

# **“An Institution based Study of Knowledge, Attitude & Practice (KAP) of Intra partum women regarding Family Planning at Sadar Hospital, Purnea-Bihar”**

**A dissertation submitted in partial fulfilment of the requirements**

**for the award of**

**Post-Graduate Diploma in Health and Hospital Management**

**By**

**SAGNIK ROY**

**PG/11/083**



**International Institute of Health Management Research**

**New Delhi -  
110075**

**(April, 2013)**

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**(April, 2013)**

**Office of The Civil Surgeon cum CMO/  
Chairman, District Health Society, Purnea; Bihar**

Letter No. 1362.....

Date. 24/4/13.....

**TO WHOM IT MAY CONCERN**

This is to certify that Mr SAGNIK ROY has successfully completed his Dissertation project period since 7<sup>th</sup> February'13 till date as a Hospital Manager at Sadar Hospital, Purnea. During this intern he has worked on the project titled "**An Institution based Study on women regarding Knowledge, Attitude & Practice (KAP) of Family Planning at Sadar Hospital, Purnea - Bihar**" under the guidance of me and my team at Sadar Hospital, Purnea. I hereby appreciate his efforts and wish him best of luck for his future assignments.

  
DR R C MANDAL

*Civil Surgeon Cum Chief  
Medical Officer, Purnea*  
Civil Surgeon cum CMO, Purnea.  
Chairman, District Health Society,  
Purnea, Bihar

### **Certificate from Dissertation Advisory Committee**

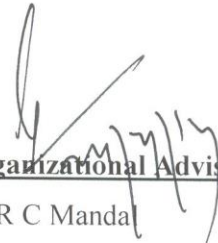
This is to certify that **Mr. Sagnik Roy**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled " **An Institution based Study on women regarding Knowledge, Attitude & Practice (KAP) of Family Planning at Sadar Hospital, Purnea-Bihar** " in partial fulfillment 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**

Dr Preetha G S  
Associate Professor  
IIHMR Delhi.



**Organizational Advisor**

Dr R C Manda

Civil Surgeon cum CMO,  
**Civil Surgeon Cum-Chief,**  
Purnea, Bihar.  
**Medical Officer, Purnea.**

### Certificate of Approval

The following dissertation titled "An Institution based Study of Knowledge, Attitude & Practice (KAP) of Intra-partum women regarding Family Planning at Sadar Hospital, Purnea-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

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## FEEDBACK FORM

Name of the Student: Sagnik Roy

Dissertation Organisation: Sadar Hospital – Purnea; State Health Society Bihar.

Area of Dissertation: Post Partum Family Planning

Attendance: Satisfactory.

Objectives achieved: Achieved all the set goals regarding his own study as well as organisational targets.

Deliverables: Successfully completed his dissertation period at our organisation as a Hospital Manager.

Strengths: Punctuality, dedication, responsibility and many more.

Suggestions for Improvement: The whole career is ahead of him to improve.

*Dr. U.M. Wasim.*  
Signature of the Officer-in-Charge (Dissertation)

Date: 24.04.2013  
Place: Purnea, Bihar.

## **EXECUTIVE SUMMARY**

### **“An Institution based Study of Knowledge, Attitude & Practice (KAP) of Intrapartum women regarding Family Planning at Sadar Hospital, Purnea-Bihar”**

**SAGNIK ROY**

The Post Partum Family Planning (PPFP) is a necessity considering the current TFR of India 2.4 and Bihar 3.6, falling way below the replacement fertility level i.e. 2.1. The present cross sectional study is planned and executed to evaluate the scenario among the venerable married women, coming for delivery at Sadar Hospital, Purnea. The target population are the women admitted for delivery with gravida not more than three, in the month of March. The main objective of the study is to assess the knowledge, attitude and practice of family planning among the study population.

The current study is an institution based cross sectional study. Semi structured questionnaire was developed, pretested and modified accordingly. Complete enumeration of the subjects was done provided that the inclusion criteria are fulfilled. Total sample size was 184.

As per the analysed findings, the knowledge regarding post partum family planning was poor. The lack of awareness among the married women was evident. The attitude was unfavourable towards family planning as both the women and men have shown negative attitude towards birth spacing, sterilization or PPIUCD insertion. Only 47 per cent among the respondents were currently using any form of contraception methods out of which oral pills were mostly preferred. It was also important to observe that only 14 per cent respondents underwent PPIUCD whereas 26 per cent of the respondents currently carrying one child, clearly shows that there is gap between programme planning and implementation at the community level.

The proper counselling of the married women prior conception, counselling during the Anti natal check-ups (ANC) and finally convince them in favour of insertion of the PPIUCD after baby birth must be strictly followed. And further more behavioural change communication is to be strengthen to reach the set target of adapting complete sterilization after second child birth, making the tag line “hum do, humare do” a reality.

## ACKNOWLEDGEMENT

At the completion of my dissertation I would like to show my sincere gratitude to **State Health Society, Bihar** for giving me the opportunity to work for the **Sadar Hospital, Purnea**.

I wish to express my deep sense of gratitude to **Dr R C Mandal**; Respected **Civil Surgeon cum Chief Medical Officer, Purnea** for constant help, able guidance, valuable suggestions and inspiration. He was kind enough to give his valuable time whenever required. A deep thanks goes to **Dr M M Wasim; Dy. Superintendent, Sadar Hospital – Purnea** for his guidance and constant support.

Special thanks to all the nursing staffs of maternity ward and labour room for their constant support. I would also like to convey my thanks to all the **DHS** and **RPM** unit members.

Needless to mention that **Dr Preetha G S. Assist. Professor at IIHMR Delhi**, my mentor was always supportive to me and gave her valuable feedbacks if and when required. A special thanks to you, ma'am. At this note I would like to thank all the respected faculty members and staffs of IIHMR Delhi for being kind to me.

Finally, yet most importantly, I would like to express my heartfelt thanks to my beloved parents for their blessings, my friends/classmates for their help and wishes for the successful completion of this project.

**Sagnik Roy**



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## ABBREVIATIONS

KAP	Knowledge, Attitude and Practice
TFR	Total Fertility Rate
PPIUCD	Post Partum Intrauterine Contraceptive Device
NSV	Non Surgical Vasectomy
G1	Gravida 1 <sup>st</sup> .
STI	Sexually Transmitted Infection
WHO	World Health Organization
RCH	Reproductive and Child Health
IUD	Intrauterine Device
MDG	Millennium Development Goals
ASHA	Accredited Social Health Activist
NRHM	National Rural health Mission
IEC	Information Education Communication
BCC	Behaviour Change Communication
ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Worker
FRU	First Referral Unit
OCP	Oral Contraceptive Pill
FP	Family Planning

## **PART I**

### **1. INTRODUCTION OF THE ORGANIZATION**

The Sadar Hospital Purnea is one of the largest district hospital in Bihar. It was established way back in 1858 by the British Government. The hospital premises is around 21 acres and is in the process to transform into a Medical College Hospital in near future. Currently it has 262 functional beds with 11 different wards for different specialities i.e. surgical ward, medical ward, maternity ward for normal delivery, maternity ward for C- Section delivery, isolation ward etc.

The Out Patients Department (OPD) consists of eight different specialities i.e. General Medicine, General Surgery, Orthopaedics, Paediatrics, Obstetrics & Gynaecology, Ophthalmology, Ear Nose throat and Dentistry. On an average more than 1000 patients are given consultation & treatment every day. The scheduled OPD timings are i. morning 8 am – 12 o'clock and ii. evening 4pm-6pm. The pathology, radiology diagnostics services and drug distribution centre for OPD simultaneously runs with OPD. The hospital do provide round the clock emergency facilities at emergency department as well as Obstetrics department with a well equipped 6 bedded air conditioned labour room with a New Born Care Corner (NBCC). 4 separate operation theatres are functional for general surgery, Orthopaedics, C-section cases, ophthalmology and family planning operations. The average bed occupancy per day varies between 90 to 120 per cent. There is a day care dialysis unit for haemodialysis only at the cost of Rs 750/- per sitting conducted in two shift, serving 4 patients a day. As Purnea is a regional head quarter, it's catchment area covers districts like Purnea, Katihar, Araria & Kissanganj to some extend. Currently renovation is done to the general operation theatre and work is under progress for expansion of 60 bedded Paediatric ward and 20 bedded Sick Neonatal Care Unit (SNCU).

