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Knowledge, attitude, and practice (KAP) of family planning among married women in Hapur, Uttar Pradesh

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ABSTRACT

Economic status and overall progress of a nation depends on the quality of population and their lifestyle, education, financial condition, personal & professional success. India is a developing country with highly dense (1.3 billion) population with lots of setback. India with 2.5% of the world's land surface area has to accommodate about 17% of the world population. Considering the magnitude of problem India as pioneer in the whole world started National Family Planning Program 6 decades ago. Still there is a big gap between target and achievement. In the year 2011, the couple protection rate was about 40% for India, which is still far behind to achieve the 60% couple protection rate goal. Since the inception of the program, several knowledge, attitude, and practice (KAP) studies have been conducted. This cross-sectional study was conducted in a semi urban area of Hapur District in Uttar Pradesh. The study participants involved were 200 married women aged 15-45years. The Performa included details like socio demographic features, questions related to knowledge, attitude and practices (KAP) regarding contraceptive use. Though 91% women were aware of the existence of a contraceptive method, only 57% ever used one. The most commonly used contraceptive was condom (27%). The most common source of information on contraception was mass media, both printed and electronic. Reason for non-acceptance of family planning methods was fear of side effects, religious cause and husband or family opposition. On the basis of observations of this study, it is concluded that education and contraceptive practices were directly related. Women empowerment through education, strengthening of health services & shift of couple counseling rather only women counseling will play a very important role in disseminating the information about the promotion of contraceptive practices and can overcome the knowledge/practice gap.

Keywords: Contraceptive, KAP, Family Planning Program, Birth control measures.

1. INTRODUCTION

India is the pioneer country in the world to launch a nationwide family planning program in the year 1952.

An expert committee of the WHO, in 1971, defined family planning as, "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country." In April 1976, the country framed its first "National population policy" which is now running under RCH (Reproductive and child Health) program, so that each and every couple of India get aware of the need of the family planning methods. The need of contraceptive practices in order to control population explosion lies in the following points:-

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

Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies.

Despite this, the progress is very slow; as family planning methods are made widely available at free of cost by the Government of India; there is a poor acceptance of the contraceptive methods either owing to ignorance, inadequate knowledge about contraceptive

methods, and incomplete or erroneous information about their use or where to procure, or owing to the fear of complications while using them.

Nowadays, KAP studies are very important, because more specific knowledge can be attained about the factor that causes the fertility and family acceptance. This in turn can be used to develop a suitable program for them. This study was conducted with an objective to assess the KAP of family planning methods and various socio-demographic parameters and enhance the contraceptive practices among the married women in rural area of Hapur District of Uttar Pradesh.

2. OBJECTIVES

- To study the actual Knowledge, Attitude & Practice (KAP) towards contraceptives use.
- To know the factors could affect the family planning methods.
- To estimate the prevalence of different contraceptive methods practically used.

3. METHODOLOGY

Study Design and the Participants

This is a cross sectional study conducted in Department of Obstetrics and Gynaecology, G.S. Medical College and Hospital, Hapur. 200 married women aged between 15-45 years were interviewed. Along with the socio-demographic characteristics of the women, their knowledge, attitude and practices on contraception were evaluated with the help of predesigned questionnaire. Questionnaire also enquired about source of knowledge regarding contraception whether they obtained from media, health worker, social circle, family members, friends etc.

Exclusion Criteria

Pregnant women, Infertility and patients having any medical disorder, not willing to give consent were excluded.

Data Analysis

The responses to the schedule by each participant were entered into excel sheet, the data were tabulated, and statistical analysis was done using SPSS (Statistical Package for the Social Sciences) software, version 16.0. We calculated the percentages and applied the Chi-Square test wherever necessary and required.

4. RESULTS

Study shows out of 200 women 182 (91%) had knowledge about any sorts of contraceptive methods. Most of the cases source of knowledge is Mass Media (42%) followed by health provider.

