

## KAP STUDY ON CONTRACEPTIVE METHODS IN KANPUR DISTRICT OF UP

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## ABSTRACT:

*Research question- what is the status of knowledge, attitude and practices about family planning**Objectives :*

1. To study the knowledge about various contraceptive,
2. To study the prevalent attitude and practices regarding family planning.
3. To study the influence of social factors affecting contraceptive use &
4. To find out reasons for not adopting contraception.

*Study design : Cross sectional study**Setting and participants : Rural block of Kanpur District and married women of reproductive age group i.e. 15-49yrs**Study period : July to December 2005**Sample size : 280 Married women of reproductive age group i.e. 15-49yrs.**Study variable : Knowledge status, attitude, practices, social factors, reasons for not using contraceptives*

*Results : Awareness about contraception was more than 90 percent for all available methods except vasectomy and injectables which was 31.5% and 8.6% respectively. Only 29.3% of women were currently practicing contraceptive and nearly half (46.42%) had never used. OCP and Condoms are most commonly accepted methods. Most common reasons observed for contraceptive defaulter were unavailability (30.88%) and adverse effect (26.47%) and for never user, need not felt (36.92%) and desire of more children (13.84%). Educational status and joint family structure has positive impact on contraceptive acceptance.*

*Key words : Contraceptive, family planning, reasons,*

## Introduction :

Uncontrolled population growth is the main hurdle for speedy and positive development of the nation. The growth of our resources to meet the needs is much behind the population growth. Inadequate attention to alarmingly rising population and its deleterious effect on developmental efforts and food situation has led to us a disastrous situation. India is the first country in the world to launch a national family planning programme with the aim to reduce the birth rate and thus stabilizing the population. Initially the approach was clinic based; later on extension education approach was adopted to motivate the people for the acceptance of small family norm. Effect of population stabilization will be reflected only if an integral package of essential services is directed to village and household levels. Meeting his, programme was made an integral part of MCH activities of PHCs and their sub centers<sup>(1,2,3,4)</sup> From the initiation of the programme till date the awareness regarding family planning reached to more than 90 percent but this is not converted into the practices which are less than 50%.<sup>(5)</sup> Among those who are aware but not using any type of contraceptive method, they have the reasons which can be removed /solved if they are convinced at individual level through ANM, ASHA workers.

## Materials and Methods :

A cross sectional study was done. Pre-designed and pre-tested semi structured schedule were used for obtaining information. First author himself filled the schedules. The women of reproductive age groups i.e. 15-49 years were considered as a respondent unit. Multistage random sampling technique was adopted to reach the respondent unit. Study was conducted in rural block of Kanpur district of Uttar Pradesh. In first stage one PHC (Primary Health Center) i.e. Bithoor PHC of Kalyanpur block was selected randomly. Selected PHC caters about 38,000 populations through five-sub centers and the populations were spread over 50 villages and helmets. For the study, all sub centre villages of Bithoor PHC were taken. In second stage the sub center area was divided into four quadrants corresponding to four geographical directions. One village/helmet (equivalent to sub center quadrant) was selected randomly from each quadrant. Thus 20 villages/helmets were selected from five subcentres of the PHC. The sub center villages were considered as intensive service village while other villages/helmets were considered as twilight area villages. Thus there were 5 intensive service area villages and 20 twilight area villages. In third stage one lane of the twilight village or quadrant of intensive village was selected randomly

by using currency note last digit number. Purposively, from each quadrant, and from each village, seven respondent units were interviewed. Thus making sample size to a total of 280 of which 140 respondents were from intensive and 140 respondents were from twilight area villages. From selected

lane house-to-house visit were done in each selected village or quadrant, till the required seven respondent units were interviewed.

Results :

Table 1  
KNOWLEDGE ABOUT FAMILY PLANNING METHODS (MULTIPLE RESPONSES)

Contraceptive method	Intensive (n=140)		Twilight (n=140)		Total (n=280)	
	n	%	n	%	n	%
<b>Spacing methods</b>						
1. Condom	128	91.4	125	89.3	253	90.4
2. OCP	138	98.6	134	95.7	272	97.1
3. IUDs	134	95.7	125	89.3	259	92.5
4. Injectables	12	8.6	12	8.6	24	8.6
<b>Terminal</b>						
	54	38.6	51	36.4	105	37.5
2. Tubectomy	138	98.6	138	98.6	276	98.6

Except for Inject able (8.6%), knowledge level about other spacing method was found to be good being 90.4% for condoms, 92.5% for IUDs, and 97.1% for OCP. About terminal methods, tubectomy was almost universally known method (98.6%) in comparison to vasectomy (37.5%). Similar trend was observed in intensive and twilight areas for both spacing and terminal methods.