Special care is taken for maternal patients as all essential services are provided at free of cost. Institutional delivery incentive cheques are being distributed at bedside of the patient immediately after delivery, to avoid unnecessary chaos. On an average 400 deliveries are performed every month out of which 60-80 cases are caesarean

deliveries. All newborns soon after birth, are put on NBCC before shifting to ward. The low birth weight babies are transferred to 6 bedded Newborn Sick Unit (NSU).

**Few proposed activities are:**

To implement and functionalize tele-medicine services.

To expand surgical ward, OPD wing, Kala-azar ward, emergency ward.

Functionalize ICU.

Expand the dialysis unit by installing 4 units in total.

Centralizing oxygen supply.

Digital Queue management system at OPD.

**2. DUTIES AND RESPONSIBILITIES**

Being a Hospital Manager of Sadar Hospital, I need to perform the following duties

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

## **PART II**

### **THE PROJECT REPORT**

#### **1. INTRODUCTION**

Family planning refers to anticipate or achieve desired number of children in addition to the birth spacing and timing of their births. The family planning deals with the knowledge to use contraceptive, its methods of use etc to control unwanted pregnancy. In a broad view, it includes sex education, prevention and management of sexually transmitted infections (STIs), preconception counseling & management, and infertility management. As 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, family planning therefore has a huge impact to reproductive life (WHO handbook, 2007).

Family planning methods in day to day practice has increased since 1960's - both in developed and developing countries. United Nations report in 2009 suggests that the use of any contraceptive methods among women is 62.9% worldwide. In Northern Europe the rate is 81% where as it is 54.2% in South Asia . The induced abortion rates are 29% in worldwide, 17% in Northern Europe, and 29% in Asia. Though the decline in induced abortion rate reduced from 34% to 29% in Asia, more than half of abortions in developing countries were illegal and unsafe. <sup>(1)</sup> In addition to induced abortion, illegal and unsafe abortion, unmet need for family planning is another consideration in developing countries, especially in South Asia. It has been seen that annually 80 million unwanted pregnancies occurs world wide <sup>(2)</sup> and most of them are due to lack of use or inconsistent use of contraceptives. <sup>(3)</sup> In most of the developing countries, unwanted pregnancies are mainly consequence of restricted access to family planning services. <sup>(4)</sup> Promoting the use of contraceptive methods to prevent unwanted pregnancies is one of the most effective strategies to reduce abortion rates and maternal morbidity and mortality. <sup>(5) (6)</sup>

Family planning programs is intended to provide couples with correct information, quality services and timely access to affordable, safe, effective modern contraceptives with the provision of their method of choice. Yet, an estimated 200 million couples in developing countries presently state a desire to delay pregnancy or cease fertility but are not using modern contraception.<sup>(7)</sup> Cause is mostly lack of education, awareness, access &



affordability. The Family planning programme is running all over the country under Reproductive and Child Health II (RCH II) programme. The various modes of contraceptives have been promoted to ensure Post partum Family Planning e.g. Inter Uterine devices ( Copper T), Contraceptive pills, injectables & the permanent method i.e. sterilization for both male & female . The country's Total Fertility Rate (TFR) is 2.4 which is still by far from the National Rural Health Mission (NRHM) target of 2.1 by 2012. The State Bihar is currently having its TFR of 3.6 (TFR of District Purnea 4.3), running way behind the national average and it's time to accelerate the pace to achieve the targets. <sup>(8)</sup>

Various research studies have shown that women try to abstain from pregnancy during the year after the birth of baby. But the family planning services are not accessible to them or they don't have the required awareness and knowledge to make it a practice in their sexual life. This gives rise to *unmet need of family planning*. The Studies from South and Southeast Asian countries indicate that the unmet need for contraception in Bangladesh is 18.7%; in Pakistan, it is 23 %, while in India, it is 27.1%. <sup>(9)</sup> 222 million women have an unmet need of family planning worldwide, while India 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). This brings to the conclusion that it is the knowledge and awareness of the vulnerable population regarding family planning will accelerate the pathway to achieve the target. The various incentive based schemes are now a days, highly lucrative for both the beneficiaries as well as community health workers like Accredited Social Health Activist (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 2<sup>nd</sup> child 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 1<sup>st</sup> child birth and then undergo complete sterilization after the 2<sup>nd</sup> child birth.

Hence it is important to mobilize the vulnerable population through Information Education & Communication (IEC) and motivate them to change their behaviour and practices regarding contraceptive use and ultimately opt for the complete sterilization by various modes of Behavioural Change Communication (BCC). The health workers like

ASHA, Anganwadi workers (AWW) at the community level and the ANMs at the Health Sub-centre (HSC) level and the family planning counsellor at First Referral Unit FRU/District level have to play more decisive role to change the complete attitude of the whole society towards family planning.

## **2. RATIONALE OF THE STUDY**

The TFR of India is 2.4 according to the demographic indicator report provided by NRHM portal. According to MDGs/ NRHM the national target was set 2.1 by 2012. With the continuation of the following trend India will reach its target by 2017.<sup>(10)</sup> This is because of the fact that various states like Bihar (3.6), Uttar Pradesh (3.4), Madhya Pradesh (3.1), Rajasthan (3.0) etc. are putting negative impact on the national average. The TFR of district Purnea is 4.3 as per District Health Society, Purnea records. The female literacy rate, which is proved to be a decisive factor behind her attitude and practices towards any kind of issues, is only 43.19 per cent as per Census 2011. The high TFR and low level of literacy will eventually put negative impact on other critical health indicators like MMR & IMR.

As per various national and international studies, the knowledge & attitude towards family planning programmes and practice regarding the use of contraceptives and acceptance of PPIUCD administration or complete sterilization for the concern community therefore makes a huge difference. The timely administration of PPIUCD after the birth of 1<sup>st</sup> baby to ensure the two year birth spacing and then obtaining the permanent sterilization i.e. NSV/ tubectomy for both the sex after 2<sup>nd</sup> baby birth is desired.

Therefore the KAP study targeting the maternal population will give an idea regarding the current scenario.