Table 1- Sources of knowledge about different modes of Family Planning methods

Source of Information	Percentage
Family members/friends	11
Social workers	13
Doctors/Nurse/Paramedics/Health worker	27
TV/Radio/Newspaper/Magazines	42
Don't know	7

Table 2- Socio-demographic characteristics of Respondent

	FREQUENCY	PERCENTAGE
AGE IN YEARS		
15-19	19	9.5
20-30	96	48
31-40	57	28.5
>40	28	14
RELIGION		
Hindu	89	44.5
Muslim	104	52
Others	7	3.5
EDUCATIONAL STATUS (WIFE)		
Illiterate	53	26.5
Primary	40	20
High school	41	20.5
Higher Secondary	46	23
Graduate or above	20	10
EDUCATIONAL STATUS (HUSBAND)		

Illiterate	25	12.5
Primary	45	22.5
High school	48	24
Higher Secondary	62	31
Graduate or above	20	10
OCCUPATION (WOMEN)		
Govt employee	23	11.5
Private employee	48	24
Daily wage earner	42	21
House wife	87	43.5
MONTHLY FAMILY INCOME		
Below 5000	63	31.5
5000-10000	38	19
10000-15000	58	29
>15000	41	20.5
NUMBER OF CHILDREN		
One	22	11
Two	48	24
Three	73	36.5
Four />Four	57	28.5

Table 3- Practice of different contraceptive methods.

Combined pills	Condom	Female sterilization	IUCD (Cu T)	Injection	Male sterilization	Implant	Total
13%	27%	7%	5%	3%	2%	None	57%

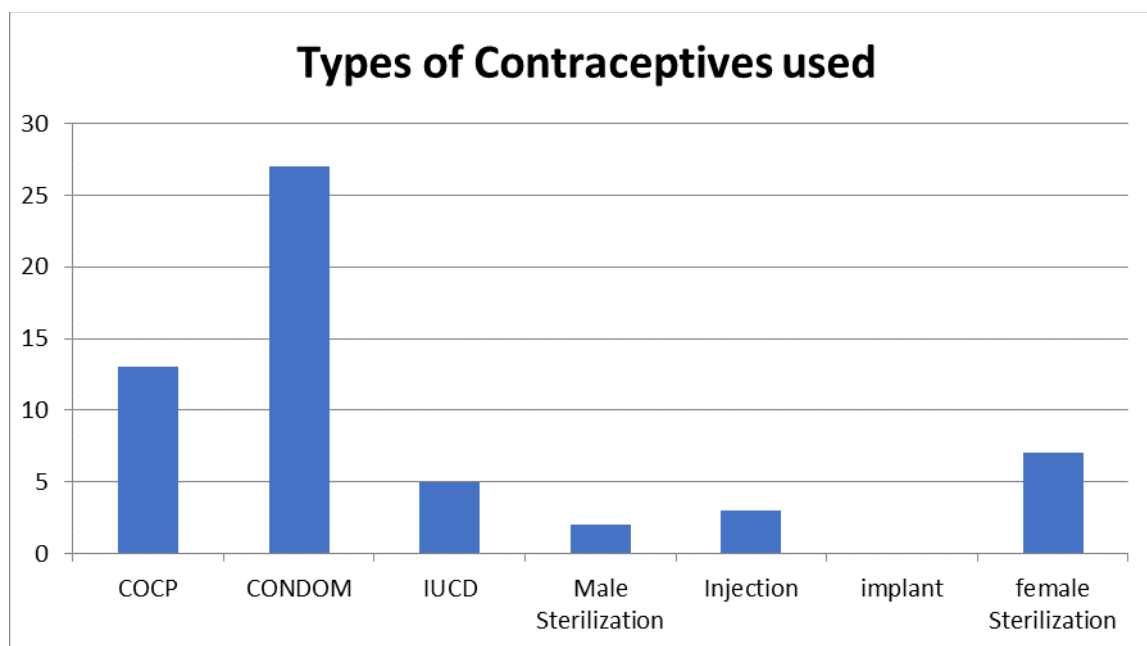


Figure showing knowledge of different contraceptive methods among the study participants.

