

Dissertation Title

**“Knowledge, Attitude, Practise (KAP) study on women regarding Post
Partum Family Planning in Prabhawati (Lady Elgin) Hospital,
Gaya, Bihar”**

**A Dissertation Proposal for
Post Graduate Diploma in Health and Hospital Management**

By

Dr. Poulami Sanyal (PT)

Enrolment number- PG/11/068



**International Institute of Health Management Research
New Delhi**

2013

PRABHAWATI HOSPITAL

DAK BANGLOW ROAD, GAYA, BIHAR

Dated:

TO WHOM EVER IT MAY CONCERN

This is to certify that Dr. Poulami Sanyal (PT), a student of International Institute of Health Management Research, New Delhi, has successfully completed her dissertation since 7th February, 2013 to April, 2013 with Prabhawati Hospital, Gaya, Bihar.


During her dissertation period she completed the project titled "Knowledge, Attitude, Practise (KAP) study on women regarding Post Partum Family Planning in Prabhawati (Lady Elgin) Hospital, Gaya, Bihar".

During this three months period she has worked under the guidance of me and my team in Prabhawati Hospital, Gaya, Bihar.

Her behaviour and performance was found to be good during the aforesaid period.

We wish all success for her future endeavours,

For and behalf of Prabhawati Hospital, Gaya


Superintendent's Signature
Prabhawati Hospital
Gaya
29/4/13

Certificate of Approval

The following dissertation titled "Knowledge, Attitude, Practise (KAP) study on women regarding post partum family planning in Prabhawati (Lady Elgin) Hospital, Gaya, Bihar" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name

Dr. SHER SINGH

Dr. Prashant Singh

Dr. VINAY TRIPATHI

Signature

[Signature]

[Signature]

Vinay Tripathi

✓ Dr. Poulami Sanyal (PT)

Certificate from Dissertation Advisory Committee

This is to certify that Dr. Poulami Sanyal (PT), a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**Knowledge, Attitude, Practise (KAP) study on women regarding Post Partum Family Planning in Prabhawati (Lady Elgin) Hospital, Gaya, Bihar.**" in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Faculty Mentor
Designation

Dr. Doga

IIHMR

ASTT. PROF

New Delhi

01/05/2013

Date

Organizational Advisor
Designation

Organization

Address

Date

29.4.13
Superintendent
Prabhawati Hospital
Gaya
29/4/13

FEEDBACK FORM

Name of the Student: *Poulami Sanyal*

Dissertation Organisation: *Prabhawati Hospital*

Area of Dissertation: *Post Modern Family Planning*

Attendance: *100%*

Objectives achieved: *Yes they were met on time*

Deliverables: *Properly managed people & staff*

Strengths: *Good working*

Suggestions for Improvement: *Need to get more staff*

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

[Signature]
29.4.13
Superintendent
Prabhawati Hospital
Gaya

Date:
Place:

ABSTRACT

World Health Organization defines family planning as: “Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. Family planning includes a very important component within it known as “Post Partum Family Planning”. It is the utilisation of family planning by a couple during the first year after the birth of the baby. It helps a lady prevent unintended pregnancies during the first year after delivery when her health is in such a vulnerable state and demands attention. Though Government of India initiated its first Family Planning programme in 1951, but still it has not reached the most vulnerable sections of the country. Even some section of people still believe in traditional methods of family planning and doesn't know about any modern methods, and if they know also they don't get the right attitude to apply it since there are lack of sources to motivate them, which results in accidental conception thus hampering the health of both the mother and the baby thus augmenting the MMR and IMR of the country. Prabhawati (Lady Elgin) Hospital, Gaya which is a government hospital does the largest number of deliveries per month in the whole district. Presently the hospital is running at an average of 200 deliveries per month. The number has dropped in recent past because now each PHC have their own delivery unit. However, there would have no better place to find out the Knowledge, Attitude and Practise of post partum family planning among the people of Gaya, other than Prabhawati (Lady Elgin) Hospital. The general Objective of the present study is to know the Knowledge, Attitude and Practise regarding Post Partum Family Planning in Prabhawati (Lady Elgin) Hospital, Gaya, Bihar. A cross sectional study done on the patients of Prabhawati Hospital (Lady Elgin) for one month brings out facts like respondents, all of them women who come from a low economic background and very less education does not have enough courage to take decisions or to discuss about PPF services with their relatives or even spouse. Very low percentage of respondents actually has knowledge about different modes of Post partum family planning and attitude to really going for it is at stake. They have less knowledge, negative attitude and low or confused attitudes to go for PPF. However these women are not to blame for the pathetic situation. This current study brings out different important aspects of our society like medical professionals, mass media etc that are responsible for giving knowledge, changing attitude and making people finally implement Post Partum Family Planning, however things are not up to expectations in reality. Though it is a small study catering to a small population in a hospital but brings out the perception of several others living in the society.

ACKNOWLEDGEMENT

This training would not have been completed without a substantial support from a number of people. Although it is not possible to acknowledge each and every person individually, I would like to thank all those who contributed their time and efforts.

At the onset of the report I would like to acknowledge my sincere thanks to **Dr. S.K Aman**, Superintendent, Prabhawati Hospital, Gaya, Bihar for allowing me the opportunity to complete my three months duration of dissertation in Prabhawati Hospital, Gaya and for his support and cooperation all throughout this period.

I will take this opportunity to express my deep sense of gratitude to Dr. S.K Aman for his helpful attitude, guidance and valuable suggestions in spite of his busy schedule, which not only helped in shaping and completion of this project but also in enriching my knowledge which would act as a milestone for my future days. Without his support it would not have been possible to finish my report timely.

Finally I also extend my heartfelt gratitude to The Director of IIHMR, New Delhi, **Dr. L. P. Singh** and **Dr. Rajesh Bhalla**, Dean (Academic and Students Affairs), IIHMR, New Delhi for providing us a platform to gain enough knowledge and skills in different aspects of Public Health .

My sincere acknowledgement goes to **Dr. Nitish Dogra**, associate professor, IIHMR, for his kind assistance and support throughout my summer training.

An honourable mention goes to my family and friends for their understanding and support on me completing this project.

Finally, I would like to thank the Almighty God for granting knowledge and understanding through this period.

Thanking You,

Dr. Poulami Sanyal (PT)
PG/11/068
IIHMR, New Delhi

TABLE OF CONTENTS

ABSTRACT	2
ACKNOWLEDGEMENT	3
TABLE OF CONTENTS	4
LIST OF FIGURES	5
LIST OF TABLES	6
ABBREVIATIONS	8

SERIAL NUMBER	TOPIC	PAGE NUMBER
Part I		
1.1	Introduction of the organisation	9
1.2	Duties and Responsibilities	10
Part II		
A	Introduction and Background	11
B	Rationale of Study	13
C	Review of Literature	14
D	General and Specific objectives	15
E	Data and Methods	15
F	Limitations	16
G	Findings and Interpretation	17
H	Discussion	34
I	Conclusions	36
J	Recommendations	37
K	References	38
L	Appendices	

LIST OF FIGURES

SERIAL NUMBER	TOPIC	PAGE NUMBER
Figure 1	Age	19
Figure 2	Academics	19
Figure 3	Number of present issue	20
Figure 4	Monthly family income	21
Figure 5	Age of the youngest child	22
Figure 6	Time before birth of next child	22
Figure 7	Influences respondent's decision	23
Figure 8	Ever heard about PPF	24
Figure 9	Presently using contraceptive or not	25
Figure 10	Name any method of contraception	25
Figure 11	1 st source of knowledge about family planning	26
Figure 12	Attitude towards PPF	27
Figure 13	If husband or relative in favour of PPF	28
Figure 14	Ever discussed with spouse or relative about PPF	28
Figure 15	Reason for not opting PPF so far	29
Figure 16	Motivation for PPF	29
Figure 17	Is it incentive that attracted	36
Figure 18	Idea and support towards male contraception	30
Figure 19	Do you practise PPF	31
Figure 20	Who determined the decision to use PPF	31
Figure 21	Ultimately going for PPF or not	32

LIST OF TABLES

SERIAL NUMBER	TOPIC	PAGE NUMBER
Table 1	Demographic Variables	18
Table 2	General Information	20
Table 3	Knowledge	23
Table 4	Attitude	26
Table 5	Practise	31

LIST OF APPENDICES

SERIAL NUMBER	TOPICS	
1	Questionnaire	
2	Figure of Prabhawati Hospital	
3	Basket of choices (contraceptives)	

ABBREVIATIONS

FP- family planning

PPF- post partum family planning

KAP- Knowledge Attitude Practise

WHO- World Health Organisation

IMR- Infant Mortality Rate

MMR- Maternal Mortality Rate

TFR- Total Fertility Rate

HIV- Human Immuno Deficiency Virus

IPD- In Patient Department

OPD- Out Patient Department

IUD- Intra Uterine Department

ASHA- Accredited Social Health Activist

PART I:

1.1 INTRODUCTION OF THE ORGANISATION

PRABHAWATI (LADY ELGIN) HOSPITAL was laid by LADY ELLIOT , wife of Lieutenant Governor of Bengal and president of the Bengal branch of the Lady Duffein fund, on 28th November 1894. Presently the hospital has been named as Prabhawati Hospital since May 2012.