### **3. REVIEW OF LITERATURE**

#### **Fariba Mahamed et al.**

The present study objectives were to determine the effects of health education on knowledge and attitude regarding family planning & use of contraceptives among them, who all have attended the premarital counselling centre in Yasourj city, Iran. Total sample size of 200 was randomly divided into control and experimental group. Structured questionnaire were used for data collection & evaluation of the effectiveness of trainings. Four educational sessions were fixed for the experimental group, where as the control group got old traditional training. The post training evaluation showed significant improvement at experimental group result rather than the control group. In conclude that the education method through counselling was more effective to improve knowledge and attitude towards family planning & contraceptive usage among women over the present tradition education methods. <sup>(11)</sup>

#### **Vong Sreytouch**

A study named Knowledge, Attitude and Practice (KAP) of Family Planning among Married Women in Banteay Meanchey, Cambodia was conducted with a sample size of 139 married women elected through simple random sampling in Banteay Meanchey, Cambodia where unmet need of contraceptive is said to be high. A structured tool was used to collect data for analysis. The study showed that around 99 per cent of the respondents knew at least one modern methods of contraception. The respondents showed positive attitude towards family planning programme. Around 56 per cent respondents were using contraceptive only to avoid unwanted pregnancy in spite of well known side effects. <sup>(12)</sup>

#### **Bala Dogo**

The followed study was carried out to evaluate the knowledge attitude and practices regarding family planning & contraceptive usages among the military personnel in Nigeria. The sampling process was designed based on the National Population Commission (NPC) which was used for the 1991 census. The line listing was done on the basis of household location. Stratified Random Sampling was done to collect 1032

samples among the total target population. Structured questionnaire and focused group discussion was used for data collect. The finding showed that the awareness of family planning methods is very profound. Among the contraceptive methods condom, OCP & withdrawal methods are mostly known and therefore used. The respondents also replied that they mostly get these information from health centres and media. The affordability of condoms and OCPs are the main reason behind maximum use. The study also shows that the family size within the barrack were large and the environment is not favourable for discussion about family planning or family size etc. related matters as most of these decisions are taken by the male members of the family. <sup>(13)</sup>

### **J Mao**

The KAP study of Family Planning was conducted in Tezu Village in the state of Manipur, North eastern parts of India in 2007. The main objectives were to access the knowledge, attitude & practices regarding family planning among the manipuri women. It shows that the mostly known contraceptive method was condom use and IUD insertion. The age group between 31-35 yrs are the mostly aware age group having 34.9% knowledge. The pills & condoms are the mostly used contraceptive measures in practice. The friends are the major sources of information regarding family planning. <sup>(14)</sup>

### **Kulsoom kazi**

The study titled ‘A study of knowledge, attitude and practice (KAP) of family planning among the women of rural Karachi’ was carried by taking 500 randomly collected samples of married rural women. The data was collected through a pre tested interview schedule. The study revealed that non-supportive attitudes towards family planning exist among the people due to the low level of education, desire for male children and misinterpretation of religion. <sup>(15)</sup>

### **Perera et al.**

‘Knowledge, behaviour and attitudes on induced abortions and family planning among Sri Lankan women seeking termination of pregnancy’ was done to investigate the induced abortion and family planning knowledge, behavior and attitude among Sri-Lankan women. The study revealed that 78% women have knowledge of at least one contraceptive method, while only 16.3% were contraceptive users, 80% respondents in age group of 20-40 years were seeking induced abortion. The common reason for

termination of pregnancy was too little birth space, followed by three or more children (38.6%), unmarried (13%), unplanned pregnancy (10%) and economic reasons. <sup>(16)</sup>

#### **Ferdousi et al.**

In Bangladesh, a study named ‘Unmet Need of Family Planning Among Rural Women in Bangladesh’ was done to investigate the unmet needs in family planning among rural women. The study found that 72.1% of respondents were using contraceptive methods, of which 61.7% were using oral contraceptive pills. Fear of side effects (46.1%) was the reason behind not using any contraceptives among the remaining (28%) respondents. <sup>(17)</sup>

#### **Hussain et al.**

The study named ‘Consanguineous marriage and differentials in age at marriage, contraceptive use and fertility in Pakistan’ also brings light on relevant topics. It shows that Lower educational attainment and larger ideal family size with more children have an association with early marriage. The practice of family planning has relation with social and educational empowerment. Lack of educational empowerment has an association with lack of family planning knowledge, non-supportive attitude and low prevalence of contraceptive use. <sup>(18)</sup>

#### **Asma Abedin**

The current cross-sectional study was carried out to assess the knowledge attitude & practice regarding family planning among the South Asian immigrant women (13-45 years) in Oslo, Norway. The study was done from August 2010 to December 2010 among 309 women - of which 23.3% were recruited from health centers, and 76.3% from South Asian immigrant’s native communities. The results showed that more than half, South Asian immigrants (58.6%) have lack of family planning knowledge. More than 65 per cent respondents receive information from their family and friends. Only 33 per cent women receive sex education from their school. Majority of the women (79.6 %) never heard regarding STI’s. The contraceptive use among immigrant women were 68.8%.The study also reveals that education is one of the most important predictors for FP knowledge and practices. <sup>(19)</sup>

## **4. OBJECTIVES OF THE STUDY**

### **4.1 General Objective:**

To assess knowledge, attitudes and practices regarding family planning among the married women (age not more than 30 years) admitted for delivery at Sadar Hospital Purnea, Bihar in the month of March'13.

### **4.2 Specific Objectives:**

- To assess the knowledge of family planning & awareness regarding the modern methods of contraception among the married women admitted for delivery at Sadar Hospital Purnea.
- To find out attitude towards family planning among the married women admitted for delivery at Sadar Hospital Purnea.
- To learn about the various practices regarding family planning among the married women admitted for delivery at Sadar Hospital Purnea.

## **5. METHODOLOGY**

**5.1 Study design-** Cross sectional descriptive study

**5.2 Study area** – Sadar Hospital; Purnea, Bihar.

**5.3 Study population** – Pregnant women with gravida three or lesser admitted to the district hospital in the month of March.

**5.4 Sampling and Sampling Design** – The study has been carried out in the month of March. All pregnant women admitted for delivery at the Sadar Hospital, Purnea having gravida up to three, have been interviewed and completely enumerated as a sample for the study. Sampling design is done in such a way that admitted maternal patient for

delivery have been taken and considered as representative population for the month of March.

**5.5 Sample Size** – 184 women, who have taken admission at Sadar Hospital Purnea for delivery under gravid three, were taken as a sample for the study. The following criteria were set as inclusion criteria to enumerate the respondents.

**Inclusion criteria.**

1. Pregnant women admitted to Sadar hospital Purnea, for delivery in March'13.
2. The age of the pregnant women should not be beyond 30 years.
3. The patient should not have more than three children.

**5.6 Data collection tools and techniques** – Structured questionnaire was prepared and pretested in maternity ward of Sadar Hospital Purnea in the month of February and modified according to the need for both the study population. The interviews were conducted accordingly throughout March. The data was then compiled and analyzed through SPSS v16.0 prior to conclusion.

**5.7 Study Approach**

The patients admitted at the maternity ward (with complain of labour pain) in the month of March have been considered as population representative. To minimize bias, complete enumeration of patients admitted within the study period following the inclusion criteria have be considered as a sample for the study. The interviews were conducted throughout the month after the deliveries have been performed safely at the hospital.

## 6. DATA ANALYSIS

### 6.1 Demographic & General information of the respondents

Table 1. All demographic & general information of the respondents.

