



**ORIGINAL RESEARCH PAPER**

**Gynaecology**

**KAP STUDY EVALUATION OF FAMILY PLANNING AWARENESS AMONG REPRODUCTIVE AGE GROUP FEMALES & ITS IMPACT ON CONTRACEPTIVE USE AND PRACTICES IN EASTERN U.P., INDIA.**

**KEY WORDS:** knowledge ,attitude, practice, family planning, contraception

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**ABSTRACT**

**Background**

The gap between the knowledge of contraception and its actual practice is well recognized in literature of family planning studies. The present study was to assess the knowledge about contraception, their attitude and actual practice of family planning and to find out the ways to increase contraceptive use.

**Methods –**

In this cross sectional descriptive study total 300 currently married reproductive age women were interviewed and results were analyzed.

**Result-**

Most of the respondent were below 30 year of age, of lower socio-economic status and belonged to rural areas. Knowledge was almost universal(96%).health workers and relatives played major role in contraceptive awareness. Contraceptive prevalence was 46%. Health issues, misconception social myths and husband not staying regularly were the most common reason for not using contraception.

**Conclusion-**

Though knowledge is universal but not complete and it reflects in their practices .So along with various programs we should focus on rapidity of general social change and development through mass education using multimedia and health workers at grass root level.

**INTRODUCTION**

Population explosion is real threat to healthy economical growth and social development of a country. India has launched family planning program well before in1952 and expands it as family welfare program in 1977 with the objective to spread knowledge regarding different family planning methods and to develop attitude among people favorable for practicing available effective methods, so that they can have desired number of kids at proper spacing.<sup>1</sup>

National population policy 2000, reiterates to need to stabilize population and aims to reduce the total fertility rate to replacement level by 2010. One of the immediate objectives of this policy was to address the unmet need for contraception. But still India remain in late expanding phase of demographic cycle.<sup>1</sup>

Family planning is one of the main component of global strategy for women, children and adolescent health 2016- 2030,which is fully aligned with sustainable developmental goals target .<sup>1</sup>

With all these measures however knowledge regarding contraceptives increased, but still there is a big gap in knowledge, attitude & practice of family planning among reproductive age groups. In most cases a substantial proportion of women who wanted to stop childbearing or delay pregnancy but were not practicing contraception. This discrepancy between reproductive preferences and birth control practices is referred to as the "KAP-gap" or the "unmet need" for contraception, ( Bongaart,1991).<sup>2</sup>

Though India has entered in late expanding phase of demographic cycle, but with the population of 1.311 million in the year 2015. India is the 2nd most populous country in the world, next only to china; whereas 7th in land area.<sup>1</sup>

Uttar Pradesh one of the poor performing states of India, has 16.49 % of total country population with high fertility rate of around 4.2 in 2000. Though total fertility rate declined from 3.8 in 2005-2006 to 2.7 in 2015-16 & total unmet need declined from 23.1 to 18.1 in 2015-<sup>16,3,4</sup>

The objective of present study was to assess the knowledge of various family planning methods and also to explore the current trends in usage of contraceptive methods by the couple, so that KAP-GAP of family planning can be targeted in eastern Uttar

Pradesh.

**METHODS-**

After obtaining permission from ethical committee, this cross sectional descriptive study was conducted from 1st May 2017 to 31st October 2017 in the family welfare OPD obstetrics & gynecology department of Nehru hospital at B.R.D. medical college Gorakhpur, India. By random selection total 300 currently married women of 15- 45 yrs age attended family welfare OPD in the months of July2017 & August 2017 were interviewed with prior informed consent. The study tool was predesigned, pretested wide range of questionnaire, so as to cover all aspects regarding knowledge, attitude & practice of family planning in addition to demographic characteristics of the respondents.

Descriptive statistics was used for data analysis. The data was entered in Microsoft excel spreadsheet and was analyzed using SPSS software and Chi square test was applied wherever necessary and required.

