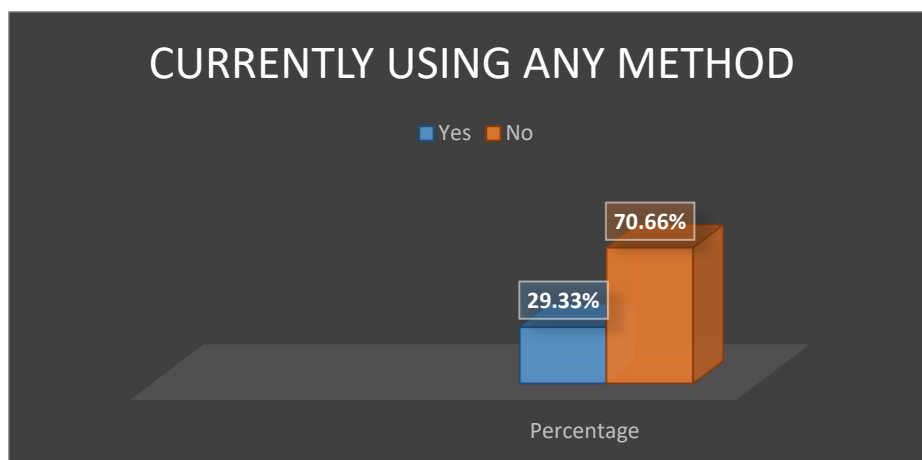


Fig. No. 13

Choice of methods using

Choice of method for use	Number	Percentage
IUCD	7	9.33%
Condom	13	17.33%
Pills	1	1.33%
Injectable	1	1.33%
Traditional	0	0%
Others	0	0%

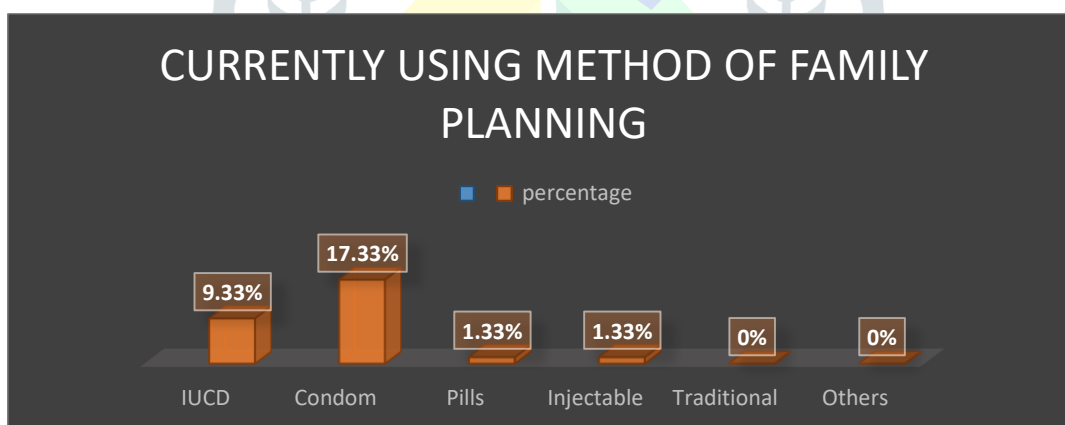


Fig. No. 14

Table 4(b) – Reason for not using any method

Reason	Number	Percentage
Desire for more/male child	20	26.66%
Side effects	5	6.66%
Husband disapproval	8	10.66%
Lack of accessibility	2	2.66%
No specific reason	18	24%

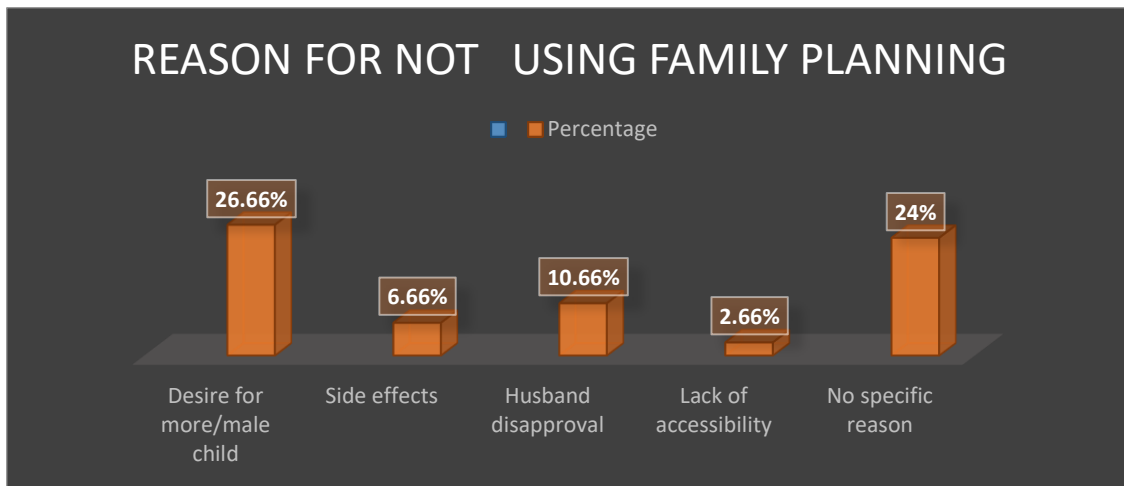


Fig. No.15

CONCLUSION

This study focused on the assessment of knowledge, attitude and practice of family planning among women of reproductive age group visiting to Dufferin Hospital, Lucknow during the study time period. The evaluation of knowledge, attitude and practice of contraception was the main objective of the study.

The study revealed the good knowledge and a favorable attitude of women of reproductive age group towards the family planning measure but the practice were low. Reason for the low or poor practice given by respondent were either desire of more child or of no specific reasons. This shows the lack of motivation inspite of having knowledge and willingness. It was acknowledged that there were different factors that may be associated and affecting the practice like level of education, size of family, accessibility, source of information. Condoms were the most Preferred method of contraception because of it's easy accessibility and it's use is also easy and convenient. The source of information for majority of respondent were Television/ advertisement followed by the health personals and relative/family respectively. Since, in today's life mass media is playing a great role of awareness in many field including the contraceptive methods and family planning. Many attractive adds and knowledgeable video's are made to aware the public on different subject as much as possible, but this knowledge and awareness not always lead to the good practice, there is a lack of motivation which ultimately result in gap. This is the responsibility of health personal, midwives, nurses to motivate, educate and give counselling to women in their reproductive age regarding family planning methods and its importance, because during their reproductive phase they suffer from lots of mixed emotions, pain, unwell mood and even different ups and down from family and relatives. During this phase couples become more emotional towards each other and family safety becomes their priority. So in terms of health status of mother as well child, health professionals should counsel them with proper knowledge of family planning and motivate and encourage them to use the family planning methods.

Knowledge and awareness is not enough, it require a face to face (one to one) motivation and counselling for a appropriate knowledge, favorable attitude and good practice which lacked behind the media and television.

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