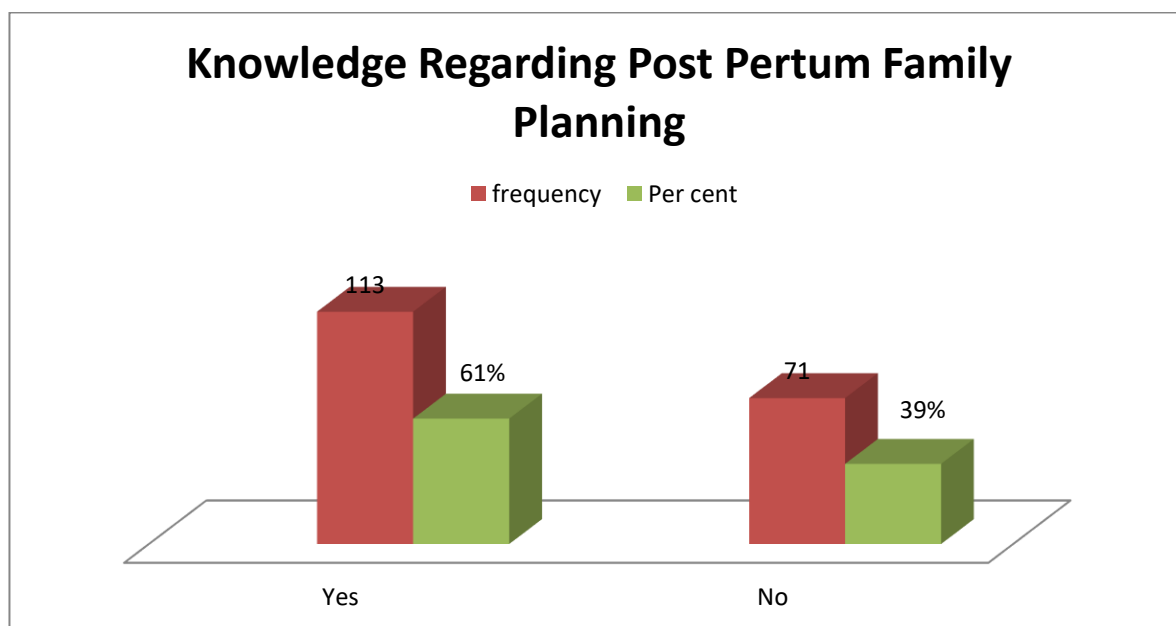
Demographic Variables	Category	Frequency (184)	Percentage (100%)
Age	Less than 16 year.	4	2
	16-20 year	17	9
	21-25 year	127	69
	26-30 year	36	20
Religion	Hindu	112	61
	Muslims	72	39
Education	No School- literate	59	32
	No School - Illiterate	94	51
	Primary	26	14
	Secondary	5	3
Occupation	House Wife	134	73
	Kheti wadi	39	21
	Self Employed	7	4
	Job	4	2
Monthly Family Income	Less than Rs 5000	59	32
	Rs 5001-10000	88	48
	Rs 10001-15000	24	13
	More than 15000	13	7
No of members in the family	Up to four	26	14
	four to six	108	59
	more than six	50	27
No of child	one	48	26
	two	65	35
	Three	71	39
Age of the youngest child	1 year or less	16	8
	1-2 year	59	32
	2-3 year	65	35
	3-5 year	39	22
	More than 5 years	5	3
Plan to have more child in Future	Yes	53	29
	No	22	12
	Not Decided	109	59



Among the respondents more than two-third belongs to the age group between 21-25 years. Four mothers were aged below sixteen having gravida one. The respondents were mostly Hindus, though Muslims caters thirty-nine percent among the reported mothers at the facility. It was striking to know that half of the respondents were illiterate. Occupation wise most mothers were house wives. Though half of the respondent's family income belongs in between 5-10 thousand slab but still it is noticeable that more than eighty percent respondents were having family size greater than four. Among all the respondents only one fourth mothers reported that they have currently one child. More than half of the population reported that they are yet to plan for more child as one third among the respondents said that they want more children in the future.

## 6.2 Knowledge of Family Planning

Fig 1. Knowledge regarding Post Partum Family Planning among the respondents



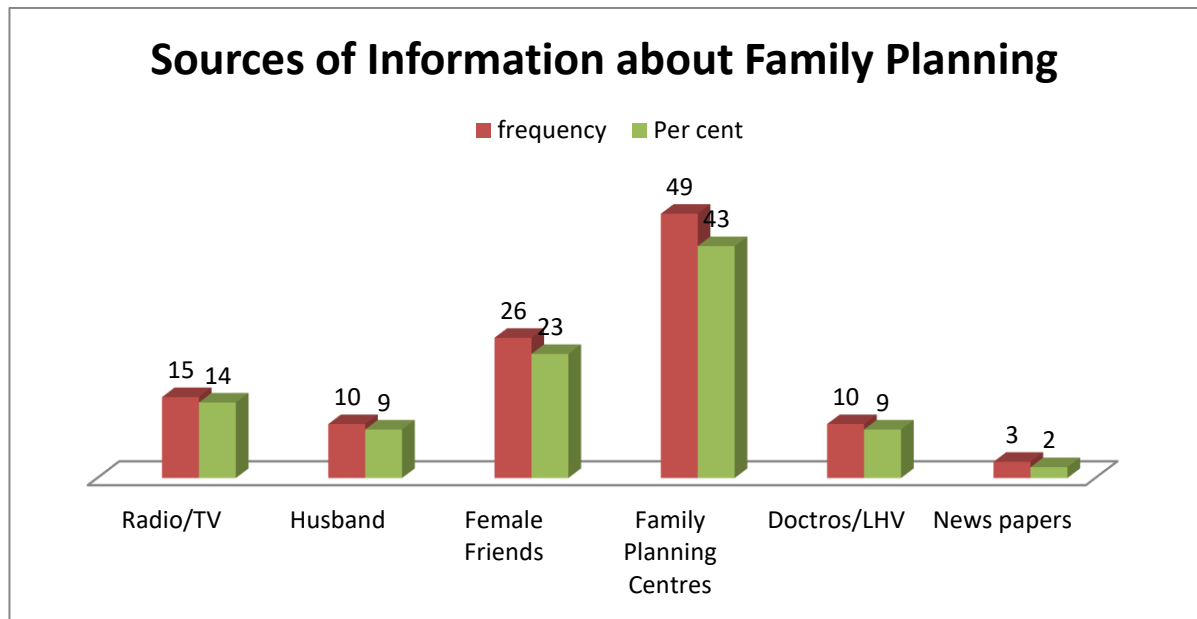
More than sixty percent among the respondents have the knowledge about post partum family planning (PPFP).

Table 2. Knowledge of Access to family planning centres as per the respondents.

Access to FP centres	Frequency	Per cent
Yes	87	47
No	38	21
Don't Know	59	32
Total	184	100

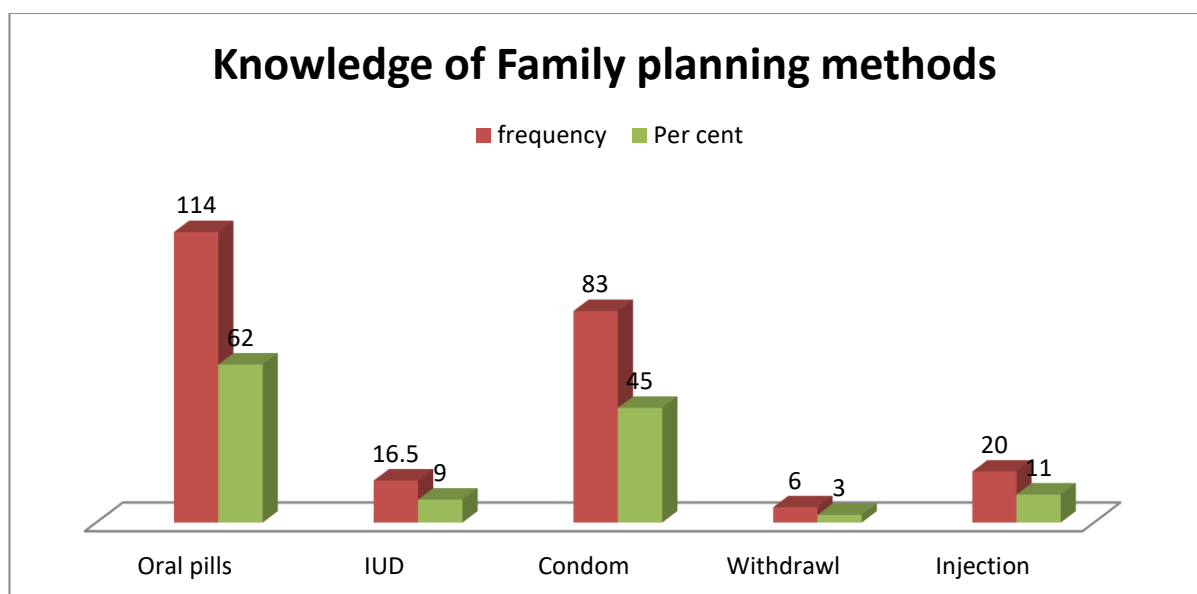
Almost half of the population interviewed told that the family planning centres are easily accessible from their residence.

