Study to Assess the Knowledge, Attitude and Practice of Family Planning Methods and Reasons for Non-Use at District Haridwar

By

Manish Kalwaniya

Dissertation submitted for the partial fulfillment of the

MBA Rural Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Mr. Manish kalwaniya student of MBA Rural Management from The IIHMR University; Jaipur has undergone internship training at National Health Systems Resource Centre, New Delhi from 6-02-2017 to 5-05-2017.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

12/5/2017
Ms. Ratna Verma Professor
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National Health Systems Resource Centre

Technical Support Institution with National Rural Health Mission
Ministry of Health & Family Welfare Government of India

The certificate is awarded to

Mr. Manish Kalwaniya

In recognition of having successfully completed his
Internship in the department of

Public Health Administration

and has successfully completed his Project on

"A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING METHODS AND REASONS FOR NON USE AT DISTRICT HARIDWAR"

Date 5/05/2017

National Health Systems Resource Centre

He is committed, sincere & diligent person with a strong drive and zeal for learning

I wish him all the best for future endeavors

Dr. Himanshu Bhushan
Advisor & Head
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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled '**A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING METHODS AND REASONS FOR NON USE AT DISTRICT HARIDWAR** is submitted by **Mr. Manish Kalwaniya** Enrollment No. **IIHMR-U/03/2015-17/0006** under the supervision of **Prof. Ratna Verma** for award of MBA in Hospital and Health of the University carried out during the period 6st February to 5th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Manish Kalwaniya

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING METHODS AND REASONS FOR NON USE AT DISTRICT HARIDWAR**

Manish Kalwaniya
Signature of student

ABSTRACT

INTRODUCTION:

India is onsecond rank with huge population in world. Family planning is always being in focus in India. In India family planning programme was launched in 1951, and it was the world's first governmental population stabilization programme. If we talk about family planning in Haridwar then the total fertility rate in Haridwar is 2.2 according to AHS 2012. Knowledge of family planning methods is high but attitude towards family planning is very low. Around 50% eligible couples are still not using any FP methods, for that this study was conducted at district hospital of Haridwar to find out the reasons behind it.

OBJECTIVES:

- To assess the KAP (Knowledge, Attitude &Practices) of permanent family planning methods.
- To find out the reasons behind the non-usage of family planning methods.

METHODS:A cross-sectional descriptive study was conducted in 6th February2017 to 5 May 2017 in district hospital and CHC laksar, Haridwar, Uttrakhand, to assess the KAP of family planning methods as well as to find out the reasons behind nonuse. The study group included 60 male and females in the age group (15-44 years). Structured questionnaire were used to assess thepractice,knowledge & attitude of family planning. 55 % respondents said family planning is not common in our society and it very shameful to discuss about it. Domestic violence is an also a major issue which affect usage of family planning methods.

RESULTS: In this study both male and female were selected. According to study total 60 respondents were selected out of which 36 were male and 24 were female. 51 % were in the age group of 18-25. 57 % of respondents were got education up to high school plus. Around 46 % of respondents know about all methods of family planning and maximum are living in urban areas or educated higher secondary schooling.According to data one

third of the respondents (28%) respondents got information about Family Planning from friends, while only 16.67% respondents got information from health center's or from nurses and doctors. Out of total respondents 24% respondents never used any contraceptive. Current use of FP methods was highest for condom (55%), oral contraceptives (19%), IUD (9%), female sterilization (12%) and male sterilization (11%).The first factor which were identified by a majority of respondents, constituting 28.33% percent, as being a barrier to family planning practices was low education and 26.67 % is not using because of health issues, and 10 % are because of partner negative attitude. Many respondents are not using any family planning methods because of fear of side effects and 16% of respondents said it creates menstrual problem. Son Preference is also a main reason which affects it.

CONCLUSION: This study provides information on KAP (knowledge, attitudes and practice of contraceptive in Haridwar District, Uttrakhand. Results shows that fare knowledgeamong respondents were observed, but knowledge of specific contraceptive methods exist.The study shows that knowledge andawareness does not always lead to the use of contraceptives there are many demographic and cultural factors which affect utilization of family planning methods like education status, son preference, and negative attitude by partner etc.

Key words: Contraceptives, Family planning, Knowledge, Attitude, Practice

ACKNOWLEDGMENT

This dissertation is an immense academic record and value for the student of any professional course and for the MBA student who have to be in the health sector with the theoretical knowledge. It gives students practical experience and confidence in his performance.

I would like to thanks to the 60 respondents who answered the questionnaires for their participation. This survey could not possible without their support and participation. I am ever grateful to them.

I would like to thanks the National Health System Resources Centre, New Delhi and IIHMR University Jaipur that gave me the honor the complete my dissertation in the field of health and rural. I would like to thanks all staff of District Program Management Unit, CMS (District Hospital),Community Health Center, Primary Health Center and Sub Centre of Haridwar district who helped me in completion of my dissertation.

I would like to heartiest thanks toDrHimanshuBhushan (Advisor & Head, PHA Division) Mr. Ajit Kumar(Senior Consultant, NHSRC), MsRatnaVerma(Faculty, School of Rural Management), Ms Monika Rana (District Program Manager), and Dr Anil (MoIC,) in Community Health Centre, who cope with the problems that I faced during my dissertation.

I am also very thankful to the respondent who gave me time to share their knowledge and answer my questions to complete my project.

Lastly I would like to thank all those who helped me in any way in my project.

Manish Kalwaniya

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LIST OF ABBREVIATION

AHS	:	Annual Health Survey
ANM	:	Auxiliary Nurse Midwife
ASHA	:	Accredited Social Health Activist
BPMU	:	Block Programme Management Unit
CHC	:	Community Health Care
CM	:	Contraceptive method
DLHS	:	District Level House Hold Survey
DPMU	:	District Programme Management Unit
ECP	:	Emergency contraceptive pill
FP	:	Family Planning
GoI	:	Government Of India
IEC	:	Information, Education and Communication
IUD	:	Intrauterine device
JSY	:	JananiSurakshaYojana
MOHFW	:	Ministry Of Health & Family Welfare
NFHS	:	National Family Health Survey
NGO	:	Non-Government Organization
NFWP		National Family Welfare Programme
NRHM	:	National Rural Health Mission
NUHM	:	National Urban Health Mission
PHC	:	Primary Health Centre
PRI	:	Panchayati Raj Institution
RCH		Reproductive Child Health
RMNCH+A	:	Reproductive Maternal Neonatal Child Health + Adolescent
SHC	:	Sub Health Centre
SPMU	:	State Programme Management Unit
STI's	:	Sexually transmitted infections
TFR	:	Total Fertility Rate

UPHC : Urban Primary Health Centre

OPERATIONAL DEFINITIONS

- **ATTITUDE:** level of understanding and awareness regarding permanent family planning methods
- **PRACTICE:** It refers to the activity carried out by the respondents of questioner in terms of the use of permanent family planning methods.
- **PERMANENT FAMILY PLANNING METHODS:** It refers to the permanent methods for men, women and couples to control in the number of children in a family who believe they don't want to have children in the future.
- **ELIGIBLE COUPLE:** It mentions to the married couple who have two or more children wherein the wife is in the reproductive age which is generally lie between the ages of 15-45 years.
- **CONTRACEPTIVE METHODS** include both modern as well as traditional methods. Modern methods like Vasectomy, Tubectomy, Copper-T, Pills, Emergency Contraceptive Pill, and Condom.While the traditional ones were Contraceptive Herbs, abstinence, Withdrawal, Locational Amenorrhea Method, etc.
- **EMERGENCY CONTRACEPTION**is used to control on birth and it is taken after sexual intercourse, to prevent unwantedpregnancy.
- **SEX EDUCATION**it is educate aboutsexual intercourse, contraception, and other aspects knowledge of FP methods. Sex education is commonly provided by parents or caregivers, school programs, and public health campaigns.

CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

Family planning is directly improves the quality of the lives of people as well as their economic condition. Family Planning means Planned Parenthood. In my opinion family planning means "achieving the desired number of children with appropriate spacing and timing". According to Robert McNamara, former President of the World Bank, "Family planning is not designed to destroy families; on the contrary it is designed to save them." The National Family Planning Programme(NFPP), 1952 it defines "reducing birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National Economy."According to Dr. Rodhinorton, "Family planning means activities of determining the time period between the birth of children and the number of required children for the couple themselves along with the health and family welfare". Thus, FP only a method for population control is not the main thing, but in another sense, it is related with the quality of human life.

EffectiveFPprogram minimize unwanted pregnancies, MMR, and improve social and economic condition. Through the years, in India's mainly concerned onsterilization; because of it there has been slight incentive for field workers to boostutilization of FP methods, such as pills or condoms.

As Family planning were always being in focus in India. Family planning in India is limited with sterilization, although government policies strive to promote reversible methods. In Indiarecent fertility decline is attributed to increasing acceptance of sterilization, mainly female sterilization.

Usage of Contraceptive has been rising day by day in India. If we talk about 1970, 13% of married women used FP methods, which rise to 35% by 1997 and 48% by 2009. The national FPprogram was launched in 1951. India is on second rank with huge population in world, to control on that National Family Welfare Program (NFWP) is started in 1951.