The hospital is situated at Gaya city in the middle of Bihar. Presently there is only two ladies hospital in Bihar. One M.J.K Hospital in Betiah, the north of Bihar. Another Prabhawati Hospital in Gaya, in the south of Bihar. This is a government hospital which is caring for the thousands of the women in Gaya town and blocks and villages surrounding Gaya.

The main objective of the hospital is to provide the best maternal and child health, reproductive and child health care services to the female and child population within its proximity.

As the hospital only provides services to women and children so its department consists of

1. Gynaecology
2. Obstetrics
3. Paediatrics and Medicine

Besides it also provides family planning counselling and immunisation services for children. Radiology and Pathology services are also present within the hospital complex. It provides all services according to Indian government guidelines of Reproductive and child health services and Maternal and child health services.

It is a 120 bedded hospital with a Sick and Neonatal Care Unit, which is under construction. The total staff positions are 92, which consist of skilled doctors, nurses etc.

1.2 DUTIES AND RESPONSIBILITIES

My joining in the organisation was on 7th February, 2013. I joined Prabhawati (Lady Elgin) hospital, Gaya as Hospital Manager.

The key responsibilities of a hospital manager include:

- a. Plan, organise, direct, control and coordinate day to day activities of the hospital.
- b. Developing procedures for medical treatments, as well as ensuring quality assurance and other patient services.
- c. Extrapolating data for quality assurance and monitoring purposes.
- d. Planning and implementing strategic changes to improve service delivery.
- e. Managing clinical, professional, clerical and administrative staff.
- f. Procurement of equipment and supplies, and organising stores.
- g. Active participation in hiring contractual doctors, nurses and assistant.
- h. Liaise with clinical and non clinical staff in other health facility, partner organisations.
- i. Public relations, ensuring that the facility maintains a positive image.
- j. Keeping up with ever changing medical technology, government regulations, financing options and health insurance benefits.
- k. Implementing new policies and directives.

During my dissertation period of three months, I have been doing and trying to learn the above mentioned duties and responsibilities.

Part II: Dissertation on “Knowledge, Attitude and Practise (KAP) study on Post Partum Family Planning in Prabhawati Hospital, Gaya, Bihar”

A. INTRODUCTION AND BACKGROUND

World Health Organization defines family planning as: “Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.”(WHO Handbook, 2007).

Family planning includes practices that are not birth control. It is applied to a couple who wish to limit the number of children they have or to control the timing of pregnancy. Family planning encompasses sterilization, as well as abortion.

Family planning includes a very important component within it known as “Post Partum Family Planning”. It is the utilisation of family planning by a couple during the first year after the birth of the baby. It helps a lady prevent unintended pregnancies during the first year after delivery when her health is in such a vulnerable state and demands attention. In addition to that WHO has suggested a 24 months interval between two births to have a baby with no health complications .So, in order to make that happen there is no better option than post partum family planning which applies modern method and is safer from traditional methods like periodic abstinence, calculating safe period etc.

Modern Post partum family planning (PPF) includes insertion of Intrauterine devices in the women’s vagina by convincing the patient either in the antenatal or pre-delivery period i.e early labor. It consists of following-

1. **Postplacental**: insertion within 10 minutes after placental expulsion
2. **Intracesearean**: insertion before closing the uterine incision
3. **Pre-discharge**: insertion from 10 minutes up to 48 hours postpartum
4. **Interval IUD**: can be provided after 4 weeks postpartum

Besides there are other options like taking of **5.contraceptive pills** or **6.permanent Sterilization** by either of the couple.

The need of PPF is of grave importance not only because it can save the life of the mother and the baby but also it can help in curing the problem of population explosion and help in bringing economic stability of a country.

In 1901, the world population was 1.6 billion. By 1960, it became 3 billion, and by 1987, 5 billion and in 1999, 6 billion. Currently, one billion people are added every 12 - 13 years. India is also not an exception with a current population of 1.2 billion, just next to China. Population growth in India during the twentieth century can be chartered and classified into four distinct phases as follows:

- 1901 - 1921: Stagnant population
- 1921 - 1951: Steady growth
- 1951 - 1981: Rapid high growth
- 1981 - 2001: High growth with definite slowing down

This population growth is accompanied with a Total Fertility Rate (TFR) that varies in all states and union territories in India. Also this TFR associates itself with two other factors called Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR).

Presently the TFR of India is 2.4 while the IMR is 44 and MMR is 212. However this value varies across different states. Bihar which is one of the "empowered action group" (EAG) states has the highest TFR in the country of 3.7. According to United Nations 2012 report there is one maternal death in every 10 minutes in India, Bihar is no exception. Bihar has a MMR of 261 according to 2010 SRS data. Though the trend has been decreasing through years but still it needs much attention.

Various research studies have shown that women during the first year after the birth of a baby want to abstain themselves from pregnancy. But, though they want to adopt family planning, they are not aware of the modern services of family planning or if they are aware also, it doesn't reach to them because of various organisational defaults which give rise to "Unmet need of family planning". Worldwide 222 million women have an unmet need of family planning, while India's value stands at 20.5 million, out of which 11.7 million falls in Unmet need of Post Partum Family Planning (WORLD POPULATION DATA SHEET 2012).

The various incentive based schemes are now a days, highly lucrative for both the beneficiaries as well as community health workers like ASHA. The Resources which have been flushed into the system through the RCH II flexipool over the last few years under National Rural health Mission (NRHM) has to be utilised in such a way that the rate of contraceptive use as well as complete sterilization after *garvida* second improves. The current initiative in Bihar named '*Adarsh Dampati Yojana*' is just the right step forward. ASHA will receive incentive only if a married couple gives two years of spacing by inserting PPIUCD after the 1st child birth and then undergo complete sterilization after the 2nd child birth.

Here comes the difference between Knowledge, Attitude and Practise of Post Partum family planning. Though Government of India initiated its first Family Planning programme in 1951, but still it has not reached the most vulnerable sections of the country. Though majority of population knows about family planning but don't know from where to get the

services. Even some section of people still believe in traditional methods of family planning and doesn't know about any modern methods, and if they know also they don't get the right attitude to apply it since there are lack of sources to motivate them, which results in accidental conception thus hampering the health of both the mother and the baby thus augmenting the MMR and IMR of the country.

B.RATIONALE OF STUDY

Bihar is a state in northern India. It is the 12th largest state in terms of geographical size at 38,202 sq mi (98,940 km²) and 3rd largest by population. It is divided into 38 districts out of which Gaya is the 2nd largest district in Bihar catering an area of 4,978 sq km. with a net population of 4379383(2011 census). This gives it a ranking of 42nd in India (out of a total of 640). The district has a population density of 880 inhabitants per square kilometre (2,300 /sq mi) Gaya has a crude birth rate of 24.9 against Bihar's 26.7. Gaya has a TFR of 3.4 against Bihar's 3.7 (Highest in India).

The women in Bihar gets married at an early stage and don't opt for family planning until the number of children becomes an economic burden on them. Gaya is also not an exception.

The main problems which comes up are-

The rising TFR (Total Fertility Rate), high unmet need of contraceptive and low couple protection rate indicates many consequences like-

- A. a high IMR (Infant Mortality Rate)
- B. a high MMR (Maternal Mortality Rate)
- C. higher economic burden
- D. lack of resources for such a large population and many others.

Post partum family planning can play a huge role in solving all these above problems. But somewhere there is a gap so far which has not put an end to the above problems.

This research study to some extent will help to find out the reasons behind such dismal show of post partum family planning and reasons behind people not opting for it.

Gaya has a female population of 217,690. Prabhawati (Lady Elgin) Hospital; Gaya which is a government hospital does the largest number of deliveries per month in the whole district. Presently the hospital is running at an average of 200 deliveries per month. The number has dropped in near past because now each PHCs have their own delivery unit. However, there would have no better place to find out the Knowledge, Attitude and Practise of post partum family planning among the people of Gaya, other than Prabhawati (Lady Elgin) Hospital.