**RESULT-**

Among 300 women in study group 75.67%(n=227) were below 30 years age group. Majority were antenatal (57.67%), Hindus(92.67) ,belonged to rural areas(88.33%) and were showing SES as lower middle (38%) and low class (37%). Literacy rate was 76.33% out of which 26.67% were graduate. Most of the participants were showing SES as lower middle (38%) and low class (37%); as such no statistically significant difference was observed among SES classes regarding family planning use. Most of them had age at marriage & age at first child between 18- 24 years .(table – 1)

Regarding knowledge most of them (96%) were aware of at least one family planning method(before marriage awareness was only 32%), health workers were the main source of information(54.67%)followed by relatives.17%(n=51) knew about emergency contraception. Despite knowledge 71.33% had unplanned pregnancies.(table – 2)

The attitude of subjects was good regarding family planning. Most of them were in favor of 1-2 child family norm (60%) at 3-4 year birth interval (86.33%) and age at first child between 18-24 years (94.33%). 42% of women didn't desire more child.(table – 3)

In practice 214(71.33%) had unplanned pregnancies and use of

contraception has no effect on it (p value= >0.05) while increasing parity is directly proportional to the use of contraceptive measures (p <0.05). Unmet need was very high for both spacing as well as limiting the family size. As such no statistically significant difference was observed among SES classes regarding family planning use. Proportion of contraceptive users were more in clients with induced abortion (p value <0.05).(table - 4)

**DISCUSSION –**

During course of literature review many articles and journals were search. National family health survey was also reviewed. In the present study 2/3rd of women were below 30 yrs of age (high fertile zone). Women literacy was 76.33%, which is comparable to NFHS- 4 of U.P., India4. Current use of contraception (43.33%) was comparable to NFHS – 4(2015-16)3,4 for U.P., R.Srivastav et al (44.8%)5 Pegu B. et al,6 but slightly lesser then NFHS – 4 of India (54%)3 and much lower then Gupta et al (62%)7. As such no statistically significant difference was observed among SES classes regarding family planning use.6

Overall knowledge regarding any method of contraception was 96% which was similar to NFHS -4 (99%)2 but higher then Srivastav et al5(82.1%) & Md. Javed et al(79%).only 18% females were aware of emergency contraception which was much lower than national data(38.5%)3 but was 18 times when comparing KAP study in the same department in 2003 by Srivastav et al4. So awareness about emergency contraception also increased but still there is deficiency. Comparable to Gupta et al6(70.4%) & Pegu b et al7 (58.6%) health workers including doctors played major role in public awareness for contraception (54.67%). Relatives and health workers contribute in 90% of client awareness.Z Sherpa et al found 98.5 % get knowledge from health workers. Media also contributes up to 17.6% which is more than Z. Sherpa et al9, but it is much lower then P.Mahawar et al(88%)8, so we can use mass media more effectively for complete knowledge and awareness in masses.

Attitude of most of the females were positive but there was a big gap in its impact on their practice. Most women were in favor of small family with 1-2 child only (60%) at 3-4 year interval (86.33%) comparable to P Mahawar et al8 and with age at 1st child between 18-24 years(94.3%). 34 % of women still desire 3 or more kids, mostly because they don't have son or they wanted more son.

In practice most had unplanned pregnancies and contraceptive use increases with the parity6.It was noticed that, with advancement of age family planning practices increases. Despite a knowledge of and a favorable attitude towards family planning unmet need was very high for both spacing as well as limiting the family size. Induced abortion though not a method of family planning but as the chances of doctor- client interaction increases, in women with history of induced abortion contraceptive users were 64.9%. So same as R Srivastav et al. counseling played vital role in increasing contraceptive prevalence among induced abortion clients.