The Family Welfare Programme is 100% centrally sponsored program in India and recognized as a concern area.

In beginning of FP programs in India, sterilization services was introduced only in somestates for men& woman. The programme firstly focused on the supply of vaginal foam tablets and condoms. The third five-year plan 1961–66familiarized the strategy to promote different methods. In 1962-63, when new approach was first implemented, as a part of this initiative, the IUDs introduced in 1965, and it was fail because of its side effects. But it was measured as amainbreakthrough in the Indian family planning programme.

Many studies was conducted on same and that shows that education of women's has a positive sign with usage of contraceptive in India, and those women has good knowledge about it use both modern and traditional methods to control birth.

Inadequate family planning strategies directly increasethe vulnerability and affecting economic condition of peoples in developing countries. It culminating into high MMR and IMR as wall as it increasing poverty, cases of HIV/AIDS, and morbidity. At least 32% of all maternal deaths can be prevented by family planning .If we talk about sexually transmitted diseases (STD) present a huge burden of diseases and adversely impact reproductive health of population. As per recent STD prevalence study our 6% of adult population in India suffer from STDs and most regions of country show relatively high levels.

1.2 REVIEW OF LITERATURE

Family planning has strength to regulate the number of children and spacing of births.However, variables such as education, religion, socio-economic as well as cultural factors affect the effectiveness of family planning programs. Another factor that deserves attention is the attitude and reason for non-use of family planning. Many studied were conducted to assess Knowledge, attitude and practices of family planning methods.

A cross sectional study wasconducted at Utter Pradesh,to study knowledge and attitude and practices regarding family planning methods. The sample size was 100 women in the age group of 15-45 years, from rural areas as well as in urban areas and data collected through a structured questionnaire. The findings of the study shown that out of 100 women with mean age of 29.7 years, 81% had some knowledge about family planning methods and use injectable and IUD were 18.8% and 13.2% respectively.

Chopra S. et. al (2010) conducted a study to assess the knowledge, attitude and practice of contraception in urban population. The interview was carried out with attendances of Gynecology department. Results showed that a total of 55.2% subjects were aware of contraceptive methods, mostly barrier (53.7%), IUD (46%) and oral pills (43.2%), but only 31.7% had ever used barrier contraception, IUCD 10.3% and oral pills 3.3%.

Rajesh Reddy S. et.al (2003) did a study on knowledge, attitude and practices related to family planning methods among men within 5 years of married life with an aim to find their opinion regarding men's involvement in reproductive health. The study population consisted of 50 men within 5 years of married life in the service area of the urban health center. An interview was conducted at the respondent's house in the local language. Results showed that tubectomy was mainly used as permanent method of FP, while condoms were used 37.54% of subjects as a temporary method of contraception. 64% respondents said thatmagazines are the main source of knowledgeabout FP methods. The study concludes that the study population had positive attitudes towards family planning and the study justifies the need for involving men.

Char A. et. al (2009) conducted a study on male perception on female sterilization. In this study 7(FGD) were conducted among 58 men currently married to women aged (15 - 45), followed by a cross-sectional survey among 793 men currently married to same aged women. Results showed that 34% of men reported that their wives had been sterilized, 79% of men who did not rely on any permanent method said that they wanted their wives to be sterilized. Thus it was concluded that family planning service providers and programme planners need to be aware of males' knowledge and perception pertaining to family planning.

1.3 RATIONALE OF STUDY

As we all know that India is the second most populous country in the world after China and is the home of l/6th of the world population. But the problem is that, it has not more than 2.5 per cent of the global land. If we talk about family planning in Haridwar then the total fertility rate in Haridwar is 2.2 AHS 2012. Knowledge of modern family planning methods is high but attitude towards family planning is very low. 52.7% were currently using modern method of contraception. Condom is the most popular spacing method and use of spacing methods was negligible. Around 50% eligible couples are still not using any FP methods. High growth rate of population makes pressure on resources resulting in reduction in per capita income. Further, high population growth rate leads to stop social and economic development because it alters the age structure of the population, burden on education, employment, health services, food and natural resources and prevents the raising of the quality of life of peoples.

Family planningprogramsmainly sponsored by the Indiangovernment. In the 1965-2009 period, contraceptive usage has more than tripled (from 13% of married women in 1970 to 48% in 2009) and the f

ertility rate has more than halved (from 5.7 in 1966 to 2.4 in 2012), but still the national fertility rate is high to cause long-term population growth. India adds up to 1,000,000 people to its population every 20 days.India is set to overtake China, which at present is most populous country in world.

Current Use of Family Planning Methods Married Woman's(Age 19 to 39)				
	NFHS 4		NHFS 3	
	Urban	Rural	Urban	Rural
Any method (%)	53.9	53.2	53.4	59.3
Any modern method (%)	48.4	49.8	49.3	55.5
Female sterilization (%)	18.7	32.2	27.4	32.2
Male sterilization (%)	0.4	0.8	0.7	1.8
IUD/PPIUD (%)	2.2	1.3	1.6	1.5

Pill (%)	4.2	2.7	3.2	4.2
Condom (%)	22.7	12.4	16.1	15.7

Table: 1 Uses of contraceptives according toNFHS 3, NFHS 4

Methods	Total (%)	Rural (%)	Urban (%)
Any method	**56.2**	**52.1**	**63.1**
Any modern method	**45.4**	**40.6**	**53.5**
Female sterilization	**12**	**13.3**	**9.9**
Male sterilization	**1**	**0.4**	**2**
Copper T	**1.3**	**1**	**1.9**
Pills	**6.4**	**6.9**	**5.5**
Condom	**23.5**	**17.6**	**33.2**

Table: 2 Uses of contraceptives according to Annual Health Survey 2011-12

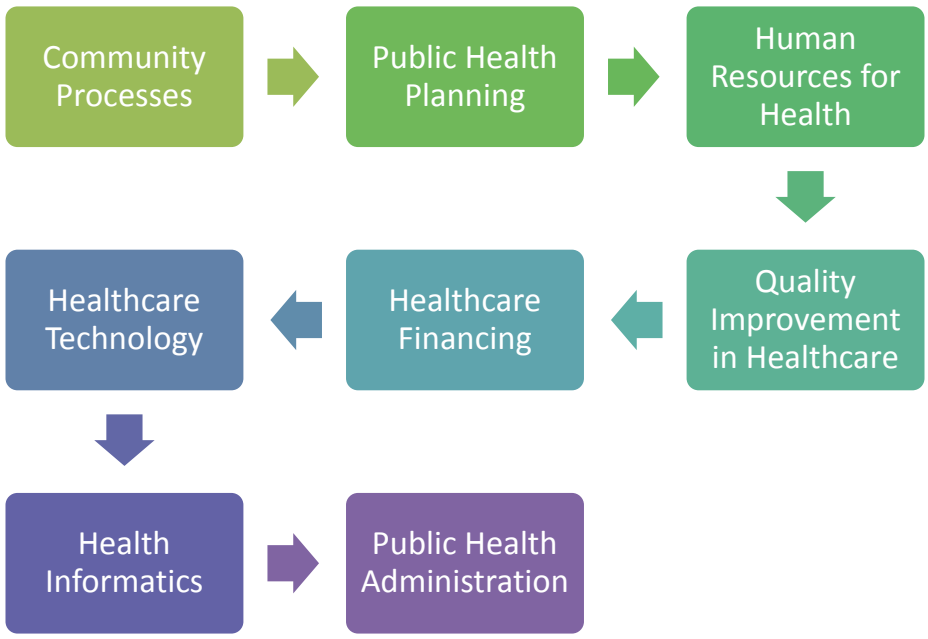
According to NFHS 4 data it shows that till around 53 % peoples are not using any FP methods, which are crucial thing, and if we compare NFHS 4 or NFHS 3 data the use of family planning methods is approximately same. Becaouse of use of technology and good quality & coverage of health care resulted in a decreasing in CDR from 25.1 in 1951 to 9.8 in 1991. In contrast, the decrease in CBR has been less steep, declining from 40.8 in 1951 to 29.5 in 1991. Current CDR in India as per estimated on 2010 July is 7.53 deaths per 1,000 populations and the average CDR for the entire world is estimated to be 8.6 deaths per 1,000 populations. In India 43.5% of couples were currently using FP methods, vasectomy is only 3.3% of all sterilizations. Sterilization was accepted by largely a female population which constituted 30.3% of all effectively protected couples. Further there was a severe decline in the acceptance of vasectomy in the past 20 years**.** But still in India half of the woman's are not using any kind of family planning methods.

1.4 ABOUT ORGANIZATION

NHSRC has been setup under the ministry of health and family welfareof GOI to provide technical assistance. It was launched in 2007.NHSRC obligation is to provide technique assistance in policy making, strategy development capacity building for the MoHFW and states as well as in district. The main aim of the NHSRC is to improve health conditions by providing governance reform, innovations in health systems.And provide a platform to share information and best practices amongdistrict and sub-district levels as well as national &state level, through specific capacity development and convergence models.