Fig 2. Sources of Information regarding Family Planning among the study population



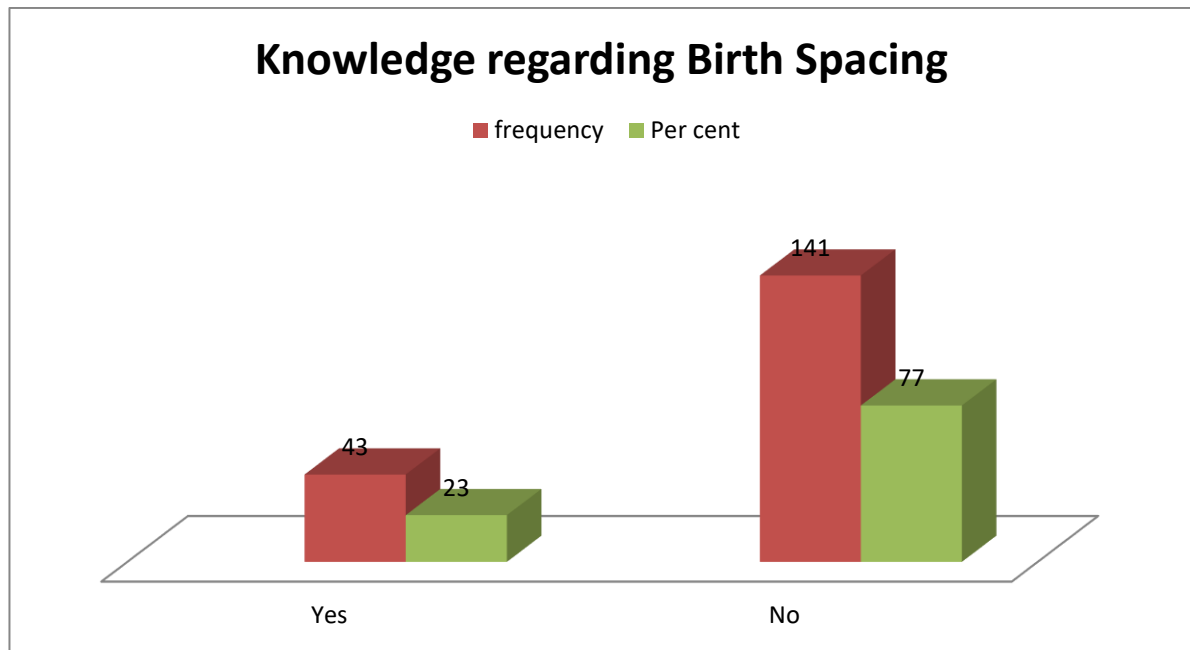
As per the data collected, family planning centre plays the key role to act as information centre. The radio/tv as information sources also caters around fourteen percent of population. The female friends provide vital family planning information to one fourth of the total respondents.

Fig 3. Knowledge of respondents about the Family Planning methods



The OCPs and condoms are the mostly known contraceptive measures as per the knowledge of all interviewed mothers. Surprisingly only 9 per cent have knowledge of IUD.

Fig 4. Knowledge of respondents regarding Birth Spacing



Only one fourth among the respondents knew about the information related to birth spacing.

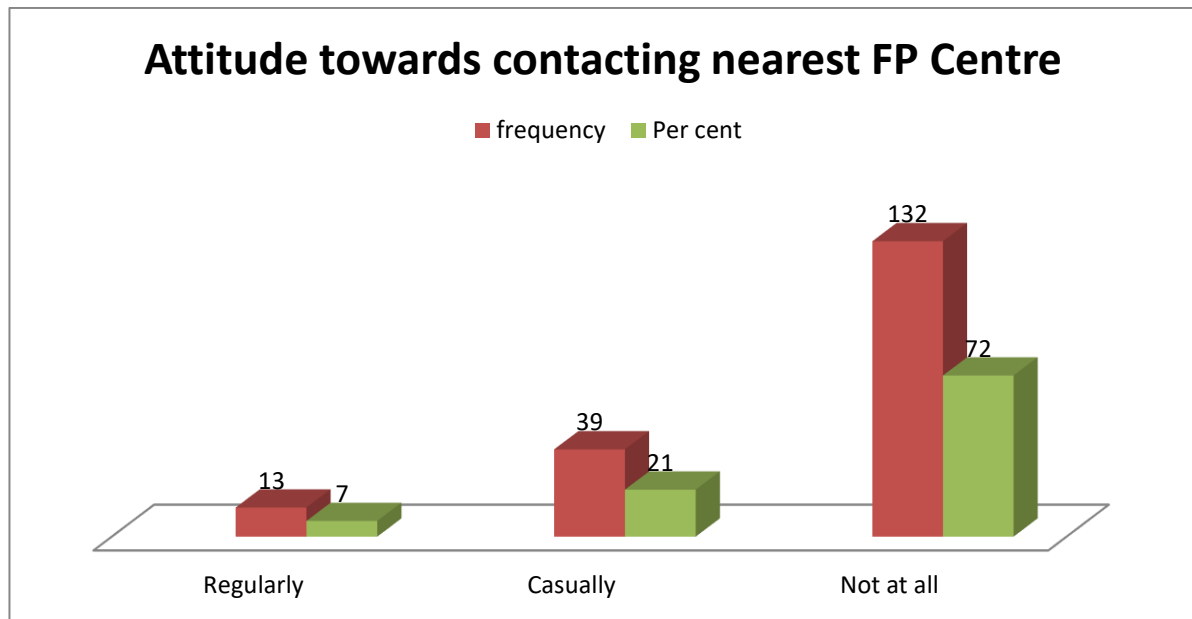
### **6.3 Attitude regarding Family Planning**

Table 3. Attitude of respondents regarding Family Planning

Attitude towards FP	Frequency	Per cent
Favourable	42	23
Unfavourable	57	31
Don't Know	85	46
Total	184	100

One fourth of the respondents were favourable towards family planning where as almost half were reluctant to show their attitude towards family planning.

Fig 5. Attitude of respondents towards contacting Family Planning Centres



Almost three fourth of the respondents showed negative attitude towards connecting family planning centres.

Table 4. Attitude of husbands as per respondents towards Family Planning

Attitude of Husband towards FP	Frequency	Per cent
Favourable	63	34
Unfavourable	121	66
Total	184	100

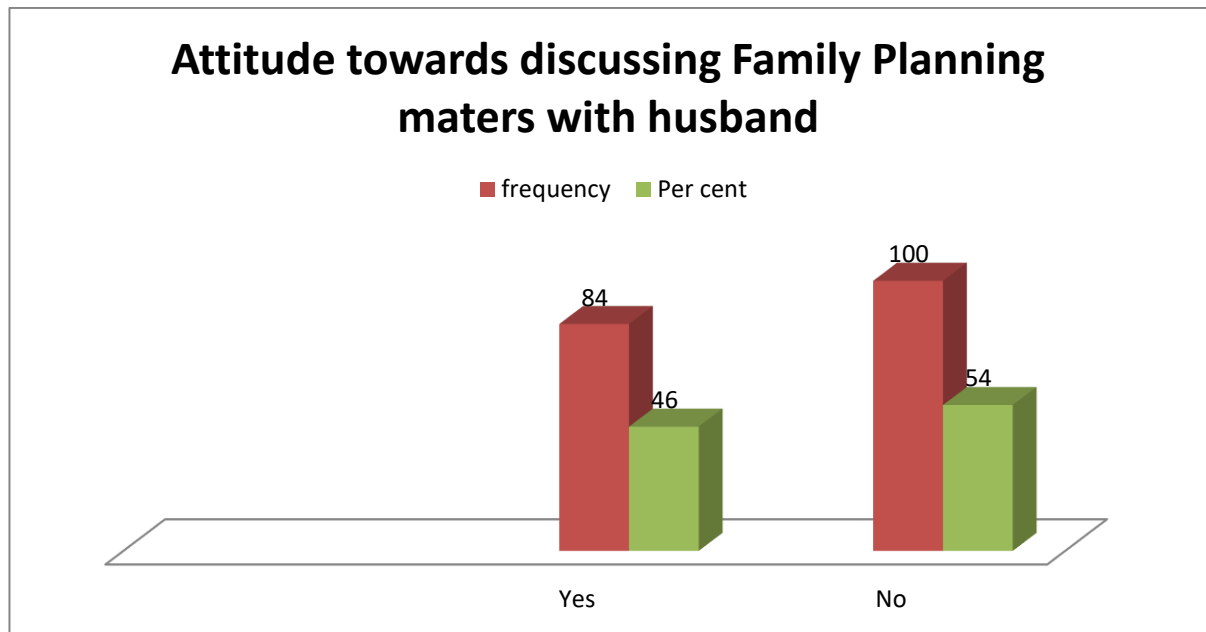
Two third of all respondents have replied that their husbands are unfavourable to family planning.