C.REVIEW OF LITERATURE

A study done by BBC Media Action, India(2012), titled “Family Planning Needs during the Extended Postpartum Period in a High Fertility State "Bihar" in Northern India” states that a very low use and very high unmet need post birth. Result shows that in Bihar 7/8 women (88%) in the extended postpartum period do not use any modern contraceptive method and heavily depend on natural methods (like periodic abstinence, withdrawal, or natural postnatal infertility associated with exclusive breastfeeding before a woman’s periods return).

Nine out of 10 women do not use any modern contraceptive method within the first six months after delivery. There is significantly higher unmet need among mothers having 3 or more child. It further states that Program needs to identify women with unmet need during extended postpartum period and communication should target the identified triggers-barriers.

A study done by John A. Ross and William L. Winfrey in 2001 titled “Contraceptive Use, Intention to Use and Unmet Need During the Extended Postpartum Period” which analyses 27 surveys across 27 countries, states two-thirds of women who are within one year of their last birth have an unmet need for contraception, and nearly 40% say they plan to use a method in the next 12 months but are not currently doing so. Moreover, of all unmet need, on average nearly two - fifths falls among women who have given birth within the past year. Similarly, nearly two in five women intending to use a method are within a year of their last birth.

A study done by Carolyn Curtis, Douglas Huber and Tamarah Moss-Knight (2010) titled “Postabortion Family Planning: Addressing the Cycle Of Repeat Unintended Pregnancy and Abortion” brings out the fact that majority of couples though they know major implications about close birth of babies and also about HIV infection etc, but still they don’t opt for post partum family planning services thinking that the adversity cannot happen to them and they will be spared. Sometimes the couple’s responses also come as it will be dealt when some problem arises. Thus the paper points out a big gap between knowledge, attitude and practise on Post Partum Family Planning.

A research study conducted by Shaheen N.Lakhani in 1996 on “A Study of the awareness about family planning practises among Ismaili Community” states educated women have favourable attitude towards family planning adaptation than less educated women. The study shows a close relationship between economical stability and favourable attitude towards family planning. The study reflects that women’s involment in socio economic activities is not an important factor to adopt family planning practises.

A study was conducted by National Institute of Population Studies in 1996 on “Male Attitude and Motivation for Family Planning in Pakistan”. The study aims to explore the attitudes of male members in the society and asses their motivation for family planning. The study found out that though large number of men know about health problems associated with large number of children and the economic implication but very few men knew about contraceptive practises as compared to women.

S.K Srivastava in 1989 explained through his study “The family planning and population problem in India” that the concept of family planning is comparatively more familier to the urban people than to the rural areas. Family planning programmes are more effective as a source for urban or literate people. The researcher observed that majority of respondents feels that family planning is advantageous, but are not practising it in the same ratio. Reasons found out were illiteracy, lack of motivation and dissatisfactory methods of family planning.

D. GENERAL AND SPECIFIC OBJECTIVES

General Objective- To know the Knowledge, Attitude and Practise regarding Post Partum Family Planning among married women admitted in Prabhawati (Lady Elgin) Hospital, Gaya,Bihar

Specific Objective-

1. To know the knowledge regarding post partum family planning among married women admitted in Prabhawati (Lady Elgin) Hospital, Gaya, Bihar.
2. To know the attitude regarding post partum family planning among married women admitted in Prabhawati (Lady Elgin) Hospital, Gaya, Bihar.
3. To know the practise regarding post partum family planning among married women admitted in Prabhawati (Lady Elgin) Hospital, Gaya, Bihar.

E. DATA AND METHODS

Study Design- Cross sectional

Study Area – Prabhawati Hospital, Gaya, Bihar

Variables-

Sample population- was a complete enumeration of all the In Patients (IPD), which Numbered to 190 women who came for institutional delivery to Lady Elgin Hospital, Gaya from March 10, 2013 to April 10, 2013.

Data collection Technique- Questionnaire (open and closed ended).
Was pretested in the month of February and modified accordingly as per the need of the study.

Data analysis- quantitative analysis on SPSS version 16

F. LIMITATIONS

1. The study has been done at one point of time, that is one month, however to get a more vivid picture the time frame should have been expanded.
2. The present study is an institutional based study which caters only to Lady Elgin Hospital and it doesn't provide the knowledge, attitude and practise on PPF of the whole of the town, Gaya.
3. A KAP study on post partum family planning should have covered women from total reproductive age that is 15-49 years, however this is a small level survey which has covered covered women mostly from 21-25 years.

G. FINDINGS AND INTERPRETATION

Now the analysis and interpretation is presented below through simple tables and effort has been made so that a proper understanding is presented of those tables. The below tables have been prepared on the basis of quantitative and qualitative interview of the 190 respondents.

The table contains various information starting from the socio economic variables and general information necessary for this current study. Apart from that, tables have been divided according to the knowledge, attitude and practise on post partum family planning of the respondents and interpretations have been made accordingly.

The tables and pie charts overall tries to reflect various aspects starting from their educational and cultural aspects and also trying to find out the difference of the respondents in knowledge about post partum family planning and its practise in reality.

The table starts from demographic to general information, ultimately bringing up the knowledge, attitude and practise section on post partum family planning.

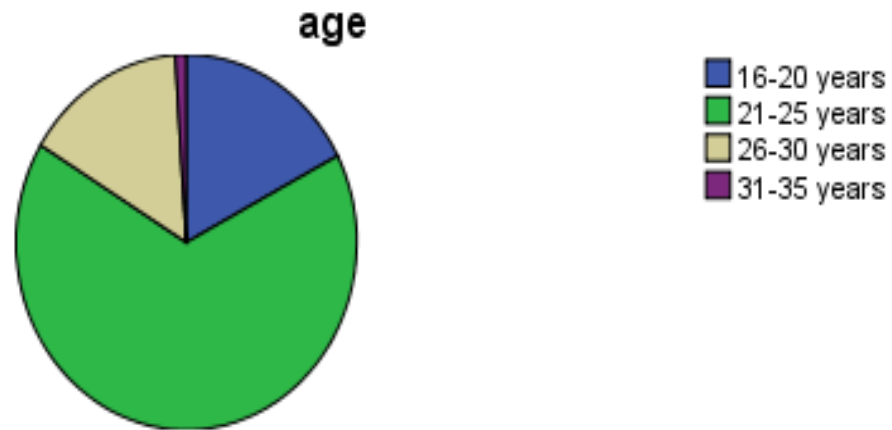
TABLE 1: DEMOGRAPHIC VARIABLES

Column1	Column2	Column3
DEMOGRAPHIC VARIABLES		
VARIABLES	FREQUENCY	PERCENTAGE
SEX		
Female	190	100%
AGE		
16-20 years	33	17%
21-25 years	126	66%
26-30 years	29	15%
RELIGION		
hindu	116	61.1%
muslim	74	38.9%
ACADEMICS		
less than primary	9	4.7%
primary	62	32.6%
secondary	57	30%
HS	31	16.3%
college	23	12.1%
university	8	4.2%
OCCUPATION RESPONDENT		
business	46	24.2%
home activity	144	75.8%
OCCUPATION SPOUSE		
job	80	42.1%
business	102	53.7%
home activity	8	4.2%
NO.OF PRESENT ISSUE		
2 children	23	12.1%
3 children	81	42.6%
4 children	69	36.3%
5 children	13	6.8%
6 children	4	2.1%

The above table on demographic variables brings out the following characteristics-

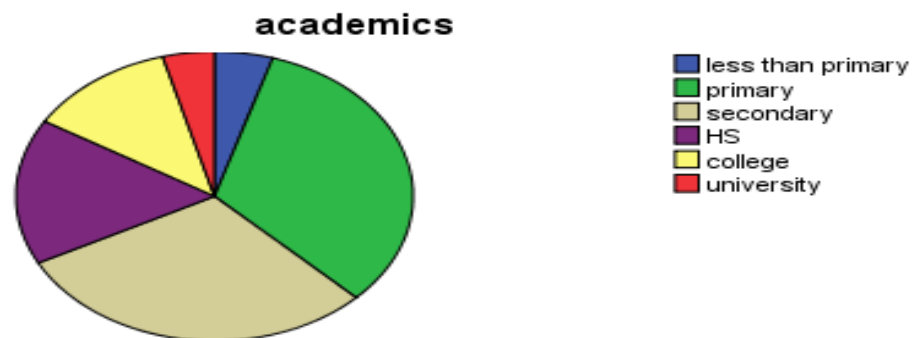
- Out of the 190 respondents,190 were female.
- 21-25 years age group have maximum respondents that is 66%, next to which is 16-20 years(17%) and 26-30 years(15%).