Every department has an advisor. It has total 21 members in Governing Board, chaired by the Secretary, MoHFW. It has 10 health experts from academics and civil society. The Executive Director, NHSRC is the Member Secretary of both the board and the Executive Committee.

NHSRC is also a WHO Collaborating Centre for providing services regarding each department of hospitals and priority medical devices & health care technology. The NHSRC currently consists of eight departments and providing there technical assistance to health programs and making guidelines and policies on health. The NHSRC has main office in New Delhi.



MISSION:

Mission of NHSRC is Technical support and capacity building for strengthening public health systems in India.

CHAPTER TWO

METHODOLOGY

2.1 OBJECTIVES OF THE STUDY

- To assess the knowledge, attitude and practice of permanent family planning methods.
- To find out the reasons behind the non-usage of family planning methods.

2.2 LIMITATIONS OF THE STUDY

- Assessments of the knowledge of the respondents will be done through written responses by structured questionnaire.
- The study is limited to the persons who are willing to participate in the study.

METHODS OF THE STUDY

This study is a part of dissertationwhich objective is tofind out the KAP on family planning and reasons for nonuse.A cross sectional descriptive study was done in the Gynecology Department and Obstetrics department and of theCRW Hospital, Community Health Centre (CHC)laksar, Haridwar. The study group included the 60 respondents'which were attended the hospital.

2.3RESEARCH DESIGN

It was a quantitativecross-sectional descriptive study conducted in 6th February2017 to 5 May 2017 in Haridwar, Uttrakhand, to know the knowledge attitude and practice of family planning methods as well as to find out the reasons behind nonuse. This district has 6 blocks and out of them 1 block wasselected for survey and district hospital as well. Participants were at least 18 years old, irrespective of their marital status and educational level, currently residing in the district, and who volunteered to take part in the study. Data was collected using a structured questionnaire on demographic (age, level of education, occupation, marital status), knowledge on family planning, current method of contraception used.

2.4 RESEARCH SETTING

The study was conducted at DH hospital and Reproductive Child Health wing, and one block (laksar), at Haridwar district.

DURATION OF STUDY:

According to University norms the duration of the study will be limited to three months as per the university norms. This was 6th February 2017 to 5th May 2017.

SAMPLE SIZE

The sample size of the study consists of 60 respondents from selected hospitals of Haridwar.

2.5 SAMPLING TECHNIQUE

In this study, the sample is collected throughconvenient non probability Technique.

SAMPLE SELECTION:

SAMPLING CRITERIA

INCLUSIVE CRITERIA

- Those who are present at the time of data collection.
- Respondents those are above the age of 18 years.

EXCLUSIVE CRITERIA

- Those who are not willing to participate in the study.

2.7 METHODS OF DATA COLLECTION

The data were collected using structured self-administered questionnaire and in depth interview. The questionnaire was used to collect information on knowledge, attitude and practices regarding permanent family planning methods and use of contraceptives, personal and socio-demographic factors influencing the use of contraceptive methods. In-depth interview guide was used to collect information on the supply and service delivery.

DATA ANALYSIS METHOD

Data from structured questionnaires entered in excel 2010 and analyzed on same. The data were planned to present in the form of tables, figures and charts. Percentage for analysis of demographic data was used.

POPULATION

The target population of the present study comprises of the above 18 years old and residing in the selected areas at Haridwar.

2.8 TOOLS FOR DATA COLLECTION

The structured self-administered questionnaire is used to collect the data from the respondents, and Checklist to assess the practice of eligible couples on permanent family planning Method.

2.9 ETHICAL CLEARENCE

The study was conducted after the approval of the research committee of IIHMR. Permission is obtained from the head of the institution. The purpose and the details of the study are explained to the participants and an informed consent is obtained from them. Assurance is given to the participants regarding the confidentiality and anonymity of the data collected from them.

CHAPTER THREE

DISTRICT OVERVIEW

3.1 DISTRICT PROFILE (HARIDWAR,UTTARAKHAND)

The Ministry of Minority Affairs, Government of India, has identified 90 minority concentrated districts in the country by using 8 indicators relating to economic development and basic entitlements, based on census 2001.In which Haridwar is identified as one of the minority concentrated districts in the country which was poor in terms of health, economic as well as social indicators.

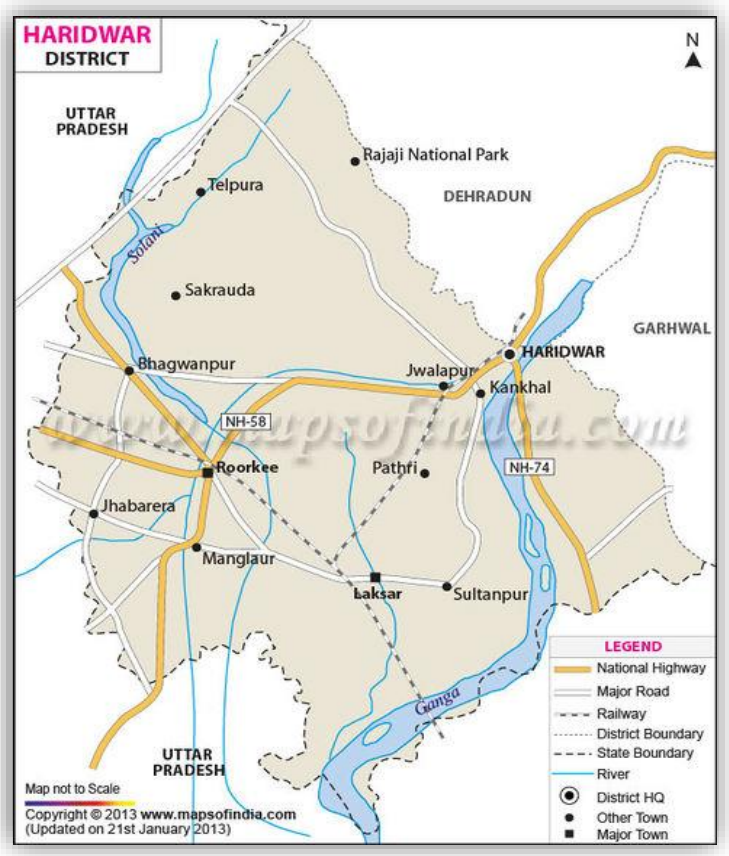


Figure:1 Map of District

Demographic information	Census2011				
Number ofTaluks/Blocks	1.Bahadrabad 2.Bhagwanpur3.Khanpur 4.Laksar, 5.Narsan,6.Roorkee				
Total number of blocks covered by functionalMMUs(Mobile	06blocks				
Population	Male	Female	Total	Urban	Rural
	1005295	885127	1890422	69309	1197328
Population density/sq.km	817				
Decadal / Annual Growth Rate(2001-11)	33.16				
Literacy rate	74.26				

Table: 3 Demographic Information of Haridwar

3.2 DISTRICT HEALTH PROFILE:

Infrastructure	**Sanctioned**	**Functional**
Number of beds in district/talukhospital	70	70
Total Noof SC(Sub Centre)	165	165
Total No of 24x7 PHC	06	06
Total Noof CHC	06	06
Maternal and child health wing	01	01
Total Noof AHC	16	16
District DrugWarehouse	01	01
ANM TrainingCenters	01	01(under
District TrainingCentre	0	0
Humanresources	**Sanctionedposts**	**Inposition**
Full timeCMO/CMHO	01	01
(DPM, DAM, DDM/DDA ,DCM)	03	03
ASHAs	1439	1367
ASHASupervisors	68	68
1stANM	184	164
2ndANM	70	70
24X7PHCs	05	05

Table: 4 District Health Profile

MEDICAL OFFICERS AND SPECIALISTS

MedicalOfficers	45	31
DH	2	2
FRU	N/A	9
24X7PHCs	N/A	6
AYUSHMOs	10	5
Specialists	**46**	**08**
Obstetricians&Gynecologist	07	01
Anesthetist	13	01

Pediatrician	13	03
Surgeons	13	06

Table: 5 District Human Resources

Health serviceprovision	facilities ingovt.building	Delivery point	SBA&NSSK trainedANM/ SNs	Functional NBCC
Sub-HealthCenters	141	05	Yes	05
24x7 PHC	06	05	Yes	06
OtherPHCs	22	00	No	0
CHC	06	05	yes	06
District/AreaHospital	02	01	yes	02
Number of facilities in the	**DH**	**CHC**	**24x7PHCs**	**SC**
districtconductingC-section	01	0		
Facilities with fixed dayfamilyplanningservices	0	0	0	0
Facilities providingAdolescenthealthservices	01	06	0	0
Number of facilities with	01	02		

Table: 6 District Health Facilities

CHAPTER: FOUR

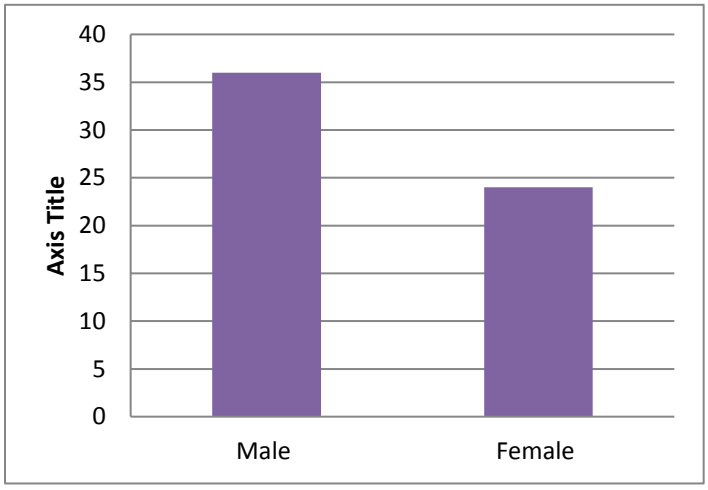
RESULTS & FINDINGS

This chapter presents the study results and findings and all the things organized under the different headings which includedemographic characteristics of the respondents, knowledge and attitude about family planning methods and practices and factors that influencing the use of FP methodsin Haridwar district.

