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A STUDY OF ASSESS THE KNOWLEDGE,ATTITUDES,ANDPRACTICE (KAP) OF SURVEY OF FAMILY PLANNING AMONG WOMEN AT RURAL AREA AT GWALIOR, M.P.

Nursing

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ABSTRACT

Every man and woman has the right to be informed about and have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, as well as the right to appropriate health care services that will allow women to safely navigate pregnancy and childbirth while also giving couples the best chance of having a healthy infant. Abstracts on research proving how family planning helps and advances people's and nations' health and prosperity, as well as high-impact or best-practice family planning programmes and service delivery models, were very interesting.

KEYWORDS

Knowledge, Attitudes, And Practice (Kap), Survey, Family Planning, Rural Area

INTRODUCTION:-

Family planning refers to the factors that may be considered by a couple in a committed relationship and each individual involved in deciding if and when to have children. Though rarely articulated, family planning may involve consideration of the number of children a couple wish to have as well as the age at which they wish to have them. These matters are obviously influenced by external factors such as marital situation, career considerations, financial position, any disabilities that may affect their ability to have children and raise them, besides many other considerations. If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management.

Family planning is sometimes used as a synonym or euphemism for the use of contraception. However, it often involves methods and practices in addition to contraception. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children). Family planning may encompass sterilization, as well as abortion.

Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved".

Need Of Study

Family Planning And Contraceptive Use:-

According to district level household facility survey report in MP. To achieve population stabilization to and promote healthy reproductive behaviour among married couples, NRHM promotes contraceptive use on voluntary basis through a comprehensive package of improved accessibility and incentive programme. There is near universal awareness of sterilization for limiting and IUD, Pills and Condom for spacing of children among ever-married and currently married women in Madhya Pradesh.

Female condom is least known to women with just 5.9 percent being aware of this method. 91.4, 74.1, 47.5 and 70.5 percent of currently married women knew emergency contraceptive pills, injectables, withdrawal and rhythm method. Similar pattern of knowledge and awareness of different contraceptives are also found in almost all the districts of Madhya Pradesh. Female sterilization is the predominant limiting method being used by 17.4 percent of currently married women between 15 and 49 years and popular male oriented spacing method condom/Nirodh has been used by 16.4 percent of husbands of currently married women. Oral pills and IUD are being ever used by 8 and 3.6 percent of currently married women. Among the currently married women, the proportion ever used of any modern method is 38 percent and 56.2 percent of currently married women ever used the family planning methods. There is a rural-urban difference (9 percent) in the ever used of any modern contraceptive (rural 35.5 percent and urban 49.6 percent). However, use of female sterilization among rural women is slightly more (18 percent) than that among urban women (17 percent).

Objectives Of Study

Aim:

To investigate family planning knowledge, attitudes and practices among South Asian immigrant pregnant women in reproductive age.

Objectives:

- To describe the family planning knowledge
- To identify the attitudes towards family planning
- To learn about the attitudes towards discussions and information about sexual health and family planning methods among unmarried women themselves
- To explore contraceptive practices

Hypothesis

H01- There are no any different between pregnant and non-pregnant women regarding to knowledge about family planning.

H02- first generation immigrant women have 2 times higher family planning knowledge compare to second generation immigrant women.

H1- There is significant different of use of contraceptive method by the pregnant women.

H2- Different contraceptive methods are used to the primipara and multipara women.

METHODOLOGY

Research Approach

The research approach adopted for the study was Quantitative Evaluative Research Approach.

Research Design

This study was a cross -sectional was used in the study

Study Population

The study population was immigrant reproductive women Sample from Pakistan, India, Sri-Lanka and Bangladesh of reproductive age (13-49 years). They were recruited from the South Asian immigrant's communities, meeting places and different health center's in Gwalior, especially Bimr Hospital, Cancer hospital, govt. district hospital, Government JAH hospital.

Sample

In this study, the sample was the married women and unmarried youth selected from Gwalior district.