FIGURE: 1



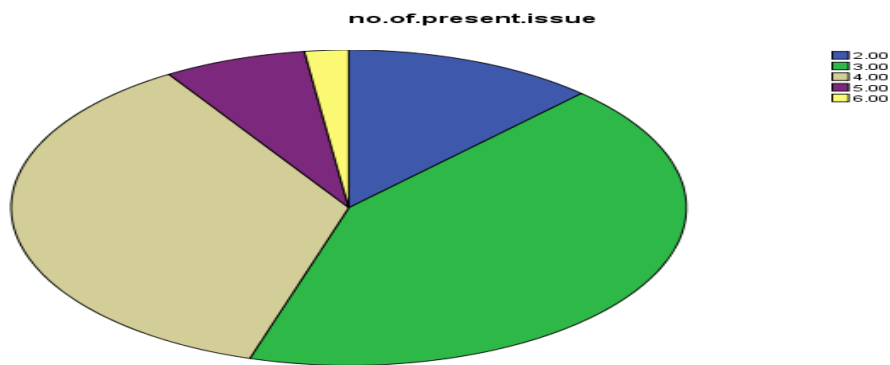
- 61.1 % respondents were hindu compared to 38.9% muslim respondents.
- In academics, primary schooling have maximum respondents ranging in 32.6%, followed by secondary, HS, college, less than primary and university.

FIGURE: 2



- Among respondents, 75.8% were involved in home activity whereas 24.2% in some kind of business.
- Whereas 53.7% of the respondent's spouse are involved in business, 42.1% in job and 4.2% are involved in home activity, that is job less.

FIGURE: 3



- On asking number of their present issue, 42.6% respondents said it is their third issue, followed by 36.3% (fourth issue), 12.1% (second issue), 6.8% (fifth issue) and lastly 2.1% (sixth issue).

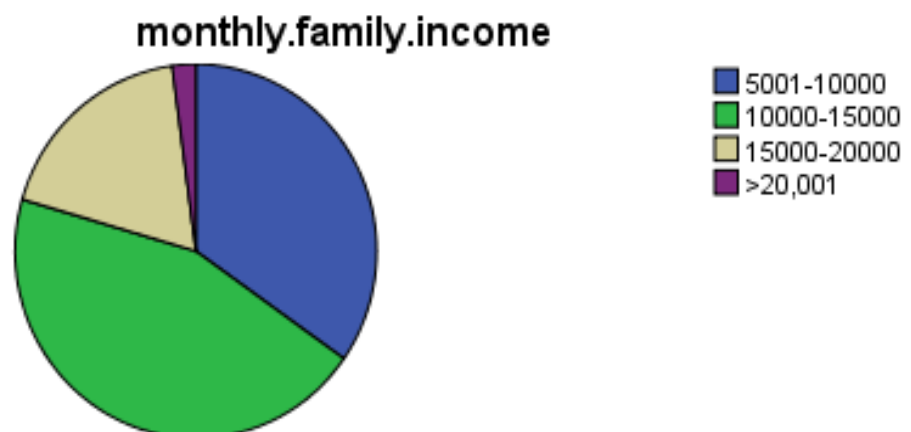
TABLE:2 GENERAL INFORMATION

GENERAL INFORMATION		
VARIABLE	TOTAL NUMBER	PERCENTAGE
MONTHLY FAMILY INCOME		
5001-10000	66	34.7%
10001-15000	85	44.7%
15001-20000	35	18.4%
>20001	4	2.1%
TOTAL NUMBER OF LIVING CHILDREN		
One children	23	12.1%
Two children	72	37.9%
Three children	79	41.6%
>3 children	16	8.4%
AGE OF YOUNGEST CHILD		
<6months	14	7.4%
6months-2years	107	56.3%
>2 years	69	36.3%
SEX OF YOUNGEST CHILD		
male	38	20%
female	152	80%
MORE CHILDREN IN FUTURE		
yes	105	55.3%
no	59	31.1%
perhaps	26	13.7%

WAIT BEFORE NEXT CHILD		
<1 year	12	6.3%
1-2 years	75	39.5%
3-4 years	63	33.2%
others	40	21.1%
NUMBER OF FAMILY MEMBERS		
3	4	2.1%
4	17	8.9%
5	70	36.8%
6	48	25.3%
7	33	17.4%
8	5	2.6%
9	13	6.8%
INFLUENCES RESPONDENT'S DECISION		
independent	4	2.1%
spouse	99	52.1%
relatives	87	45.8%

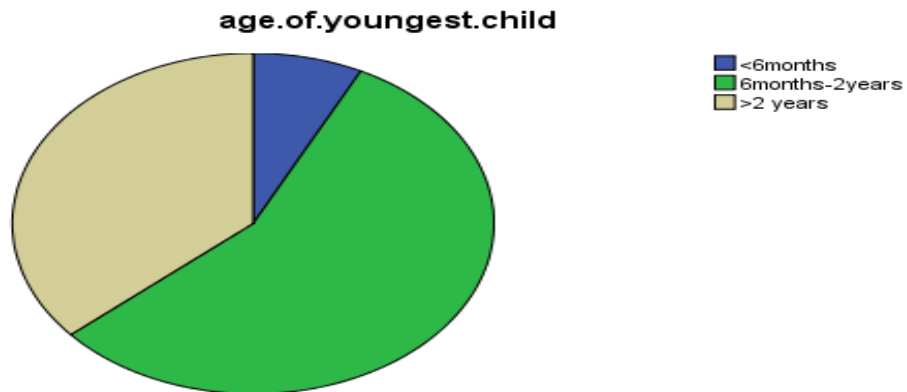
- The above table interprets that maximum of the respondents earns an average monthly income of Rs10,001-Rs15,000 which is 44.7%, 34.7% earns Rs5001-Rs10000 per month, followed by 18.4% in Rs15001-Rs20000 group, lastly 2.1% which earns more than Rs20001 per month.

FIGURE: 4



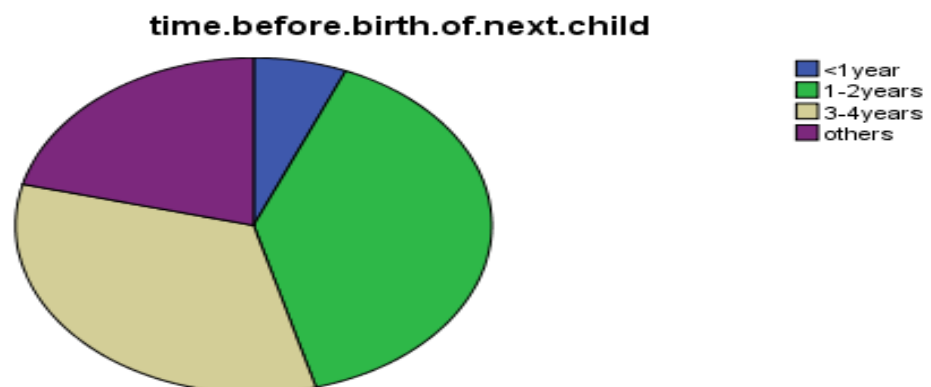
- On asking the total number of living children, 41.6% respondents said they had already three living children, followed by two living children(37.9%), one living children (12.1%), and lastly more than three children.

FIGURE: 5



- 56.3% respondents have their last living child in 6 months-2 years age group, followed by 36.3% in more than two years and 7.4% in less than six months.
- The sex of the last living child in case of 152 cases are female, whereas in 38 cases are male.

FIGURE: 6

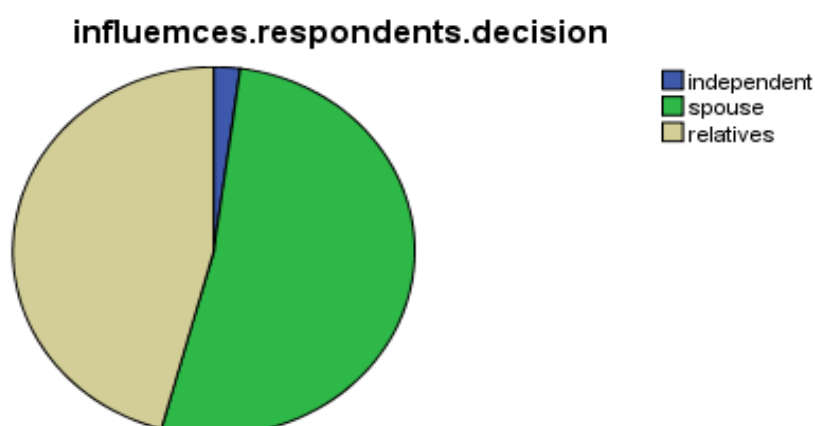


- 39.5% respondents are going to wait for 1-2 years before the birth of their next child, 33.2% respondents are going to wait for 3-4 years before the birth of their next child, 6.3% are willing to conceive in less than 1 year time and 21.1 percent said either they

don't want a child for sure or they are not sure how long they are going to wait for the next child.