4.1 DEMOGRAPHIC:

The study respondents were asked for their demographics information. Theinformationincluded age, level of education, marital status, and employment status

4.1.1 Sex



In thus study both male and female were selected for interview. According to study total 60 respondents were selected out of which 36 were male and 24 were female.

Figure: 2 Distribution of respondents according to gender

4.1.2 Age Group

Respondents was divided into different age groups. 51% were in the age group of 18-25 years, 32% were in the age group 25-35 and 17% were in 36-49 age group. It shows that majority of respondents were in the age group of 18-25.

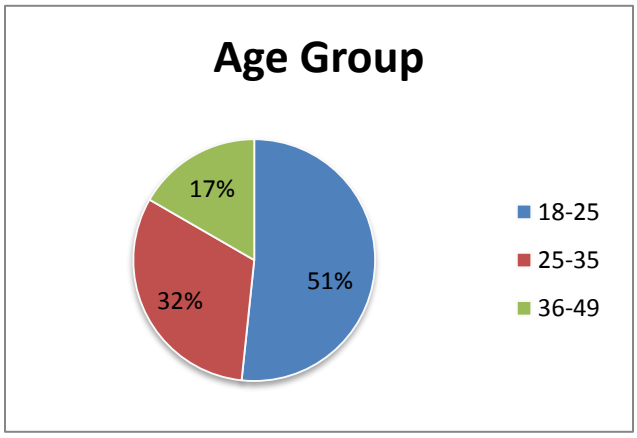


Figure: 3 Age wise distribution of respondents

4.1.3 Marital Status: As we all know that marital status is one of the most important part to assess any factors in our society. India is an developing country, and there is many kind of persons according to caste etc. that's why the perception and attitude of a respondents can also differ by the marital status of the persons because the marriage make responsible as wall matured in understanding.Table 4.3 shows that60% respondents were married and remaining 40% were unmarried,

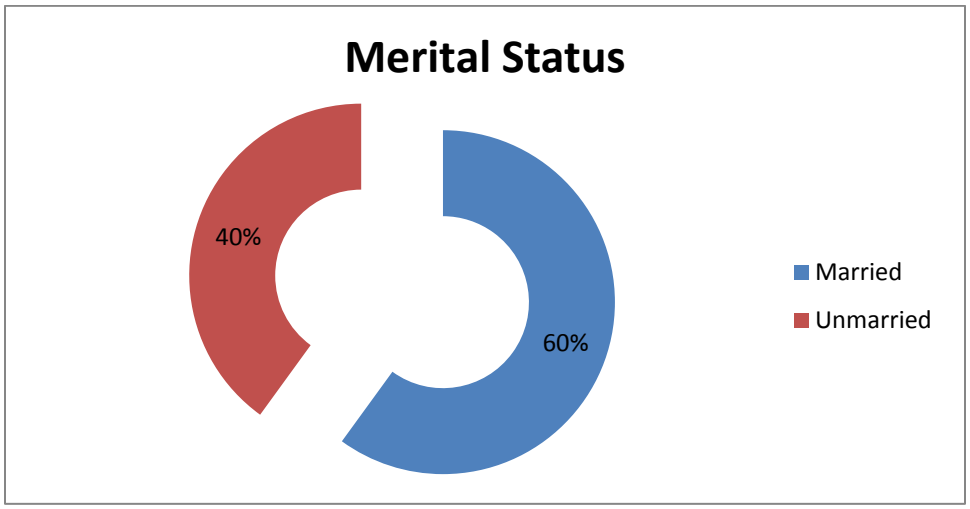


Figure: 4 Distribution of respondents according to marital status.

4.1.4 Educational Status: Everyone knows that Education is one of the most important things which affect the attitudes of a person and the way of understanding any particular social wonders. In this study the response of an individual were likely to be determined by his educational status. As per the survey graph showing that in around 57% respondents got high school + education, 23% respondents were studied secondary level, 15 % respondents got primary education and 5% respondents were illiterate.

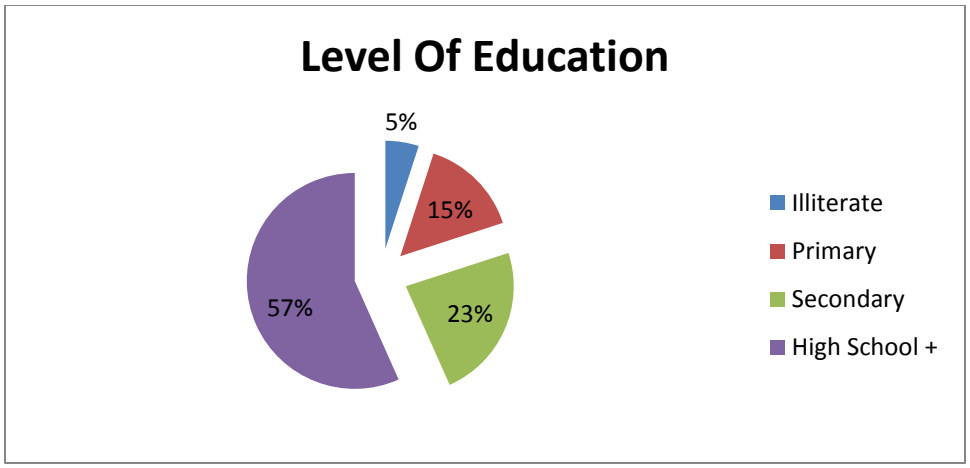


Figure: 5 Distribution of respondents in relation to their education

Only 14% woman's passed secondary and 2% woman's studied graduation level. So according to research it shows that only 5% of the respondents are illiterate &most of the respondents in the study had a senior high school level of education.

Occupation: It is evident from Table 4.5 that near about 40% of the total respondents are students. Whereas 15 respondents were housewife and 13 respondents are unemployed or 12 respondents are employed. Thisgraphs shows that majority of respondents were studying.

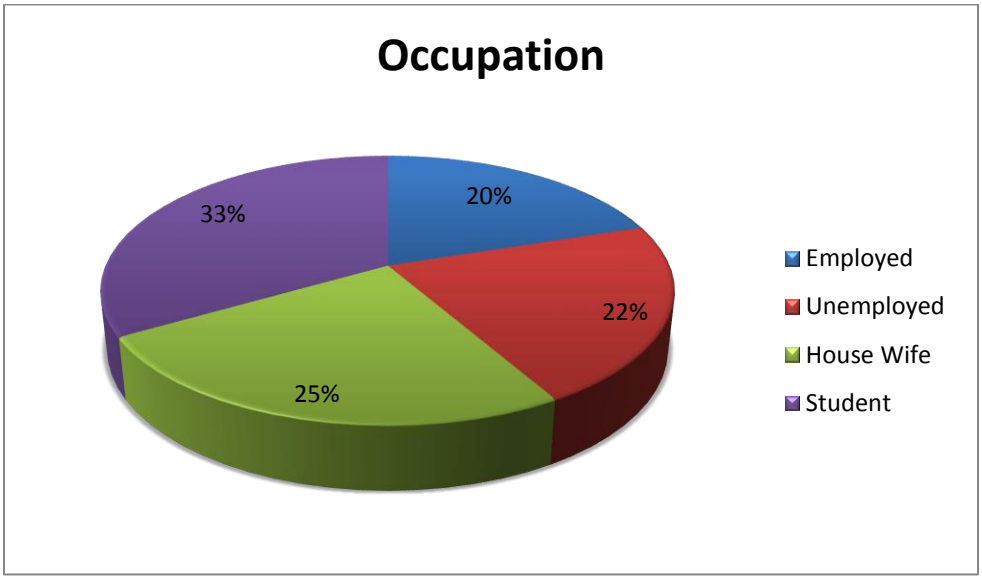


Figure: 6 percentage wise distribution of respondents in relation to their occupation

4.2 KNOWLEDGE ABOUT FAMILY PLANNING:

4.2.1 According to data knowledge regarding family planning and its methods is not very good in community level. Only around 46 % of respondents know about all methods of family planning and maximum are living in urban areas or educated higher secondary schooling. There is a need of some family planning initiatives in community level that maximum peoples can be aware about family planning methods. But it's a good indicator that at least everyone knows about one method of family planning.