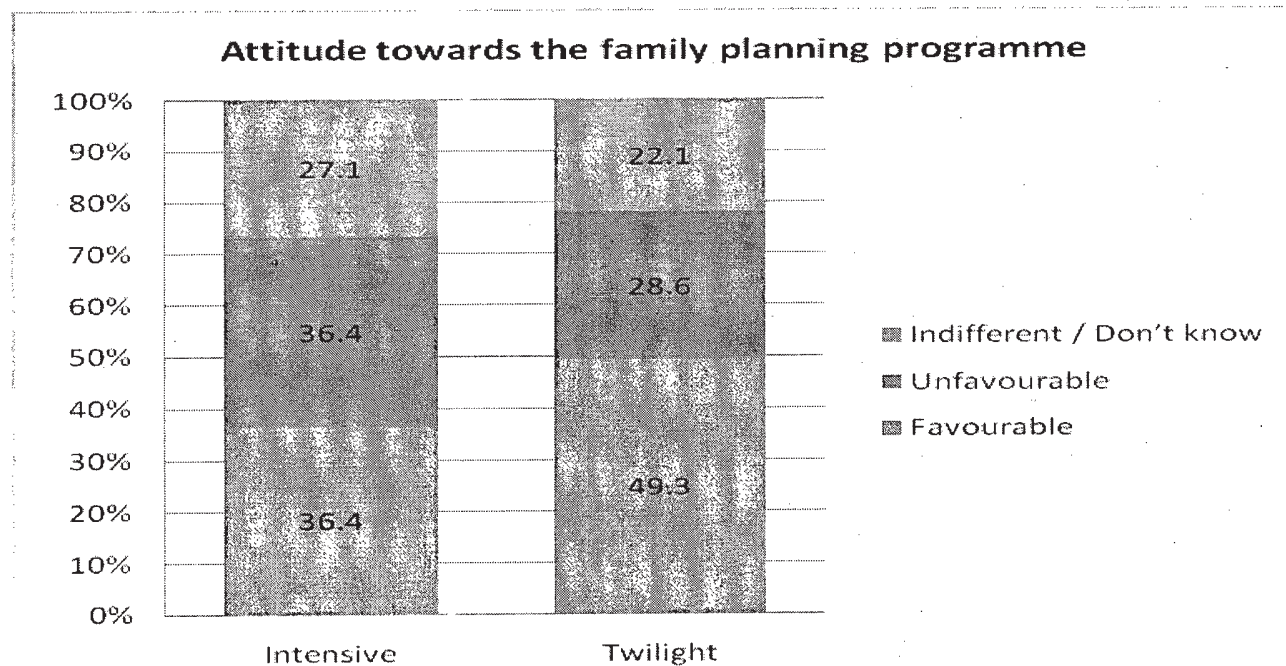


Figure depicts the attitudes towards family planning programme of the respondents. Almost half of them (42.9%) were in favour of family planning programme and only 32.5% were against it. 24.6% showed indifferent attitude towards the programme. Proportion of people having favorable and unfavorable attitude in Intensive area was found to be equal but favorable attitude was more in twilight area 49.3% as of intensive 36.4%.

**Table 2**  
**PROFILE OF FAMILY PLANNING PRACTICES AMONG RESPONDENTS**

Profile	Intensive (n=140)		Twilight (n=140)		Total (n=280)	
	n	%	n	%	n	%
Practicing some or other methods	41	29.3	41	29.3	82	29.3
Had used in past	32	22.85	36	25.71	68	24.88
Never used	67	47.85	63	45.00	130	46.42
Total	140	100	140	100	280	100

Out of 280 eligible respondents 70.7% were not practicing any method of family planning currently and the observed pattern was identical in both intensive and twilight areas. Only 29.3% respondents each in intensive and twilight areas were practicing some or other method of family planning methods.