- 36.8% respondents had a total family member of five, followed by six, seven, four, nine, eight and three family members.

FIGURE: 7



- 52.1% respondent's decision is influenced by their spouse, 45.8% respondent's decision is influenced by their relatives such as their mother-in-law or sister-in-laws, whereas 2.1% women make their own independent decisions.

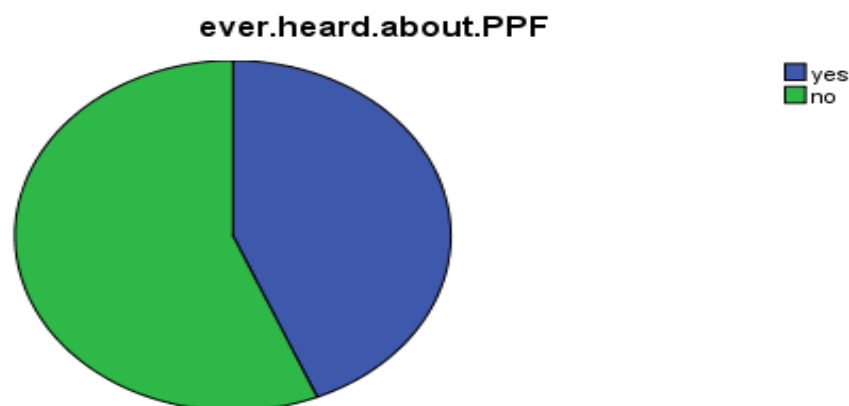
TABLE: 3 KNOWLEDGE

KNOWLEDGE VARIABLE	TOTAL NUMBER	PERCENTAGE
EVER HEARD ABOUT PPF		
yes	83	43.7%
no	107	56.3%
PPF IN YOUR WORDS		
birth spacing	61	32.1%
to stop further conception	83	43.7%
others	46	24.2%
CURRENTLY USING CONTRACEPTIVE OR NOT		
yes	48	25.3%
no	142	74.7%
NAME METHOD TO AVOID PREGNANCY		
pills	40	21.1%

IUD	18	9.5%
condom	14	7.4%
breast feeding	10	5.3%
calculate the safe period	59	31.1%
withdrawl method	17	8.9%
female sterilization	32	16.8%
SOURCE OF 1ST KNOWLEDGE ABOUT FAMILY PLANNING		
television	11	5.8%
radio	21	11.1%
newspaper	21	11.1%
doctor	45	23.7%
ASHA	36	18.9%
health camps	23	12.1%
family/friends	33	17.4%

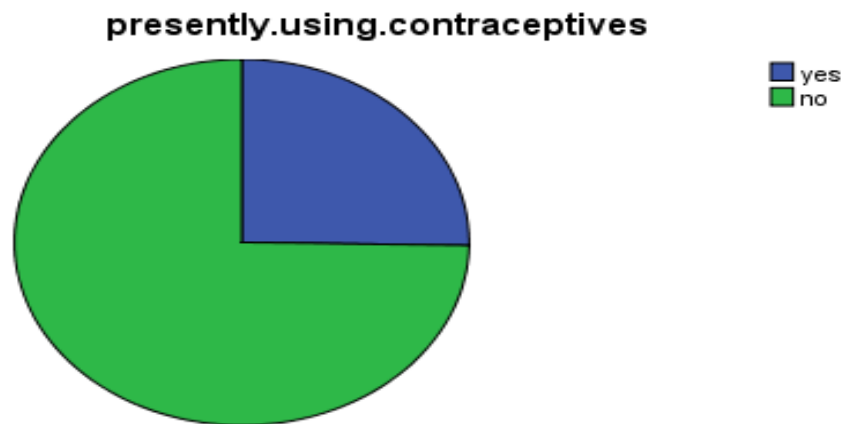
- On asking the respondents if they have ever heard about post partum family planning, 56.3% respondents said no, whereas 43.7% respondents said yes.

FIGURE: 8



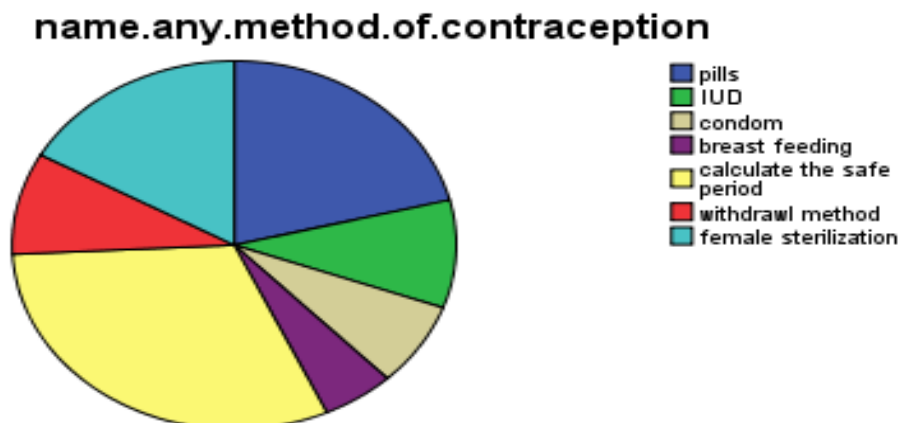
- 43.7% respondents defined Post Partum Family Planning as a method to stop further conception, 32.1% said its for birth spacing, whereas 24.2 % referred to some vague ideas like they don't have proper idea.

FIGURE: 9



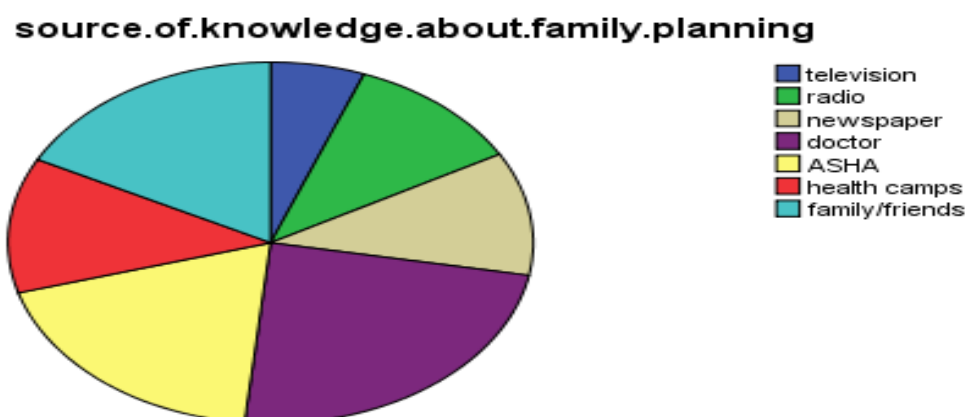
- Out of 190 respondents, only 48 respondents (25.3%) are currently using any contraceptive method, whereas 142 respondents are not using any method.

FIGURE: 10



- On asking if they know about any method to avoid pregnancy, 31.1% said about calculating the safe period, 21.1% said about pills, 16.8% said about female sterilization, 9.5% told about Intra Interine Devices, 8.9% about withdrawal method, 7.4% about condom and a few 5.3% about breast feeding.

FIGURE: 11



- On asking what was their first source of knowledge about family planning, 23.7% respondents credited doctors, 18.9% respondents said ASHAs, 17.4% said family/friends, 12.1% said health camps, whereas 11.1% was credited to both newspaper and radio. Only 5.8% credited television.