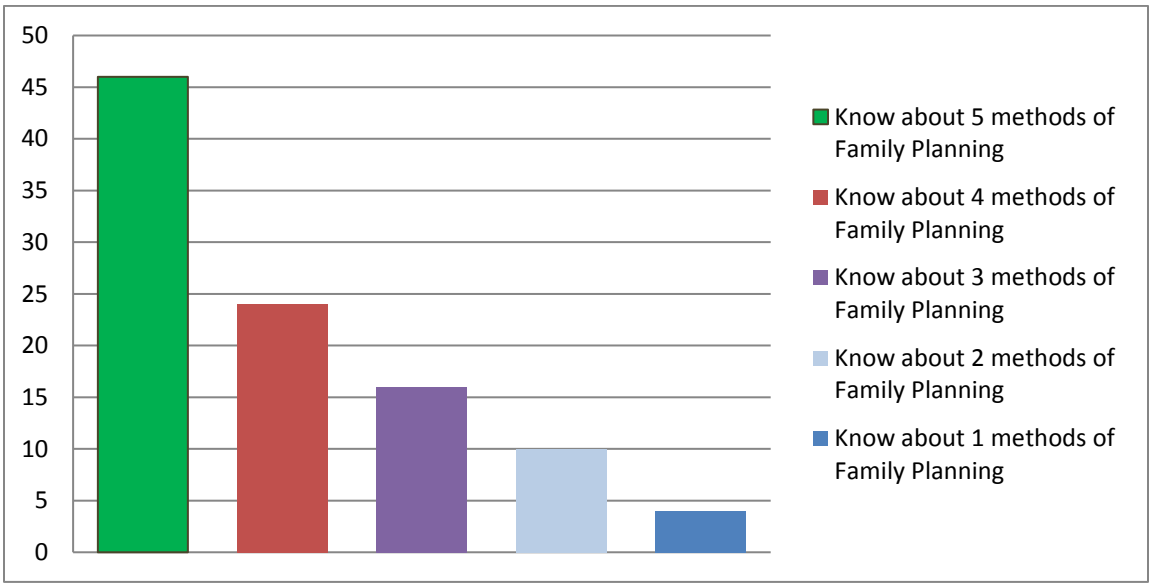
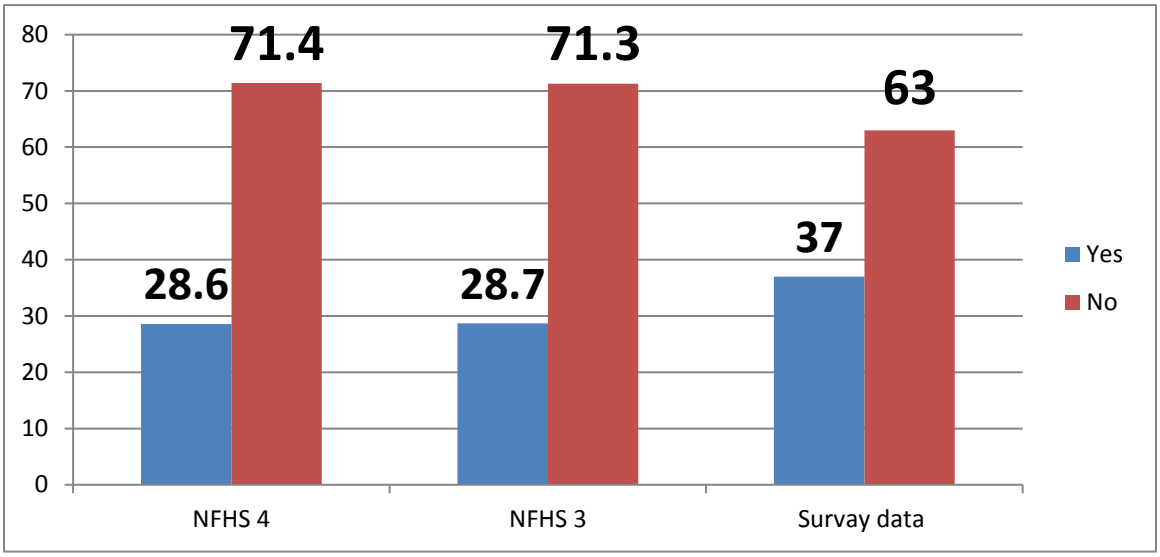


Figure:7 Knowledge about family planning methods

4.2.2 SEXUALLY TRANSMITTED INFECTIONS AND REPRODUCTIVE TRACT INFECTIONS:

According NFHS4 71.4 % peoples know about HIV\ AIDS and in NHFS 3 it was 71.3%. In this study total of 60 married or unmarried man and women were interviewed. Most of the respondents were in the age group of more than 18 years and were educated up to senior school. Almost 63% respondents had not heard about RTI/STI and 37 know about it. Those who had heard of RTI were asked about the symptoms that may indicate that a

person was suffering from RTI. About 11% respondentssaid that they did not know the symptoms.



4.2.3 SOURCE OF INFORMATION ABOUT FAMILY PLANNING

According to data one third of the respondents 28%respondents got information about Family Planning from friends, while only 16.67% respondents got information from health center's or from nurses and doctors and 18.33 % was checked on the internet. Only 3.33% respondents got information from family. It shows that in families family planning is not common to discuss. If they want to know about FP Methods, maximum respondents favored to discuss it with friends or from internet.