**CONCLUSION**

In spite of almost universal knowledge of one or more contraceptive methods & positive attitude, family planning practices are still disappointing. Awareness & knowledge is key to choose the right method for contraception .Proper counseling and motivation by health workers & social workers of target couple as well as other family members for appropriate use of family planning services can overcome the knowledge /practice gap. Use of communication media suitable for audience and adequate message is very important in disseminating information about the promotion of contraceptive practices. Government should organize various family planning awareness programs at community level along with uninterrupted supply of contraceptives at health centre.

**Table – 1 (SOCIODEMOGRAPHIC PROFILE)**

| Demographic characteristics | N = 300 | % |
|-----------------------------|---------|---|
|-----------------------------|---------|---|

| AGE (YRS)            |               |                       |
|----------------------|---------------|-----------------------|
| 18-24                | 128           | 42.67                 |
| 25-29                | 99            | 33.00                 |
| 30-34                | 36            | 12.00                 |
| 34-44                | 37            | 12.33                 |
| EDUCATION STATUS     | WIFE<br>N=300 | HUSBAND<br>N=300<br>% |
| ILLETRATE            | 71            | 44                    |
| PRIMARY EDUCATION    | 23.67         | 14.67                 |
| SECONDARY EDUCATION  | 22            | 13                    |
| GRADUATE             | 7.33          | 4.33                  |
|                      | 127           | 167                   |
|                      | 42.33         | 55.67                 |
|                      | 80            | 76                    |
|                      | 26.67         | 25.33                 |
| RESIDENCE            |               |                       |
| RURAL                | 265           | 88.33                 |
| URBAN                | 35            | 11.67                 |
| RELIGION             |               |                       |
| HINDU                | 278           | 92.67                 |
| MUSLIM               | 22            | 7.33                  |
| LIVING STANDARD      |               |                       |
| LOW                  | 111           | 37.00                 |
| LOW MIDDLE           | 75            | 25.00                 |
| MIDDLE               | 114           | 38.00                 |
| AGE AT MARRIAGE(YRS) |               |                       |
|                      | 15            | 5.00                  |
|                      | 273           | 91.00                 |
|                      | 12            | 4.00                  |
| <18                  |               |                       |
| 18-24                |               |                       |
| >24                  |               |                       |
| TYPE                 |               |                       |
| ANTENATAL            | 173           | 57.67                 |
| POSTNATAL            | 27            | 9.00                  |
| POSTABORTAL          | 9             | 3.00                  |
| GENERAL              | 91            | 30.33                 |
| AGE AT 1ST CHILD     |               |                       |
| <18                  | 2             | 0.67                  |
| 18-24                | 205           | 68.33                 |
| >24                  | 15            | 5.00                  |
| N.A.(nullipara)      | 78            | 26.00                 |

**TABLE – 2 (KNOWLEDGE ABOUT FAMILY PLANNING)**

|                                  | N=300 | %      |
|----------------------------------|-------|--------|
| HEARD ABOUT CONTRACEPTION        | 12    | 4.0%   |
| NO KNOWLEDGE                     | 170   | 56.67% |
| MODERN METHODS ONLY              | 51    | 17.0%  |
| MODERN & EMERGENCY CONTRACEPTION | 67    | 22.33% |
| CONTRACEPTION & STI BOTH         |       |        |
| SOURCE OF INFORMATION            |       |        |
| RELATIVE                         | 107   | 35.67% |
| NEIGHBOUR                        | 52    | 17.33% |
| HEALTH WORKER                    | 164   | 54.67% |
| MEDIA                            | 51    | 17.0%  |
| BEFORE MARRIAGE KNOWLEDGE        |       |        |
| NO                               | 204   | 68.0%  |
| YES                              | 96    | 32.0%  |
| PLANNED/ UNPLANNED PREGNANCY     |       |        |
| PLANNED                          | 84    | 28.0%  |
| UNPLANNED                        | 214   | 71.33% |
| NO PREGNANCY                     | 2     | 0.67%  |
| LIVE CHILD                       |       |        |
| 0                                | 82    | 27.33% |
| 1                                | 94    | 31.33% |
| 2                                | 66    | 22.0%  |
| 3                                | 37    | 12.33% |
| >3                               | 21    | 7.0%   |

|                  |    |       |
|------------------|----|-------|
| LAST CHILD BIRTH | 69 | 23.0% |
| < 1 YR           | 96 | 32.0% |
| 1-3 YR           | 57 | 19.0% |
| >3 YR            | 78 | 26.0% |
| NULLIPARA        |    |       |