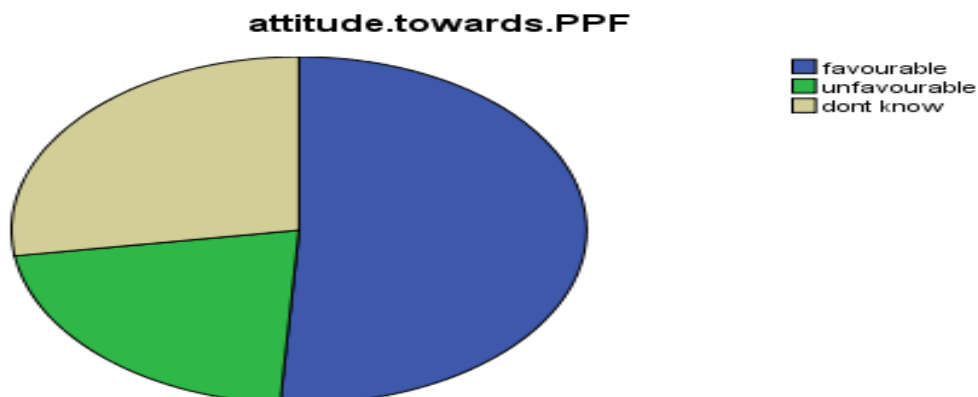
TABLE: 4 ATTITUDE

ATTITUDE VARIABLES	TOTAL NUMBER	PERCENTAGE
ATTITUDE TOWARDS PPF		
favourable	97	51.1%
unfavourable	41	21.6%
don't know	52	27.4%
HUSBAND/RELATIVE IN FAVOUR OF PPF		
yes	70	36.8%
no	120	63.2%
DISCUSSED ABOUT PPF WITH HUSBAND/FAMILY		
yes	66	34.7%
no	124	65.3%
APPROPRIATE GAP BETWEEN KIDS		
<1year	18	9.5%
1year	131	68.9%
2 years	22	11%
>2years	19	10%
REASON FOR NOT OPTING PPF SO FAR		
religious beliefs	32	16.8%

fear of side effects	81	42.6%
desire of male child	13	6.8%
pressure of spouse/relatives	61	32.1%
others	3	1.6%
WHICH SOURCE MOTIVATED FOR PPF		
doctor	67	35.3%
mass media	17	8.9%
family planning counsellor	64	33.7%
husband	19	10%
relative	9	4.7%
friend	14	7.4%
IS THAT INCENTIVE THAT MOTIVATED TOWARDS PPF		
no	106	55.8%
perhaps	84	44.2%
WOULD YOU CAMPAIGN ABOUT PPF AFTER OPERATION		
yes	101	53.2%
no	89	46.8%
DO YOU KNOW AND ENCOURAGE MALE STERILIZATION		
yes	44	23.2%
no	146	76.8%

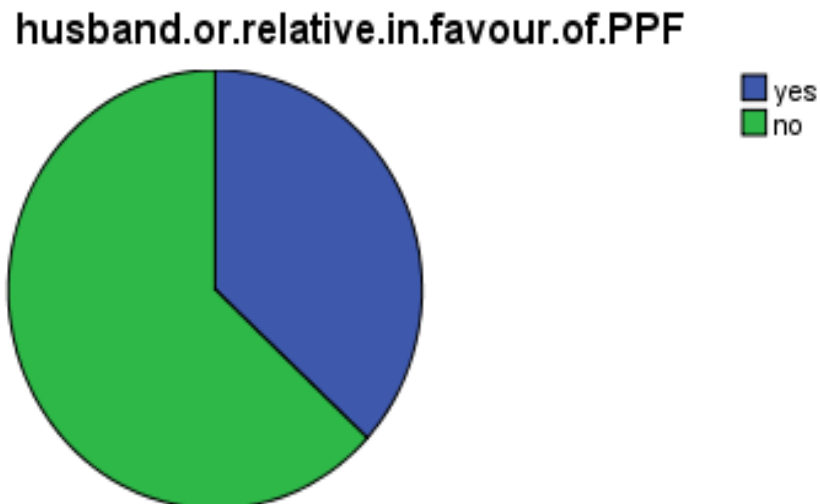
- The above table interprets that 51.1% respondents have favourable attitude towards PPF, whereas 21.6% said that they are not in favour of it. 27.4% respondents said that they don't know or have no idea about it.

FIGURE:12



- 63.2% respondent's husband or relative are not in favour of PPF, whereas 36.8% are in favour of PPF.

FIGURE: 13



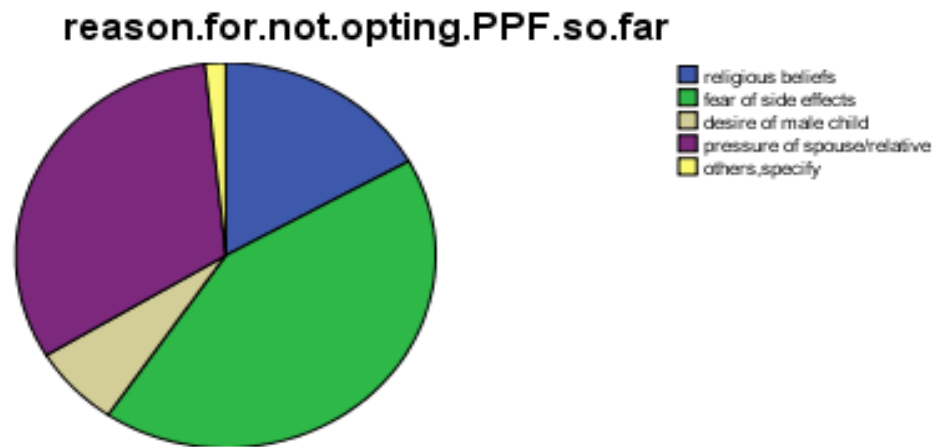
- 65.3% respondents never discussed about Post Partum Family Planning with their husbands or relatives. 34.7% were comfortable in discussing the same.

FIGURE: 14



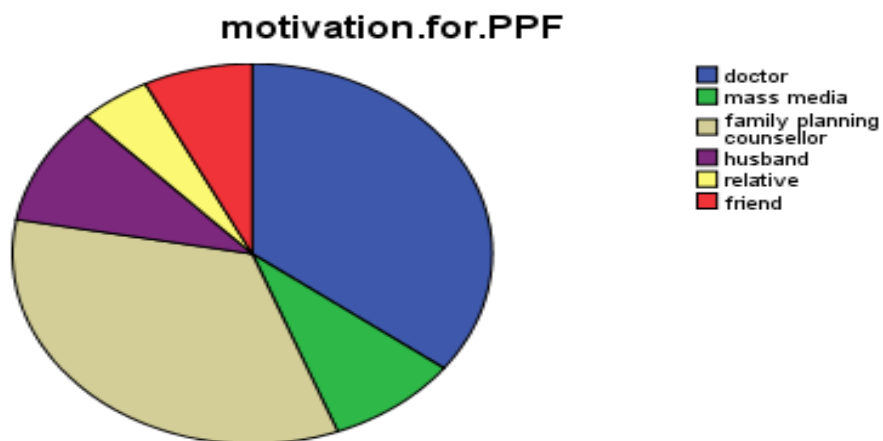
- 68.9% respondents have 1 year of gap between their kids, 11% have two years of gap between their kids, 10% have more than two years whereas 9.5% have less than 1 year.

FIGURE: 15



- On asking the reason for not opting Post Partum Family Planning so far, 42.6% said that it was because of fear of side effects, 32.1% said that they had the pressure of spouse or relatives, 16.8% showed the reason of religious beliefs, 6.8% said that it was because they had the desire of a male child while 1.6% had other opinion, like lack of knowledge about the procedure, or there was none to help them regarding the topic etc.

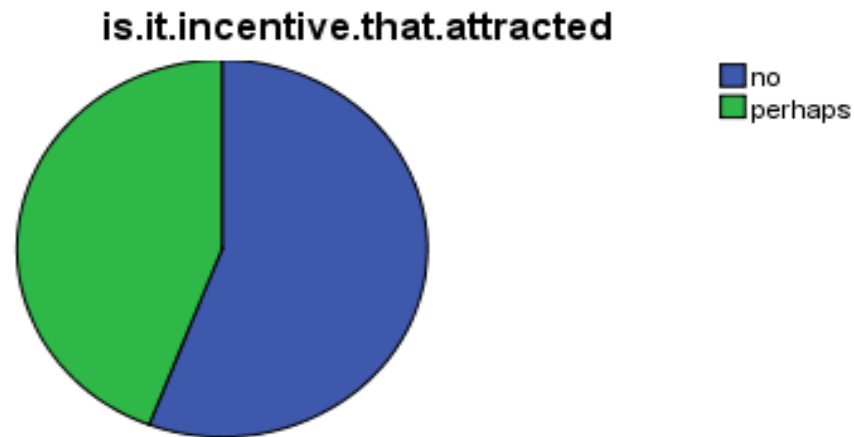
FIGURE: 16



- 35.3% respondents said they were motivated by their doctor to consider Post Partum Family Planning. Here the doctors are not only the doctors referred in the institution but also the doctors they have gone separately for their antenatal visits somewhere else. It was found out that majority of patients didn't have any one doctor to whom they went during their whole pregnancy period. Followed by 34.7% saying it's their family planning counsellor, 10% said