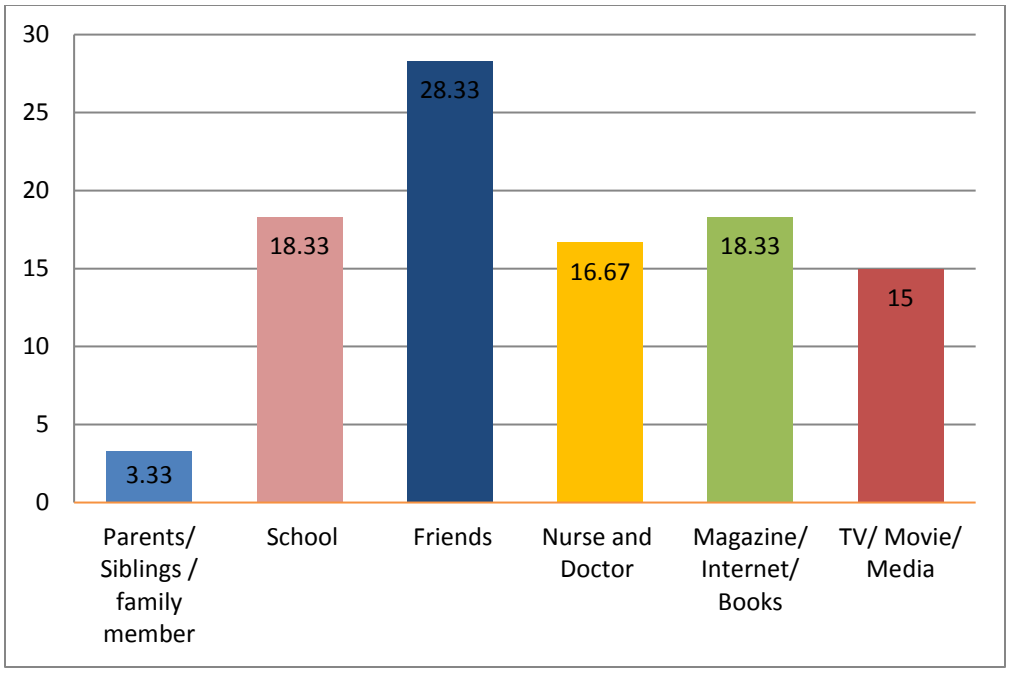


Figure: 9 Source of knowledge about family planning

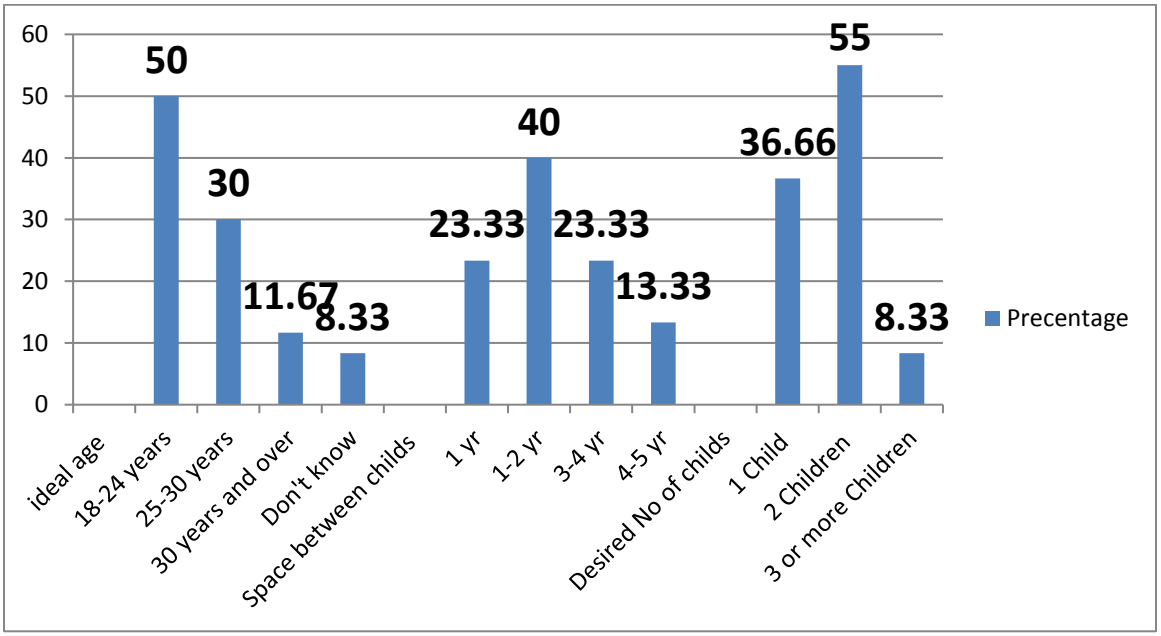
Another question also asked to every respondent that if anyone wants to get knowledge then where they want to go? It was found that maximum respondents go to friends and on internet to get knowledge about family planning. Only 8 % of respondents said that they will prefer doctor or nurse to get aware about family planning. And only 1% prefer to discuss with family members.

4.3 ATTITUDE TOWARDS FAMILY PLANNING METHODS:

Ideal age of having first child, desired number of children, birth spacing between two children's and contraceptive uses show attitude towards family formation. As per survey 60 participants were interviewed which include married as wall unmarried peoples. They were asked about their views on family formation. Attitudes toward FP discussions are to be understood throughrespondent attitude, their husband's/ wife attitudes, their society's attitude from where they invent.

ideal age of First Baby	Numbers	Percentage
18-24 years	30	50
25-30 years	18	30
30 years and over	7	11.67
Don't know	5	8.33
Space b/t children's		
1 yr	14	23.33
1-2 yr	24	40
3-4 yr	14	23.33
4-5 yr	8	13.33
Desired No of children's		
1 Child	22	36.67
2 Children	33	55
3 or more Children	5	8.33

Table: 7 Attitude towards family planning in Haridwar



According to data collected 50% respondents thought that ideal age of first baby is 18-24 years, 30 % said it 25-30 years is the ideal age of pregnancy and 8.33% don't know about it. When they were asked about Space between children's 23.33% respondents said 1

year gap and 40 % said 1-2 years gaps is sufficient according to them. And more than half of the respondent's desired 2 children have to complete the family.

4.3.1 ATTITUDE TOWARDS CONTRACEPTIVE:

Figure shows that around 28% respondents were using modern contraceptives without any problem and 24% respondents never used any contraceptive.33% of respondents

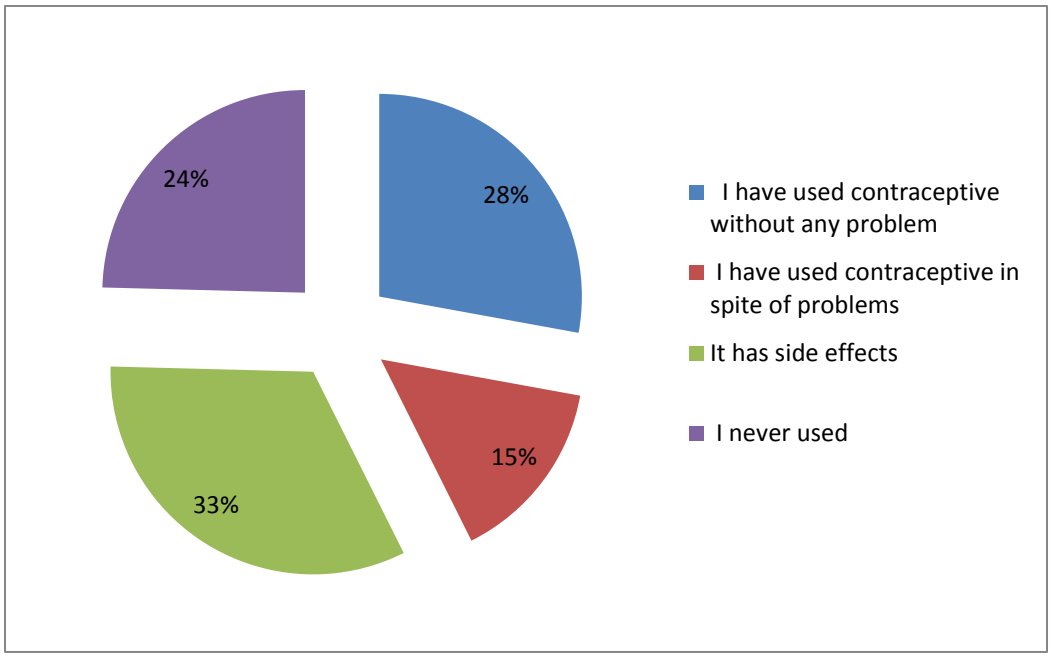


Figure: 10 Attitude towards modern contraceptives

didn't like to use because it has lot of side effects which affects menstrual timing etc. While 24 % of the respondents never used any modern contraceptives methods and 15 % of respondents have used contraceptives but faced spite of problems.

4.3.2 ATTITUDE TOWARDS FAMILY PLANNING DISCUSSION

To assess attitude towards family planning was recorded with the help of question whether they favour the concept of family planning. As per data received from respondents, it shows that family planning is not common and our society because 55%

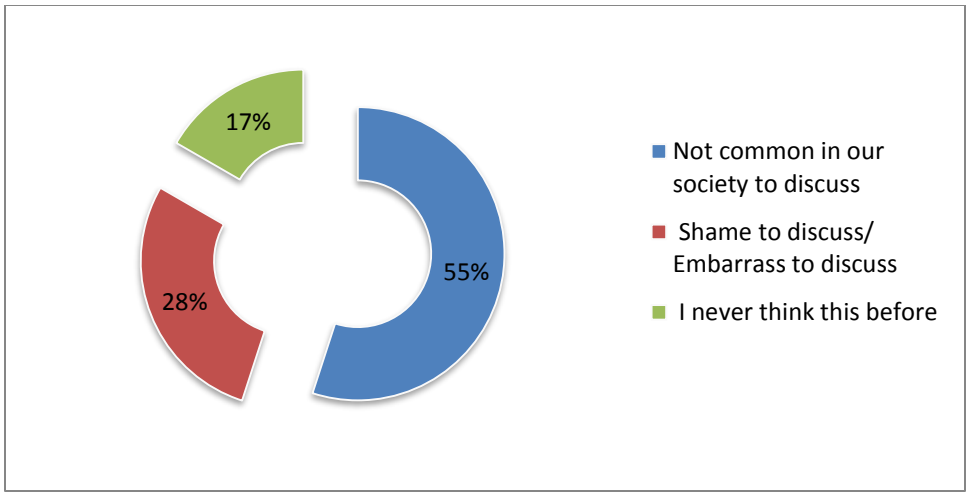


Figure: 11 Attitude towards family planning discussion

respondents said it not common to discuss in society. And 28% respondents said it's embarrassed to discuss about family planning in society.

4.3.3 PRACTICES OF FAMILY PLANNING AND ITS METHODS:

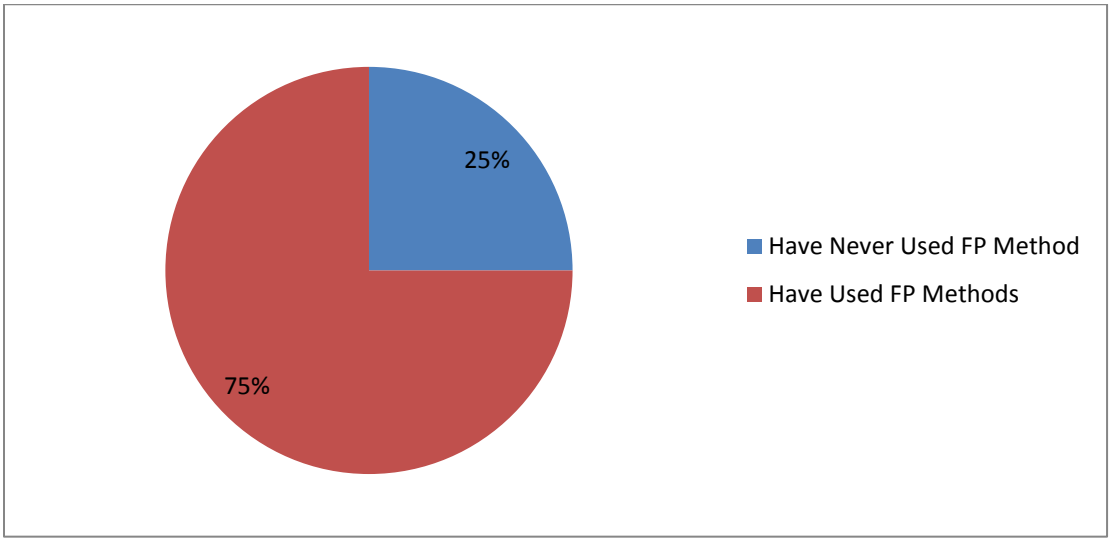


Figure: 12 Proportion of peoples who have ever used any method of FP

During the study it was found that proportion of peoples who ever used any method of family planning is 75%. This includes married and as wall as unmarried. And 25 % of respondents were never used any kind of Family planning method