**Table -3 (ATTITUDE TOWARDS FAMILY PLANNING)**

| Attitude                | Number ( N =300) | %     |
|-------------------------|------------------|-------|
| IDEAL AGE AT 1ST CHILD  | 283              | 94.33 |
| 18-24 YRS               | 11               | 03.67 |
| 25-30 YRS               | 1                | 0.33  |
| >30 YRS                 | 4                | 1.33  |
| DON'T KNOW              |                  |       |
| DESIRED NUMBER OF KIDS  | 180              | 60.0  |
| 1-2                     | 99               | 33.0  |
| 3-4                     | 4                | 01.33 |
| >4                      | 17               | 05.67 |
| DEPENDS ON CHILD GENDER |                  |       |
| DESIRE MORE CHILD       | 161              | 53.33 |
| NO                      | 134              | 44.67 |
| YES                     | 5                | 01.66 |
| NOT SURE                |                  |       |

**Table -4 PRACTICE OF CONTRACEPTION & FAMILY PLANNING**

| Category          | CONTRACEPTIVE USED |                      |                  |          | N=300 | %     | P - value  |
|-------------------|--------------------|----------------------|------------------|----------|-------|-------|------------|
|                   | NEVER USED         | USED WITHOUT PROBLEM | RELIGIOUS REASON | OTHER    |       |       |            |
| PLANNED PREGNANCY | 124(57.94)         | 88 (41.12)           | 1 (0.47)         | 1 (0.47) | 214   | 71.33 | X2 =1.7609 |
| NO                | 42 (50.0)          | 42 (50.0)            | 0                | 0        | 84    | 24    | DF =1      |
| YES               | 2                  | 0 (0)                | 0                | 0        | 2     | 0.67  | P=>0.05    |
| NULLIPARAVIDA     | (100)              |                      |                  |          |       |       |            |
| N. OF LIVE ISSUES | 66 (80.48)         | 16 (19.51)           | 0                | 0        | 82    | 27.33 | X2 =30.067 |
| 1                 | 51 (54.26)         | 42 (44.68)           | 1 (1.06)         | 0        | 94    | 31.33 | DF =4      |
| 2                 | 13 (46.97)         | 35 (53.03)           | 0                | 0        | 66    | 22.0  | P=<0.05    |
| 3                 | 13 (35.14)         | 24 (64.86)           | 0                | 0        | 37    | 12.33 |            |
| >3                | 7 (33.33)          | 13 (61.90)           | 0                | 1(4.76)  | 21    | 6.67  |            |
| DESIRE MORE CHILD | 76 (47.20)         | 83 (51.55)           | 1 (0.33)         | 1 (0.33) | 161   | 53.33 | X2 =11.657 |
| NO                | 90 (67.16)         | 44 (32.84)           | 0                | 0        | 134   | 44.67 | DF =1      |
| YES               | 02 (40.0)          | 03 (60.0)            | 0                | 0        | 05    | 1.67  | P=<0.05    |
| NOT DECIDED YET   |                    |                      |                  |          |       |       |            |
| ABORTIONS         | 112 (61.20)        | 69 (37.70)           | 1 (0.55)         | 1 (0.55) | 183   | 61.0  | X2 =23.6   |
| NIL               | 27 (35.06)         | 50 (64.93)           | 0                | 0        | 77    | 25.67 | DF =2      |
| INDUCED           | 29 (72.5)          | 11 (27.5)            | 0                | 0        | 40    | 13.33 | P=<0.001   |
| SPONTANEOUS       |                    |                      |                  |          |       |       |            |

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