Table 5. Attitude towards Birth Spacing (between G1-G2) of the respondents.

Birth spacing	Frequency	Per cent
1 year or less	22	12
1-2 year	112	61
2-3 year	37	20
More than 3 years	13	7
Total	184	100

As per the thought of sixty one percent respondents the gap between gravid 1<sup>st</sup> & 2<sup>nd</sup> should be 1-2 years.

Fig 6. Attitude of discussing family Planning matters with husbands



More than half of the interviewed mothers showed negative attitude towards discussing family planning matters with their husbands.

Table 6. Attitude of respondents towards ideal number of children to give birth

Ideal No of children	Frequency	Per cent
One	4	2
Two	24	13
Three	51	28
Any more	105	57
Total	184	100

As per fifty seven percent respondents thought, there should be four or more child to every mother. Only fifteen percent among the respondents told that two or less children per mother are the ideal number of child to be bared.

Table 7. Main reasons behind not adopting Family Planning methods among the study population

Reason behind not using any contraceptive methods ( Total 97)	Frequency	Per cent
Religious factor	38	39
Pleasure factor	20	21
Fear of side effects	24	25
Desire for more child	45	46
Pressure from husband/relatives	62	64
Don't have proper knowledge	19	20

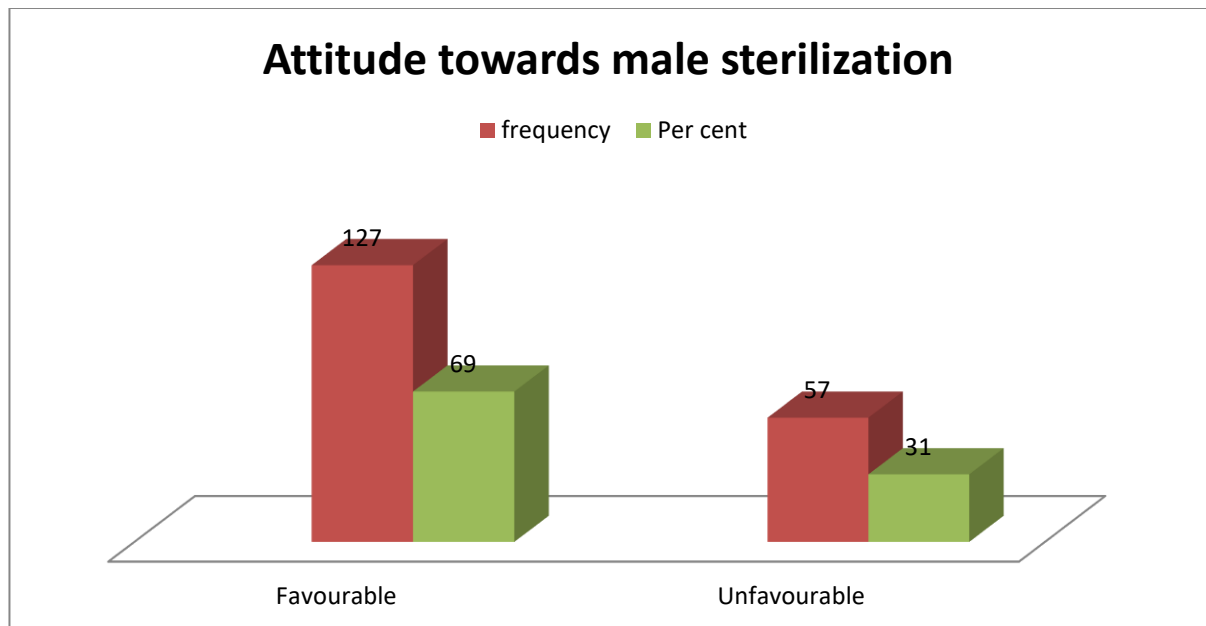
Pressure factor from husband or relatives is happens to be the most deciding factor behind negative attitude towards family planning. Desire for more children is also a big factor as almost fifty percent replied in the same way. The pleasure of sexual relation / side effects of contraception are also the factors to be considered.

Table 8. Is incentive the main motivation towards Family Planning for the respondents.

Incentive is main attraction towards PPFP	Frequency	Per cent
Yes	121	66
No	11	6
Perhaps	52	28
Total	184	100

Most of the respondents told that incentive is the main motivational factor behind going for PPFP.

Fig 7. Attitude of respondents towards male sterilization ( NSV)



Almost seventy percent of the mothers interviewed showed favourable response towards male sterilization.

Fig 8. Attitude of respondents towards Family Planning services provided at Sadar Hospital : Purnea

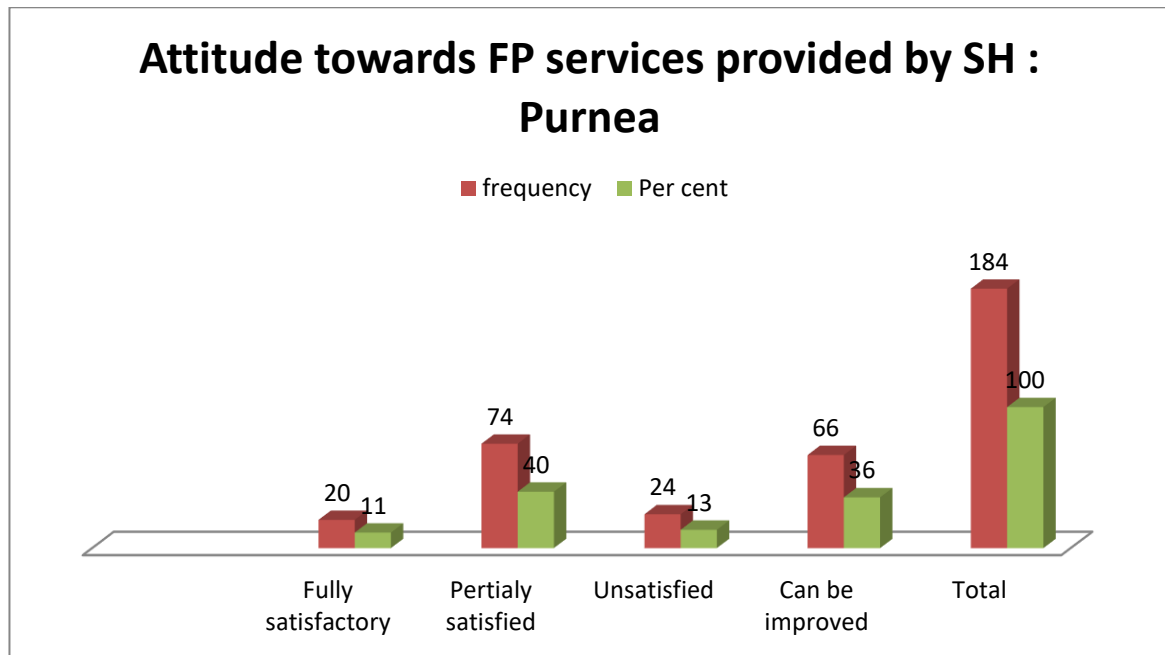


Table 9. Attitude of respondents towards Family Planning services provided at Sadar Hospital : Purnea

Attitude towards FP services provided by SH : Purnea	Frequency	Per cent
Fully satisfactory	20	11
Partially satisfied	74	40
Unsatisfied	24	13
Can be improved	66	36
Total	184	100

Almost half of the respondents were partially satisfied with the family planning facilities at the Sadar Hospital; Purnea. Importantly, thirteen percent were unsatisfied with the services.