4.3.4 USE OF FAMILY PLANNING METHODS:

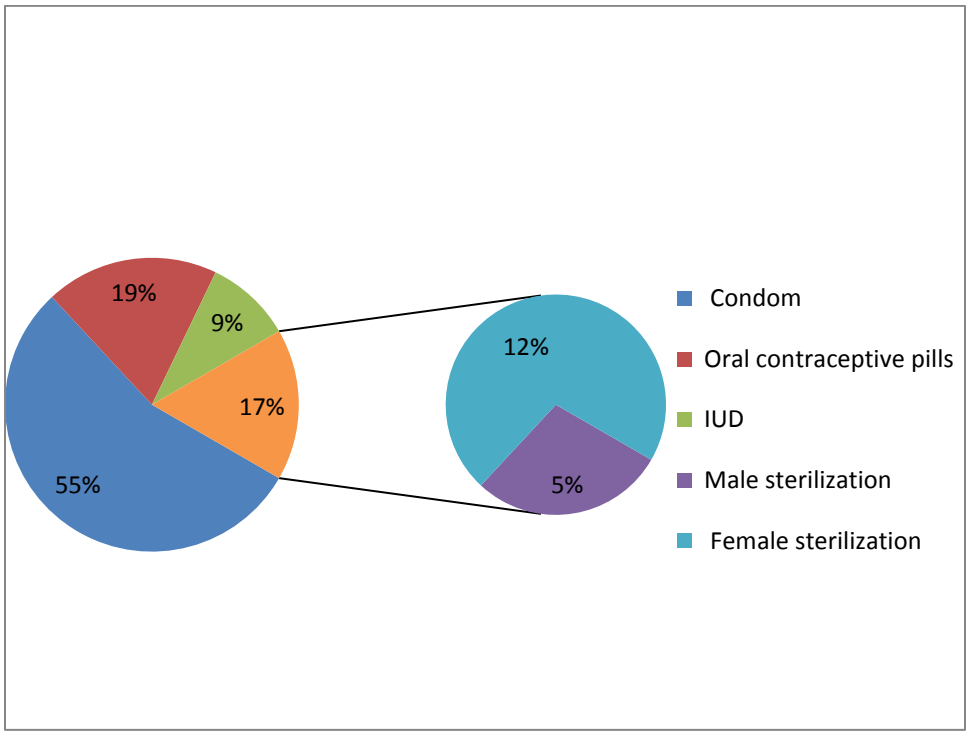


Figure 13: Current Use of family planning methods.

Data shows current use family planning methods by respondents. Overall, 70% of respondents reported that they were currently using a family planning method, and 30% are not using any method. Current use of FP methods was highest for condom (55%), oral contraceptives (19%), IUD (9%), female sterilization (12%) and male sterilization (11%). According to pie chart it shows that use of temporary methods of Family Planning is much higher than permanents family Planning methods

4.4 REASONS OF NON USE

4.4.1 The respondents were asked about major socio –economic and cultural factors that are a barrier to family planning. Figure 4.1 carries information regarding the factors cited by women respondents regarding the major barriers to family planning practices in the Haridwar District. The first factor which was identified by a majority of respondents, constituting 28.33% percent, as being a barrier to family planning practices was low education and 26.67 % is not using because of health issues.

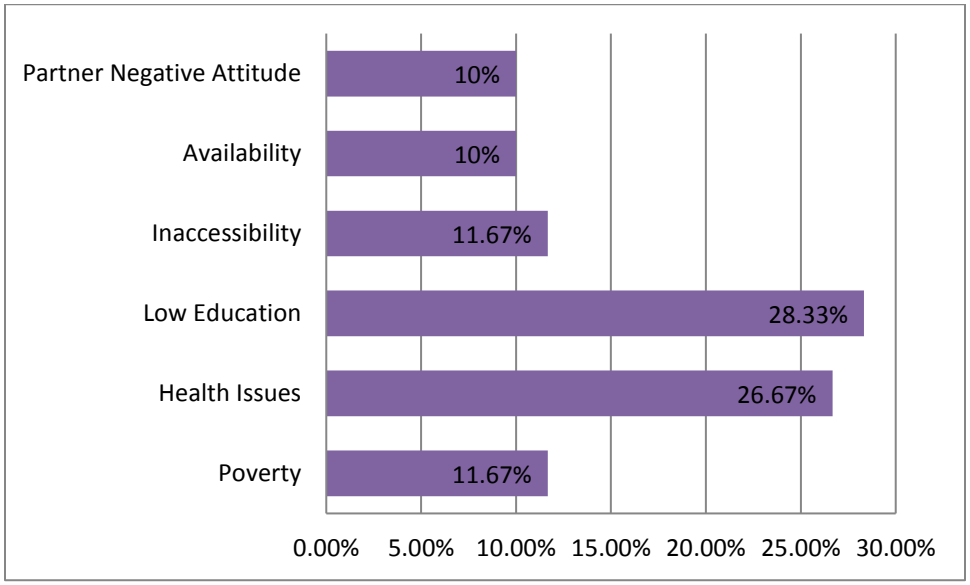


Figure: 14 the major socio-economic factors posing as barriers to FP

4.4.2 CULTURAL FACTORS WHICH AFFECT FAMILY PLANNING

As we all knows that cultural factors also affect utilization of family planning methods in rural as wall urban areas. In Indian society there are several cultural values and beliefs which have a bearing on fertility, either directly or indirectly. Because it isnot easy to convince people, to use services which are not familiar to them or which is different from traditional approaches. To assess these a question was asked to every respondents of survey that is there any cultural factor that affects family planning. Out of 60 respondents 38 persons said that yeas cultural factors influence utilization of family planning

methods. After that they were asked about some cultural factors that influence it. Out of 38 respondents 42% said it increase domestic violence in family