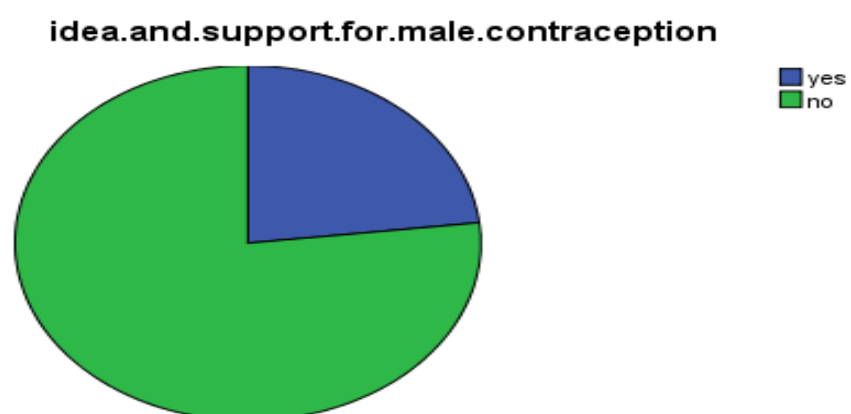
the motivation factor as their husband, 8.9% said mass media, 7.4% said friend, and lastly 4.7% credited their relatives.

FIGURE: 17



- 44.2% respondents said that perhaps it is the incentive that may motivate them to opt for Post Partum Family Planning, whereas 55.8% denied the charges.
- 53.8% respondents said that they will campaign about PPF after opting it themselves, whereas 46.8% said they will never do that.

FIGURE: 18

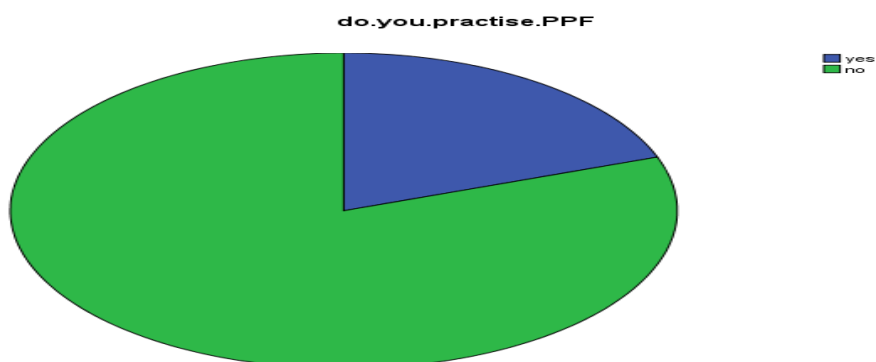


- 76.8% respondents said that they did not know about male sterilization and does not encourage it whereas 23.2% replied in positive.

TABLE: 5 PRACTISE

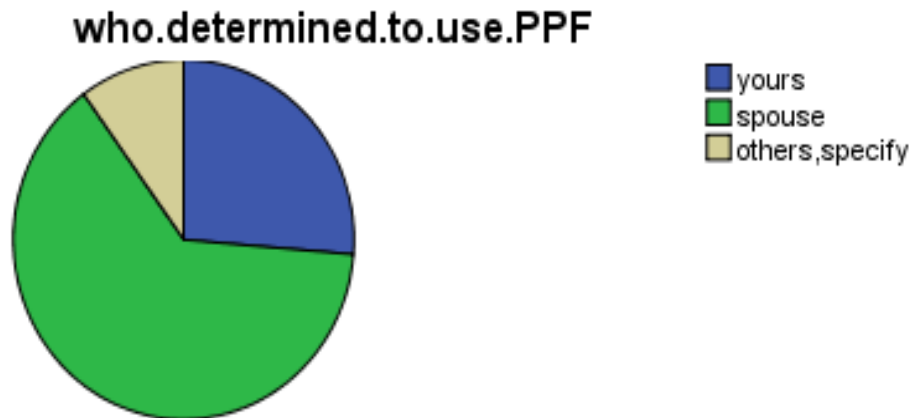
PRACTISE VARIABLES	TOTAL NUMBER	PERCENTAGE
DO YOU PRACTISE FAMILY PLANNING		
yes	37	19.5%
no	153	80.5%
WHO DETERMINED TO ADOPT FAMILY PLANNING		
yours	50	26.3%
spouse	121	63.7%
others	19	10%
REASONS TO ADOPT FAMILY PLANNING		
ill health	52	27.4%
economic problem	94	49.5%
to take proper care of children	44	23.2%
CURRENTLY USING ANY CONTRACEPTIVE METHOD		
yes	48	25.3%
no	142	74.7%
SO,ARE YOU GOING FOR PPF		
Yes	58	30.5%
No	47	24.7%
perhaps	85	44.7%

- The above table brings out the fact 80.5% people doesnot practise any regular family planning method, only 19.5% do so.

FIGURE: 19

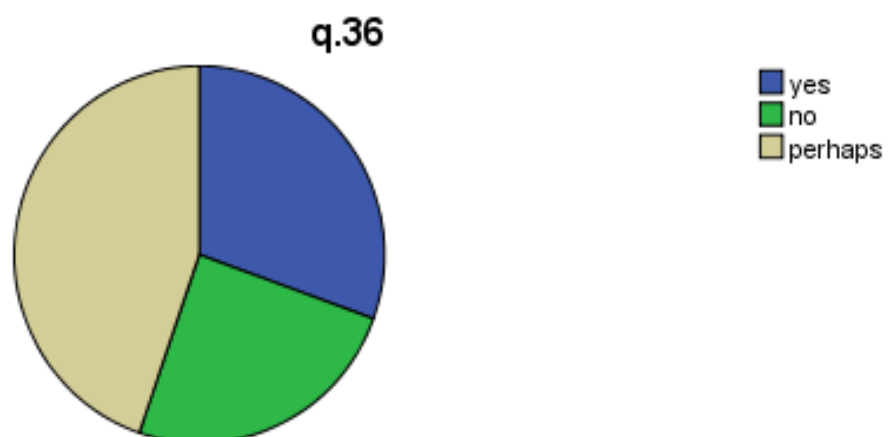
- On asking who determines the decision to adopt PPF, 63.7% people said it is their spouse, 26.3% said that it is their own, whereas 10% said it is others.

FIGURE: 20



- On asking reasons why will they go for PPF if ultimately they opt it, 49.5% depicted economic problem, 27.4% said it will be their ill health, whereas 23.2% said it will be to take proper care of children.
- 74.7% couples are using some or other contraceptive method, whereas 25.3% are not using any.

FIGURE: 21



- On asking finally if they will definitely go for PPF, 24.7% said no, 44.7% said perhaps, whereas 30.5% said yes, they will go for it.

Further it was asked to all the respondents if they are satisfied with the services provided by the government and what are their views on that. The points which came out of this conversation are mostly that the respondents feel that its good that the government and also the private sector is thinking to implement post partum family planning in a better way. But, what came out of the conversations is that there is still a lot of communication gap in the whole process. The respondents said that in their locality there is hardly any source which will provide them the necessary information for the above facility. They also say that the ASHAs in their locality must not be playing active role. Otherwise they would have definitely learnt about the facilities. They also blamed the mass media for their low knowledge about PPF. In addition to that, they said whenever they go to any institution; much confusion is created by the medical workers themselves. It was said that if some medical worker encourages, other will discourage, even some will hesitate creating much confusion and this results in lack of proper picture about Post Partum Family Planning.

H. DISCUSSION

Postpartum women are highly vulnerable to becoming pregnant —particularly three–six months after delivery: Exclusive breastfeeding drops, fertility returns and sexual activity resumes. Thus the first year postpartum pregnancies will definitely have a negative impact for both the mother and baby; therefore the extended postpartum period is a crucial period when the unmet need for family planning should be addressed.

Through this current study, it comes out that a majority of couples wants to wait for 1-2 years or 3-4 years before the birth of their next child. There are also a fair number of respondents who does not want a baby in the future. However the contraceptive prevalence rate among the couples is still very low.

Now the question occurs, why this happens. Literature suggests that two out of every three women in Bihar during their extended postpartum period expressed an unmet need for family planning and there is a very high level of unmet need for limiting (40%) and significantly higher need for spacing (27%). This unmet need decreases but remains very high throughout the first year postpartum—Almost 2/3rd women in Bihar still desired to space or limit subsequent births by the end of the year. There is significantly higher unmet need among mothers having 3 or more child (3+ parity- 75%).