#### 6.4 Practice of Family Planning.

Table 10. Who takes the decision of Family Planning as per the respondents

Who takes decision regarding PPFP	Frequency	Per cent
Self	20	28
Husband	52	72
Total	72	100

According to fifty two respondent population, husbands are the decision makers related to family planning.

Fig 9. Present status regarding the usages of contraceptive among the respondents

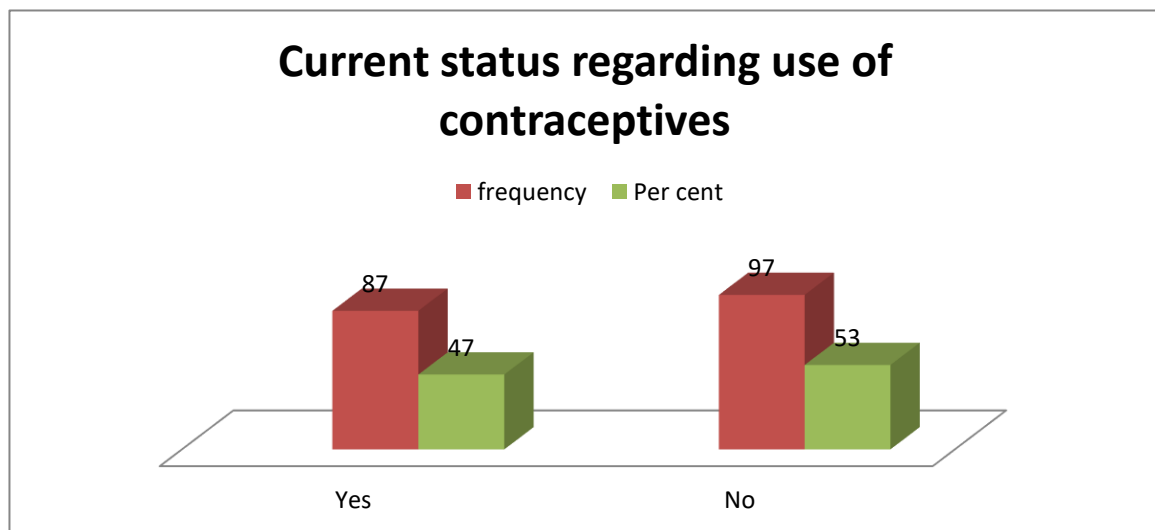
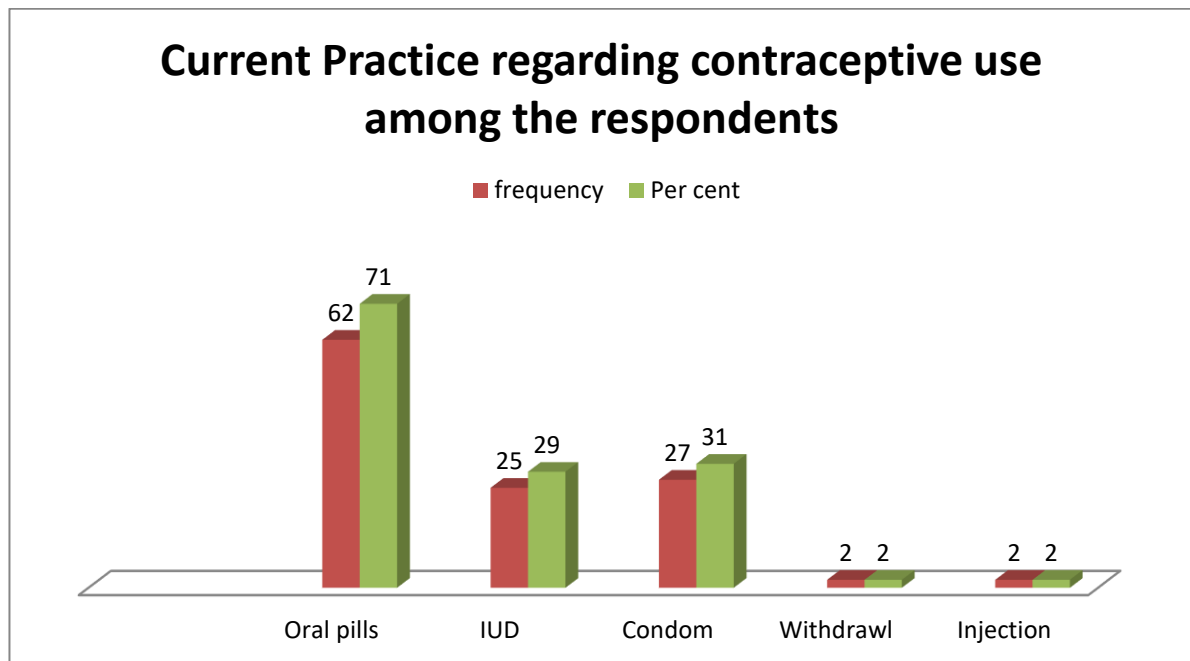


Table 11. Present status regarding the usages of contraceptive among the respondents.

Current use of contraception	Frequency	Per cent
Yes	87	47
No	97	53
Total	184	100

Currently, less than half of the respondents practices family planning methods.

Fig 10. Practice regarding the current use of contraceptives among the respondents



The OCPs are the mostly used contraceptives available as per the respondents. The condom is the 2<sup>nd</sup> most used contraceptive used by them. Twenty five among eighty seven respondents used IUD.

Table 12. No of respondents undergoing PPIUCD/Tubectomy

No. of respondent under gone PPIUCD/Tubectomy	Frequency	Per cent
PPIUCD	25	14
Tubectomy	10	5
Total	26 (184)	19

Only fourteen percent respondents have undergone PPIUCD as a temporary family planning method. Only ten tubectomy cases were reported among all the respondents.