In this study only 57% participants has used or presently using one kind of family planning method. Condom is the most commonly used contraceptive followed by combined oral contraceptive pill. None of them are using Implant.

5. DISCUSSION

This study revealed that 9% of married women do not know any kind of family planning method & all of them are illiterate. It shows direct relationship between Education & practice of Contraceptive. Though 91% women had knowledge about contraception only 57% has practiced it.

This study shows there is a remarkable gap between Knowledge, Attitude & Practice (KAP Gap). Maximum KAP Gap seen in younger age group and those having less educational status.

Reason for KAP Gaps are-

Opposition by Husband & elderly people in the family

Wants more children

Religious cause

She thinks her health is not well to tolerate

Due to hesitation

Worry about side effects

Women think if Husband undergo sterilization it will affect his health & he will lose physical work capability.

6. RECOMMENDATION AND CONCLUSION

On the basis of observations of our study, it is concluded that education and contraceptive practices were directly related. As family size increased, there was increased use of contraceptive methods. Accessibility & awareness about family planning method was good, but practice was found to be lacking behind, which is mostly because of the fear of side-effect, religious cause and husband or family opposition.

Study also enlighten about following recommendations-

- Improving female literacy may act as an important tool to break the social taboos and for improving contraceptive practices.
- Continuous & complete health education activities and strengthening health services will help in increasing the knowledge & thereby practices regarding contraception.
- There is a need to shift from Women centric approach to Couple centric approach. Realization of both Husband & Wife both is needed so they can accept birth control measures & plan their family accordingly.

7. REFERENCES

- [1] Park J.E. Park's Textbook of Preventive & Social Medicine, 20th edition 2009 p421.
- [2] Dabral S, Malik SL. Demographic Study of Gujjars of Delhi: IV. KAP of Family Planning. *J. Hum. Ecol.* 2004; 16(4):231-237.
- [3] Gautam AC, Seth PK. Appraisal of the knowledge, attitude and practices (KAP) of family control devices among rural Rajputs and Scheduled caste of Hatwar area of Bilaspur district, Himachal Pradesh. 2001; *Anthropologist*, 4(4):289-292.
- [4] Takkar N, Goel P, Saha PK, Dua D. Contraceptive practices and awareness of emergency contraception in educated working women. *Indian J Med Sci [Serial online]* 2005 [cited 2007 Apr 4], 59:143-149. Available from: <http://www.indianjmedsci.org/text.asp?2005/59/4/143/16119>.
- [5] Amonker RG, Brinker GD. The level of development and knowledge, attitude and practice of family planning in India. *Social Development Issues*. 2000; 23(2).
- [6] Rao AAK. Client Demand Approach (CDA) in the Revised Family Welfare Programme - A Feasibility Study. *Regional Health Forum WHO South-East Asia Region*. 2005; 5(2).
- [7] Prasad BG. Changes proposed in Social classification of Indian families. *J Indian Med Assoc* 1970; 55:198-9. 8. [8] Key Indicators for Urban Poor in Madhya Pradesh from NFHS-3 and NFHS-2. : www.uhrc.in.2006:1-2 (assessed on jan 2011).
- [9] Rajesh Reddy S, K.C.Premarajan, K.A.Narayan, Akshaya Kumar Mishra ; Rapid appraisal of knowledge, attitude and practices related to family planning methods among men within 5 years of married life *Indian J. Prev. Soc. Med* Vol 34 No.1&2 page 63-66.
- [10] Khan MM, Shaikh ST, Shroff AG. Study of knowledge and practice of contraception in urban slum community, Mumbai. *Int J Curr Med Appl Sci* 2014;3(2):35-41.