**Table 3**  
**PATTERN OF FAMILY PLANNING METHOD USAGE**

Method	Intensive		Twilight		Total	
	currently	Used in past	currently	used in past	currently	used in past
<b>Spacing</b>						
Condom	11	11	8	10	19	21
	(26.8)	(34.4)	(19.5)	(27.8)	(23.2)	(30.9)
OCP	23	18	18	19	41	37
	(56.1)	(56.2)	(43.9)	(52.8)	(50.0)	(54.4)
IUD	3	3	7	7	10	10
	(7.3)	(9.4)	(17.1)	(19.4)	(12.2)	(14.7)
<b>Terminal</b>						
Vasectomy	0	0	0	0	0	0
Tubectomy	4	0	8	0	12	0
	(9.8)	32	(19.5)	36	(14.6)	68
Total	41		41		82	

Among all 82 eligible respondents currently in use of some of other family planning, methods only 14.6% had accepted tubectomy with not a single care of vasectomy as terminal methods. Out of remaining 85.21% respondents, 50% were currently using OCP followed by condom 23.2% by their partners and IUD by 12.2% respondents. Out of 68 respondents who are not practicing any contraceptive at present but had used in past were 54.9% for OCP, 30.9% for condom and 14.7% for IUDs.

**Table 4**  
**PATTERN OF FAMILY PLANNING METHOD USAGE**

Reasons	Intensive (N=140)				Twilight (N=140)				Total (N=280)			
	Intensive (N=140)		Intensive (N=140)		Intensive (N=140)		Intensive (N=140)		Intensive (N=140)		Intensive (N=140)	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Needs a child at present	10	15.2	10	31.25	8	12.69	5	13.88	18	13.84	15	22.05
Wanting a male child	6	9.1	0	0	3	4.76	0	0	9	6.92	0	0
Undesired effect _____	9	13.6	8	25.0	6	9.52	10	27.77	15	11.53	18	26.47
Un-sustained availability	6	9.1	7	21.87	4	6.34	14	38.88	10	7.69	21	30.88
Inconvenience	5	7.46	5	15.62	4	6.34	6	16.66	9	6.92	11	16.17
Too young for use	4	5.97	0	0	2	3.17	0	0	6	4.61	0	0
Need not felt	24	35.82	0	0	24	38.03	0	0	48	36.92	0	0
Family apposition	3	4.47	2	6.25	12	19.04	1	2.77	15	11.53	3	4.41
Not aware	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>67</b>	<b>100</b>	<b>32</b>	<b>100</b>	<b>63</b>	<b>100</b>	<b>36</b>	<b>100</b>	<b>130</b>	<b>100</b>	<b>68</b>	<b>100</b>

Among those 68 women who discontinued the use of contraceptive after having used for sometime the most common reason was un-sustained availability of contraceptive (30.88%) followed by undesired effect of use (26.47%) and need of more children 22.05%. Among those 130 women who had never used contraceptive the most common reason was "need not felt" (36.92%) followed by needed more children (13.84%) and undesired effect of use (11.52%) and family opposition (11.53%). Almost similar pattern was observed in both areas.

**Table 5**  
**INFLUENCE OF EDUCATION OF RESPONDENT WOMEN ON CONTRACEPTIVE USE**

Education	Total					
	Never used (N=130)		Used / Using (N=150)		Total (N=280)	
	No.	(%)	No.	(%)	No.	(%)
Illiterate	69	50	69	50.00	138	100
Primary	40	55.56	32	44.44	72	100
Middle	19	38	31	62.00	50	100
Secondary	2	11.74	15	88.24	17	100
Graduate & above	0	0	3	100	3	100
<b>Total</b>	<b>130</b>		<b>150</b>		<b>280</b>	

$\chi^2=15.37$  d.f. =4 p =0.05

Among 138 illiterate respondents the proportion of those who have never used any contraceptive and those who have either used or currently using contraceptive is equal, being 50% in each group. Otherwise with increase in literacy level from middle to secondary to graduate and above the frequency of contraceptive use was also found to increase being 62% in middle, 88.2% in secondary and 100% among graduate and above level respondents. Association between acceptance of contraceptive and education of the respondents was found to be significant.