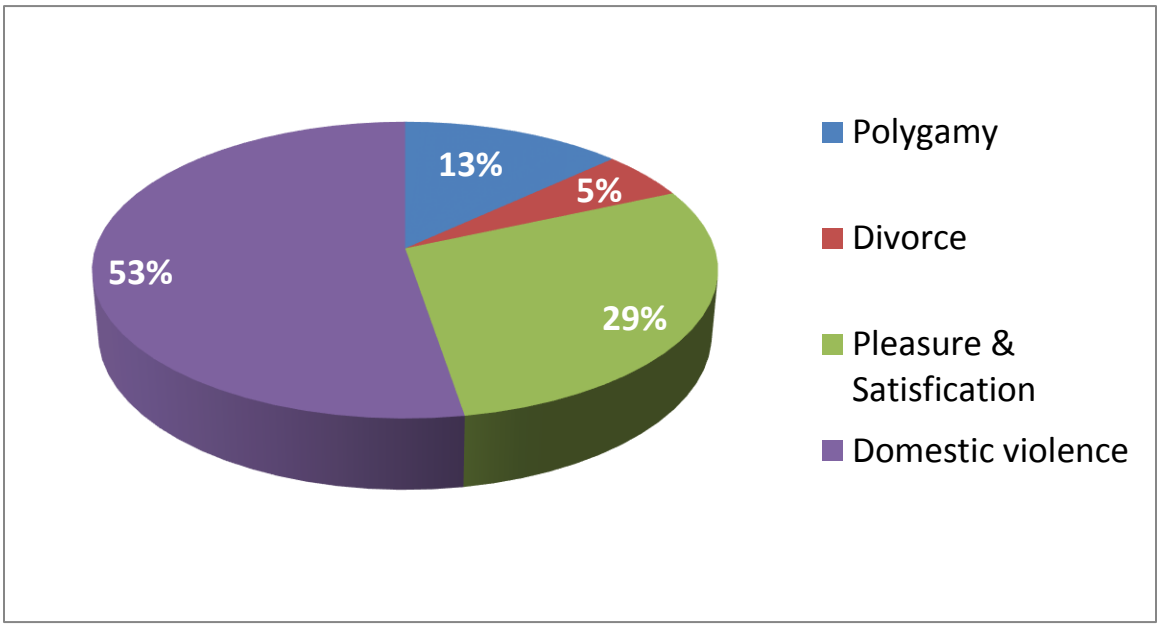


Figure: 15 Cultural factors that affect utilization of family planning

4.4.3 OTHER REASONS

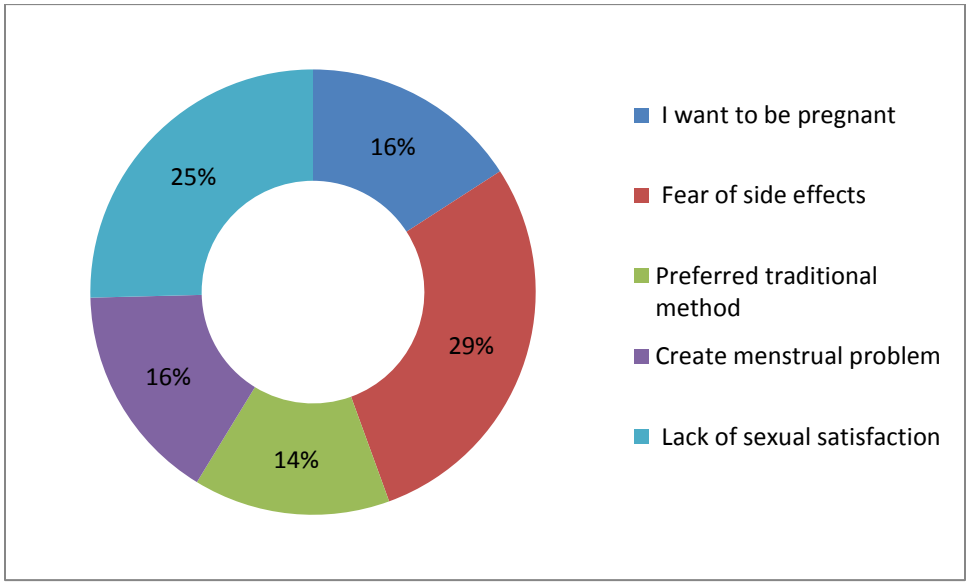


Figure: 16 reasons of non-use of family planning methods

During the survey it were asked to every respondent that what they think why peoples are not using any contraceptives. It were found that 16% respondents say they want to be pregnant and around 29% respondents are not using any family planning methods because of fear of side effects and 16% of respondents said it creates menstrual problem.

Some other reasons which were observed during questioning with them:

- **Weakness:** Weakness is the commonside effect from FP methods and it were observed in the study that more than 75 % women say that menstruation irregularity from contraceptive pills and ill health from tubectomy as the other side effects.
- **Son Preference:**Son preference is another reason for not using any family planning methods which reduce utilization of FP Methods
- **Involvement:** Inadequate male involvement in family planning has been identified as the major factor affecting family planning acceptance

DISCUSSION

As we all know that now days our society is more aware about everything. Then we talk about health, education, etc. Day by day education level is increasing and peoples are more aware about health programs etc. if we talk about family planning more or less everyone know about it. Usage of contraceptive in the recent years is increased. In this study it was found that 100% of respondents had already heard about family planning, and main source of information is internet and discussion with friends.

To assess the FP methods utilization there was many studies have been conducted all over the world to assess the KAP of family planning. The literature about family planning in the context of Haridwar was limited.In the present study more than 51% were in the age group of 15-25years, 31% ere in the age group of 23-35 years and only 5% respondents were literate and around 57% got education up to senior secondary. In this study 28.33 % had gained information about family planning through discussing with friends and 18.33% got aware from internet, only 16% of respondents got information from doctor and nurse. During the study it was observed 30 % of respondents had never used any contraceptive 100% of our subjects knew about condom and 25% knew about oral contraceptive pills. As per data analysis and the information obtained that indicates awareness of family planning and its methods is good but attitude is very poor towards family planning and its methods. Little regards from family planning could causes starvation, increase unemployment, low standard of living, increase the cases of unplanned pregnancies.

The study showed that maximumrespondents in Haridwar district FP methods. Husband/ wife support has been identified as key in use of FP methods. Cultural and traditional factors influence the use of FP methods. Large portion of respondents shows that traditional and cultural factors influence the use of contraceptives.

CONCLUSION

This analysis provides information on KAP in Haridwar District, Uttrakhand. Results shows fair knowledge among males and females was observed. But differences on knowledge of specific contraception methods exist. Son preference for boys in men and women was observed. It is evident from this study that high knowledge on contraception is not matched with the high contraceptive use. Reasons for nonuse of contraceptives were observed, many man and woman want to have a child, and side effects of contraceptive were given by respondents.

Utilization of contraceptive is differing in male and female. It is influenced by social factors, educational, developmental factors. Availability and accessibility of contraceptive methods and behavior of society influence the use of contraceptive methods.

This study was very useful in identifying some of the factors which affects utilization of family planning methods, socio-demographic factors like age group, sex, education level and cultural factors (divorce, wife beating, domestic violence and fear of side effects) and menstrual problem were found the main influencing factorsfor non-use of family planning methods Moreover, another factor like weakness, son preference and religious factors and partner support were crucial in influencing the use of contraceptive methods.

RECOMMENDATION

1. Haridwar didn't achieve the expected numbers of sterilization the recent years; districts have gone with focused approach to achieve the number of sterilization.
2. Study reveals the knowledge of Chlamydia among peoples is very low; therefore, service providers have to inform about Chlamydia and its problems for long term.
3. To boostutilization ofFP methods among peoples there is need to aware population about the benefits of the FP methods.
4. Regardless of the good educational, the practice of these methods is still relatively low. Focused educational campaigns are necessary to improve this movement.
5. Advocacy by private and public organizations for more and better use of funds and rise the visibility of family planning and it can also possible through involving CSR in FP activities. Here is need to understand the challenges by discovering and developing new contraceptive techniques that meets woman's need
6. Increase the use of contraceptives in urban areas among the poor and vulnerable.
7. There is a need to mobilize the support and raising awareness in rural as well as urban areas
8. In rural areas accessibility and availability is major problem. To address this some effective flow of contraceptives methods should be made
9. DPMU teams should develop interventions that will aware women or man's and its importance of using contraceptive methods.

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http://www.ijmsph.comQuick Response Code: DOI: 10.5455/ijmsph.2016.05112015260 Research Article A study on knowledge about sexually transmitted infections (STIs) and AIDS among adolescents of rural areas of Jabalpur Received November 5, 2015. Accepted November 30, 2015

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LIST OF APPENDICES:

Background characteristics

1. **Sex:**
    a. Male b. Female
2. **Age Group?**
    a. 18-25
    b. 25-35
    c. 36-49
3. **Level of Education?**
    a. Illiterate
    b. Primary
    c. Secondary
    d. High school +
4. **What is Your Occupation?**
    a. Employed
    b. Unemployed
    c. House wife
    d. Student
5. **Are you married?**
    a. Yes
    b. no

Knowledge:

1. **Do you know about RTI/STI?**
    a. Yes
    b. No
2. **Have you ever heard about family planning, sexual health and contraception?**
    a. Yes

b. No

If yes then from where?

a. Parents/ Siblings / family member
b. School
c. Friends
d. Nurse and Doctor
e. Magazine/ Internet/ Books
f. TV/ Movie/ Media

3. **Do you know about any family planning methods?**
    a. Yes
    b. No

    If yes then out of them which one you know

    A. Condom
    B. Oral pills
    C. IUD
    D. Vasectomy
    E. Tubectomy

4. **Are you currently using any family planning methods?.**
    a. Yes
    b. No If yes then

<u>Attitude</u>:

1. **What is your attitude/thinking towards discussing about sexual health and family planning information with unmarried girl in your social context?**
    a. Not common in our society to discuss
    b. Shame to discuss/ Embarrass to discuss
    c. Common topic in our society to discuss
    d. I never think this before

2. **What was your attitude when you discussed with your husband or your surrounding about contraceptive methods?**
    a. Embarrass/ avoid to discuss
    b. Positive/ we enjoy discussion
    c. I never discussed
3. **What was your experience about using contraceptive methods?**
    a. I have used contraceptive without any problem
    b. I have used contraceptive in spite of problems
    c. Its troubles to use
    d. It has side effects
    e. It is against nature
    f. I don't like to use

4. **Does attitude affect the utilization of family planning methods?**
    a. Yes
    b. No

    If yes then specify……

<u>Practices</u>:

1. **Do you use any contraceptive method?**
    a. Yes
    b. No

    If no then go to question next PART (Reasons for non-use)
2. **If you are using contraceptives then which methods you are using now?**
    a. Condom
    b. Male sterilization
    c. Female sterilization
    d. IUD
    e. Oral contraceptive pills

Reasons for Non use:

1. **Do you know of any factors that affect utilization of family planning methods**
   a. Yes
   b. No

   If Yes which one

   a. Polygamy
   b. Divorce
   c. Pleasure/satisfaction
   d. Domestic violence
   e. Others (specify)……
2. **Are family planning services available?**
   a. Yes
   b. No
3. **Socio economic factors which affect use of family planning?**
   a. Partner Negative attitude
   b. Availability
   c. Inaccessibility
   d. Low Education
   e. Health issues
   f. Poverty
4. **If you are not using any of contraceptives, please mention the possible reason.**
   a. I want to be pregnant
   b. Fear of side effects
   c. Preferred traditional method
   d. Lack of education
   e. create menstrual problem
   f. lack of sexual satisfaction
   g. cost of methods
5. **Any other reasons which affects utilization of family planning methods?**

   Please Specify ……