## **7. DISCUSSION**

The current study shows that the knowledge regarding family planning is a point of concern among the patients who were admitted to the Sadar Hospital, Purnea during the course of the study. Only 61 percent of the respondents were aware about post partum family planning. The population, where 51 per cent are non school illiterate and only 2 per cent doing some kind of jobs, reflects a weak, diseased picture of socio-demographic situation. It is also a point to concern that 39 per cent of the patients having three children among the 184 subjects interviewed. The total number of delivery cases of the month of March was close to four hundred fifty clearly suggests that the major chunk of the population came for delivery during the study period have more than three children, which is really a concern where the state is looking forward to reduce its TFR & bring it to the replacement fertility level (2.1). It is also significant to notice that only twelve per cent respondents have decided not to conceive in future, where as the others either not have decided or have plan to conceive again in future days. The family planning centres, mostly located within the health facility at the village/ block level are not well known to more than one third among all respondents. Only half of the population said that these centres are accessible and they access them regularly as 43 percent respondents told that they receive information regarding post partum family planning from these information centres. This also reflects that the awareness about the subject of family planning is really a big question. Though the community regularly visits health facilities and are mostly dependent on it, still they don't have the awareness that the information centres are located there only. Although female friends are a good source of information as reported by respondents, gives an indication that this source can be strengthen to mobilize the target community. As one can notice that the knowledge regarding IUD as post partum contraceptive is very poor i.e. only 9 percent among the study population are aware about it, makes it more important to target those ladies (female friends) within the village who can really spread these knowledge across the married women. The importance of birth spacing is said to be a critical issue with respect to mother and child health. Unfortunately, 77 per cent respondent mothers have no awareness regarding it. PPIUCD insertion plays a huge role to sustain the required year gap between 1<sup>st</sup> & 2<sup>nd</sup> child birth, only 25 among the women interviewed undergone PPIUCD insertion, eventually decreasing the chances of

the programme to be a success. 23 percent people do favour post partum family planning as 43 per cent among rest don't have any idea about it indicates lack of IEC activities in this field. The attitude of husband is also become very vital as in 77 per cent cases they are the decision makers in the family. And when 66 per cent of the husbands shows negative attitude towards family planning, picture becomes darker. To change the current scenario, the most important step would be to bring about attitude changes towards family planning; changes in thought process can bring changes into practice. Otherwise it makes no sense to set target at the start of every year and try achieving it, knowing fully its fate. The fact that 85 per cent respondents mostly desire three or more children, gives a fair amount of idea about the current social practice and behaviour towards this subject of family planning. It is not astonishing to know that among 97 respondents, who are currently not adopting any family planning methods, 64 per cent replied that due to family pressure either from husband or other relatives, they are unable to practice it. And more so, the rest of the population are currently practicing family planning methods mostly due to monetary benefit. It is also very significant to notice that women are in favour of male sterilization, because they know once their husband are sterilized they will be free from contraception related family pressure which are imposed upon them time to time. They think that it is more important to convince the male portion of society towards family planning, as our society is male dominated and which is proved by current study findings also. The current practices regarding the types of contraceptive use also justify the notion. Although, the male condoms are the most easily available and affordable contraceptives, still only twenty seven out of 184 couples are currently using it. On the other hand the measures like oral pills, which can be independently (lady is not dependent to her husband) taken is the most popular of them all. The various studies also suggest that in male dominated societies where level of education is little lesser in comparison with other enlightened societies do reflect same sort of finding that the current study is portraying.

## **8. CONCLUSION**

In the conclusion it can be said that the knowledge and awareness regarding family planning, type of contraceptives, its methods of usage etc. is poor. The attitude or the behavior is also unfavorable, not only for the respondents but also for their husbands. Once the knowledge about any subject is poor and the behavior is unfavorable, one can't expect good practices from the same population. Thus it really justifies the current family planning related health and demographic indicators of Bihar.

## **9. RECOMMENDATIONS**

- To increase the monetary incentive against complete sterilization up to 3<sup>rd</sup> gravida and stop giving incentives thereafter. The incentive received through JSSK after institutional delivery is much more than what a woman/man receives after complete sterilization. And importantly reduce the amount of incentive against 3<sup>rd</sup> child birth and so on.
- Give compensation to the women if the birth spacing between G1 and G2 is of 2 years or more and she was using PPIUCD.
- Increase and regularize ASHA incentives against each case of NSV/tubectomy.
- Arrange regular meetings between Family planning counselors and block community mobilizers and involve ASHA & AWW as far as possible to motivate them so that they can pass on the information.
- Give more emphasis and mileage to 'Adarsh Dampati Yojana'
- ASHA to do house listing on the basis of number of children per couple. Therefore she can select target & mobilize them towards family planning.
- More qualitative approach rather than target oriented approach.

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## 11. ANNEXURE

### QUESTIONNAIRE TO ASSESS KAP OF FAMILY PLANNING AT SH-PURNEA

Date ...../03/13

Name..... Address.....

#### DEMOGRAPHIC AND GENERAL INFORMATION

- I. Age of the respondent. 1. <16 yrs ☐ 2. 16-20 yrs. ☐ 3. 21-25 yrs ☐  
4. <30 yrs ☐
- II. Religion. 1. Hindu. ☐ 2. Muslims ☐ 3. Christian ☐ 4. Others ☐
- III. Academic qualification: 1. No schooling- literate ☐  
2. No schooling – illiterate ☐ 3. Less than primary ☐  
4. Primary ☐ 5. Secondary ☐ 6. Higher Secondary ☐  
7. College & Higher education ☐
- IV. OCCUPATION OF RESPONDENTS 1. House Wife. ☐ 2. Kheti wadi ☐  
3. Self employed ☐ 4. Job ☐
- V. Income per month 1. Upto 5000. ☐ 2. Upto 10000 ☐ 3. Upto 150000 ☐  
4. > 15000 ☐
- Vi. Number of family members in your family.....
- Vii. No. of children do you have .....
- Viii. Age of your youngest child.....
- IX. Whether you planned to have more child in future - 1. Yes ☐ 2. No. ☐  
3. Not decided ☐

#### KNOWLEDGE

- I. Do you have any knowledge about family planning? 1. Yes ☐ 2. No ☐
- II. Do you have knowledge regarding the family planning information centre?  
1. Yes ☐ 2. No ☐ 3. Don't know ☐
- III. From which source you have heard about family planning 1. Radio/tv ☐  
2. Husband ☐ 3. Female friends ☐



4. Family planning centres ☐ 5. News papers ☐ 6. Doctors/LHV ☐  
7. Others.....
- IV. Knowledge about the family planning methods of respondents. 1. Oral pills ☐  
2. Condom ☐ 3. IUD ☐ 4. Withdrawal ☐ 5. Injection ☐  
6. Others.....
- V. Do you have any information about the respondents regarding birth spacing?  
1. Yes ☐ 2. No. ☐

### ATTITUDE

- I. What is your attitude towards family planning? 1. Favourable ☐  
2. Unfavourable ☐ 3. Don't know ☐
- II. What is your attitude towards contacting with the nearest family planning centres? 1. Favourable ☐ 2. Unfavourable. ☐
- III. What is your attitude towards birth spacing between 1<sup>st</sup> and 2<sup>nd</sup> child birth?  
1. 1 year ☐ 2. 1-2 year ☐ 3. 2-3 year ☐  
4. >3 years ☐
- IV. What is your attitude towards discussing family planning matters with your husband? 1. Yes ☐ 2. No. ☐
- V. What is your attitude towards ideal number of child to give birth?  
1. One ☐ 2. Two ☐ 3. Three ☐ 4. any more ☐
- VI. According to you, what are the main reasons behind not adopting any family planning methods? 1. Religious factor ☐ 2. Pleasure factor ☐  
3. Fear of side effects ☐ 4. Desire for more child ☐  
5. Pressure from husband/relatives ☐ 6. Improper knowledge ☐
- VII. Do you think, incentive is the main source of motivation behind adopting family planning? 1. Yes ☐ 2. No ☐ 3. Perhaps ☐
- VIII. What is your attitude towards NSV? 1. Favourable ☐ 2. Unfavourable ☐
- IX. What is your attitude towards family planning services provided at the Sadar Hospital, Purnea? 1. Fully satisfied ☐ 2. Partially satisfied ☐  
3. Not satisfied ☐ 4. Services can be improved ☐

## PRACTICE

- I. Who takes decision on family planning in your family?  
1. Yourself ☐ 2. Your husband. ☐
- II. Are you currently using any types of contraceptive measures?  
1.yes ☐ 2. No ☐
- III. If yes, what type of contraceptive are you using?  
1.Oral pills ☐ 2. Condom ☐ 3. IUD ☐ 4. Injection ☐  
5. Withdrawal technique 6. Others.....
- IV. Have you under gone the following procedures?  
1. PPIUCD ☐ 2.Tubectomy ☐