**Discussion :**

Bithoor PHC is situated just 1 Km from the right bank of river Ganga. Most of the villages, catered by PHC, were lacking Basic facilities, and are difficult to access. Majority belong to Schedule Caste & Other Backward Caste category and labors or Agricultural by occupation. Awareness regarding family planning method was good for most of the spacing method ranging from 90 - 97% and minimal for Injectable contraceptive (8.6%). Awareness regarding terminal methods, it was as high as 98.6% for tubectomy and as low as (37.5%) for vasectomy. **Sharma and Sharma (1991)<sup>(6)</sup>, Kumar et al (1999)<sup>(7)</sup> and Bhasin et al (2005)<sup>(8)</sup>** also found the highest awareness ranging from 75 - > 90 percentage regarding contraceptive methods which in matching with our observation. Only 32.5% were not in favor of family planning program **Khar et al (1999)<sup>(9)</sup>** observed that the limited number of women had a positive view regarding family planning programme. In contrary to this in our study about half of women had positive view towards family planning programme, which may be because of increased awareness and change in attitude towards family planning program. 29.3% of women were using contraceptive currently, 24.28% ever used and 46.92% never used any method. Among the currently using women, almost half of them were using OCP followed by condom (23.2%), IUD (12.2%) and 14.6% had used tubectomy and among ever user most commonly accepted method were OCP (54.4%), condom (30.9%) and IUD (14.7%). **Das et al (2001)<sup>(10)</sup>** reported that contraceptive use rate was 28%, which is almost similar to our observation. **Bhasin et al (2005)<sup>(8)</sup>** reported that among women who were currently practicing contraceptive method, most common method accepted was condom (33.4%) followed by tubectomy (27.3%), OCP (16.6%) and IUD (15.7%). In our study, commonest method was OCP followed by condom, IUD and tubectomy. Thus, our observation somewhat similar to above observation except for OCP, which is more prevalent in our study area, may be because of increase availability and acceptance. **Kumar et al (1999)<sup>(7)</sup>** found somewhat higher percentage of defaulter for ever user i.e. 59%. Contrary to this in our study, it was 24.28%. That may be because of increased awareness and better understanding of benefit of contraceptive uses. They also included the terminal method acceptor among the group of ever user thus diluting our findings. They also found that among ever user 33.6% accepted IUD followed by condom 17.9%, OCP 5% in contrary to this in our study the highest accepted method was OCP (54.4%) followed by condom (30.9%) and IUD (14.7%). **Khokhar and Gulati (2000)<sup>(11)</sup>, Khokhar and Mehra (2005)<sup>(12)</sup>** observed that 61.36% of women were never practiced any method but in our study it is only 46.47% which again reflect the changing behaviors of community towards family planning acceptance. The main reasons cited for never used contraceptive were "need not felt" (36.92%) followed by need of a child at present 13.84%, undesired effect of contraceptive use and family opposition by 11.53% and among those who ever used, the main reason found

"unsustained availability" (30.88%) followed by "need a child at present" (22.05%) and undesired effect (26.47%) and inconvenience to use (16.17%). **Rama et al (2000)<sup>(13)</sup>** **Das et al (2001)** found in their study, the main reason for not using any contraceptive were "eagerness to have more children" (39%), Opposition from family members (23%), lack of information (26%), side effect and unsatisfactory services (25%). These observations are in confirmatory to our observation. **Khokhar and Gulati (2000), Chandhick et al (2003)<sup>(14)</sup> and Bhasin et al (2005)<sup>(8)</sup>** found the reason among never user were mainly ignorant, fear side effect to use and desire for more children. We also found these main reasons behind not using any contraceptive. Among the women who were not practicing any method at present or used in past or never used, the proportion of illiterate were identical i.e. 50% but as the literacy level increases, attitude towards accepting contraceptive were increasing. Education level middle and above, the proportion of contraceptive acceptor were more than non-acceptor. **Rama et al (2000)<sup>(13)</sup> Khokhar and Gulati (2000)<sup>(11)</sup> Banerji (2004)<sup>(15)</sup> and Kansal et al (2005)<sup>(16)</sup>** found in their studies that the low use of contraceptive were associated with literacy.

**Conclusions :**

Family planning related knowledge was found excellent; with 2/3rd respondents having positive attitude as well. Main identified reason for contraceptive defaults were unsustained availability, undesirable effects, need of a child and also unfelt need and family opposition.

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*The heights by great men  
Reached and kept  
Were not attained in a single flight,  
But they while their neighbours slept  
Were toiling upward in the night.*