Sampling Technique:- Purposive Sampling Technique

Sample size

In this study, sample size is – 309

Married women – 223

Unmarried youth – 86

RESULTS

Demographic characteristics of immigrant women

Table 1. Demographic Characteristics Of 309 Immigrant Reproductive Women In Gwalior.

				1st generation immigrant women		2nd generation immigrant women		P-value
Variables		n= 309	%	n= 224	%	n= 85	%	
Age	13-19	71	23.0 %	11	4.9 %	60	70.6 %	
	20-30	127	41.1 %	107	47.8 %	20	27.5 %	<0.001
	31-45	111	35.9 %	106	47.3 %	5	5.9 %	
Ethnicity	Pakistan	106	34.3 %	82	36.6 %	24	28.2 %	
	Bangladesh	52	16.8 %	30	13.4 %	22	25.9 %	0.064
	Sri-Lanka	59	19.1 %	43	19.2 %	16	18.8 %	
	India	92	29.8 %	69	30.8 %	23	27.1	
Education	Less than 12 years education	192	62.1%	122	55.4%	70	80%	<0.001
	More than 12 years education	117	37.9%	102	46.6%	15	20%	
Marital status	Unmarried	81	26.2 %	15	6.7 %	66	76.6%	<0.001
	Married	228	73.8 %	209	93.3 %	19	22.4%	
Employment status	Unemployed	204	66 %	125	55.8 %	79	92.9 %	<0.001
	Employed	105	34. %	99	44.2 %	6	7.1 %	

In total 309 immigrant women of reproductive age residing in Gwalior were recruited. Table 1 shows the demographic characteristics of women. The range of ages was between 13 to 45 years. The mean age was 27.35, and standard deviation was 8.253. The participants were divided into three age groups. 41.1% were in the age group of 20-30 years, dominant immigrant country was Pakistan (34.3%), followed by India, Sri-Lanka and Bangladesh. As seen in the table 1,117 immigrant women (37.9%) had more than 12 years education and more than two-thirds 228 women were married.

Family Planning Knowledge Group

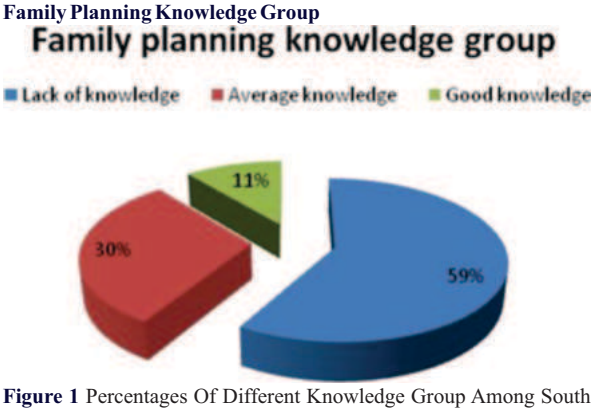

Figure 1 Percentages Of Different Knowledge Group Among South Asian Immigrant Women

Figure 1 illustrates the percentages of different knowledge groups. Only 34women (11%) made up the good knowledge group, A total 181respondents (59%) belonged to the lack of knowledge group while 94 women (30%), were referred to the average knowledge group.

DISCUSSION

The main research objective of the study was to investigate family planning knowledge, attitudes and practices among immigrant women in reproductive age in Gwalior, M.P.

SUMMARY

Knowledge, attitudes toward family planning and contraceptive use are the most fundamental indicators that are used by different national and international organizations to assess the success of family planning programs. Regarding the level of contraceptive use, knowledge has an effect on the women to practice family planning more than others who have lack of the knowledge'.[48] 'Migrants possess limited knowledge of modern contraceptive methods and, therefore, may experience unmet need for contraception or may have a limited choice of modern contraceptive methods during their first years in an urban destination.

CONCLUSION

There was a difference in family planning knowledge among immigrants living in Gwalior, India. Most important significant predictors for good FP knowledge are age 20-30yrs., education and being a Indian women. Compared to second generation immigrant women, first generation immigrant women have 2 times higher family planning knowledge. The family planning knowledge was 3 times higher among women from India compared to women of Bangladesh origin.

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