The main focus points which come out from the study are a very large proportion of the study's respondents live in areas which have low access to media dark like Television or Radio. Even this can be inferred that a large proportion of population may not have at all access to television. Even basic or ground level workers like ASHAs have lack of confidence and training to convince the spouse and elders in family including mother-in-law who is a very key player in the decisions related to size of family and use of Postpartum Family Planning. All of our respondents who are women have low self-efficacy in terms of convincing their spouse or mother-in-law and elders in family on issues related to family planning. Even they hardly discuss the issue with their relatives or even husband. This proves the low self esteem on the part of the women which may be due to lack of education and less economic empowerment. Factors such as lack of spousal communication and lack of support from the spouse are very important factors for encouraging Post Partum family planning or even family planning. The support should start from home to initiate and increase these type of services.

Also what was found out that maximum of the respondents didn't know or didn't have any idea about male contraception or sterilization. This brings out less interest on the part of the males to understand the issue and a huge gap from the aspect of our societies point of view who have failed to impart this necessary knowledge.

The above problems are of grave importance because population factor, is the main reason for the country's socio-economic backwardness, poor level of education, and social underdevelopment. Government of India have definitely understood the problems and tried to find out its solutions long back by initiating National Family Planning programme, but there is still a large gap whose total responsibility falls on the planners who planned the total route map for ending this problem. With time, several organisations both from the government and the private sector have come together with new strategies to deliver the services.

But despite the efforts of more than 50 years, it is still seen that there is still not a recovery to come out of the social and cultural constraints to use family planning. There is still ineffective information, education and communication campaign about the services.

Though there have been no end to thinking new strategies and designing new ways to implement programmes but there have been definitely ineffective information, education and communication campaign. Also, from time to time there have been changes in the policies and objectives of the programme which becomes difficult to digest for the people themselves who are in charge of implementing it. Thus it proves presence of problems like Ineffective information, education and communication campaign, changes in the set up of the programme, inefficient management and lack of political commitment.

In the present study, majority of the respondents earns a monthly income of less than 15000, and have at an average of 5-6 members in the family. It proves that the economic burden is grave on those families. The study brings out the fact that a majority population understands that it will be difficult to handle more new members in the family, however have no where place where they can get the proper guidance how to solve the problem.

Apart from doctors and family planning counsellors, others are seen to play a very low motivating factor for using post partum family planning (PPF). It is yet to understand by people that mass media sources like Television, Radio and newspaper can be the differentiating factor for using PPF.

The study brings out adverse facts like majority of respondents are in 21-25 years quantile and majority have a total number of living children of three, whereas there are people who have even four to six living children. Thus it proves that maximum girls get married at a very early stage which proves much worse physical implication on them.

Lack of education and lack of confidence among the respondents to discuss PPF with their husbands and relatives is also a major barrier towards adopting PPF. The above are all the important contributing factors that results in majority of population who have unfavourable, or they don't know about PPF, or they hesitate to go towards adopting family planning. This results that incentive sometimes becomes the contributing factor towards getting PPF which can play both a positive or negative factor.

The study further suggests that respondents are opting for PPF once they come under economic burden or their health comes under threat. Also majority of respondents only know about traditional method for avoiding pregnancy like calculating the safe period rather than taking the first name of IUD or sterilization.

Obviously the above facts show vividly and clearly there have been a huge gap somewhere in planning, implementing, monitoring and evaluating the positive impact of Post Partum Family Planning in our society whose responsibility falls on both public and private sector. Apart from that information system like mass media and medical professionals of our society needs to understand that they have to greater responsibility to see the success of post partum family planning.

I. CONCLUSION

The objective of the present study was to find out the perception and practise of the patients coming to Lady Elgin Hospital, Gaya, regarding post partum family planning. This side by side can bring out many positive and negative factors who plays an important role in strengthening or weakening the knowledge, attitude and practise of the people. This is a small study catering to a small area but its implications can be large, as the sample represents the people of this district or the whole state.

Women who have recently given birth are in need of high attention for post partum family planning and reproductive health programs if they want to reduce the number of people in their family, avoid economic burden and also if the mothers take care of their health. Prenatal visits, delivery services and subsequent health system services become of no use if after the birth of the baby precautions are not taken. The mother comes within high risk of becoming pregnant again after six months and risks both the baby's and her own life.

Post partum family planning has always been a key element to provide a powerful rationale for improving health in part of women and controlling population growth. In practice, however, treatment of complications is usually the sole focus and family planning is often neglected in our society. It is the prime focus in our country to achieve the Millennium Development Goals, to reduce HIV and other health objectives like reducing maternal mortality and morbidity. PPF can help provide people with accessible, cost-effective services that can assist them in reducing unplanned pregnancy and repeat abortion, reduce new HIV infections, improve the health of a woman's next child and ultimately improve the health of her family.

J. RECCOMENDATIONS

1. Couples should be targeted for giving information on Post Partum Family Planning right from antenatal visits in hospital, they should be considered as target group by hospital workers.
2. All doctors and staff nurses should be trained on post partum family planning services and time to time monitoring should be done of the progress and gaps in their services both by government and private sector.
3. More and more health camps should be organised both by the hospital and private sector such as NGOs to increase people's knowledge on PPF.
4. Mass media sources like newspaper, Television, Radio etc have to take increased responsibility in this respect.
5. Community level workers like ASHAs (Accredited Social Health Activist) should also be trained properly on PPF so that they understand the importance of the issue and provide more information on PPF to people and help implement it into practise.
6. To increase the monitory incentive against complete sterilization. The incentive received through JSSK after institutional delivery is much more than what a woman receives after complete sterilization.
7. Increase compensation to the women if the birth spacing between child 1 and 2 is of 2 years or more and she was using PPIUCD.
8. Give more emphasis and millage to 'Adarsh Dampati Yojana'
9. ASHA to do house listing on the basis of number of children per couple. Therefore she can select target & mobilize them towards family planning.
10. Both Government and the Private sector should do some formative research on the PPF services available and improvements required and should then plan the further course of action.

K. REFERENCES

- Kazi, K. (2006) A study of knowledge, Attitude and Practise (KAP) of Family Planning Among the Women of Rural Karachi, Department of Social Work, University of Karachi
- Shastri, D. (2012) Family Planning Needs during the Extended Post Partum Period in a High Fertility State “Bihar” in Northern India, BBC Media Action, India
- Ross, J., Winfrey, W.(2001) Contraceptive Use, Intention to Use and Unmet Need During the Extended Postpartum Period, International Family Planning Perspectives, 27(1):20–27.
- Curtis, C. Huber, D. Mass-Knight, T.(2010) Postabortion Family Planning:Addressing them Cycle Of Repeat Unintended Pregnancy and Abortion, International Perspectives on Sexual and Reproductive Health, Volume 36,Number 1
- Deb, R. (2010) Knowledge, Attitude and Practices Related to Family Planning Methods among the Khasi Tribes of East Khasi hills Meghalaya, Anthropologist, 12(1): 41-45.
- National Family Welfare Programme, (2001), Ministry of Health And Family Welfare, Government of India, Report No. 3 of 2001 (Civil)
- Maternal and Child Health Integrated Programme (2010), Family Planning Needs during the First Two Years Postpartum in Bihar, India. USAID
- Sharma, V. Mohan, U. Das, V. Awasthi, S. (2012), Socio Demographic Determinants and Knowledge, Attitude, Practise: Survey of Family Planning, Journal of Family Medicine and Primary Care, January 2012: volume 1: Issue 1
- Mathe, J. Kennedy, K. Maliro, K. (2011), Barriers to Adoption of Family Planning among Women in Eastern Democratic Republic of Congo, African Journal of Reproductive Health March 2011; 15(1): 69
- Borda, M. Winfrey, W. (2010), Postpartum Fertility and Contraception: An Analysis of Findings from 17 Countries, Family Planning Initiative and USAID
- Lakhani, N. (1996), A study of the Awareness About Family Planning Practices Among Ismaili Community”,
- National Institute of Population studies (1996), “Male Attitude and Motivation for Family Planning in Pakistan”, A survey Report, Islamabad: NIPS
- World Population Data Sheet (2012), Population Reference Bureau, USAID.
- Census of India (2011), http://censusindia.gov.in/2011-provresults/data_files/mp/02Introduction.pdf, (Accessed on 1st April, 2013)
- Family Planning: A global Handbook For Providers (2007), World Health Organisation

L. APPENDICES

1. Questionnaire

2. Basket of Choices

