Summer Training at
UDAAN Society,
Aligarh (UP)
(April - June, 2013)

KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) STUDY ON FAMILY PLANNING AT ALIGARH DISTRICT OF UTTAR PRADESH

By
Ratika Sharma

Under the guidance of
Dr. Arindam Das

Post Graduate Diploma in Hospital and Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2013

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CERTIFICATE

This is to certify that Dr. Ratika Sharma, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur Batch 17th has undergone summer training in UDAAN Society, Aligarh (U.P) and has done a project on Knowledge, Attitude and Practice (KAP) study on family planning at Aligarh district of Uttar Pradesh from April 10 to June11th 2013.

The candidate has successfully carried out the mentioned study assigned to her during summer training and her approach to study has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

Dr. ARINDAM DAS
Associate Professor
Faculty and Mentor
IIHMR, Jaipur

Dr. ASHOK KAUSHIK
Dean, Academics and Student affairs
IIHMR, Jaipur

उड़ान सोसाइटी

UDAAN Society

UDAAN
Society
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Date: 10/06/2013

To whom it may concern

This is to certify Ms. Ratika Sharma student of Postgraduate Program in Hospital and Health Management, IHMR, Jaipur has successfully completed two months summer training starting from 11th of April to 10th of June 2013, in our organization. During her association with the organization she has done 'KAP study of family planning of Aligarh district of UP'.

We found her very active and keen towards understanding basic issue with regard to the study and put all her skills for the best of results. She has done intensive field work during the study and submitted a brief report of her work in the organization.

The suggestions and recommendations put forward by Ms. Ratika after her study will definitely beneficial for the organization in deciding future course of action.

We wish all the success in her future endeavours.

Gyanendra

(Gyanendra Mishra)
President
UDAAN Society

Acknowledgement

At the onset of the report I would like to acknowledge my sincere thanks to my Institute, **Institute of Health Management Research,** for providing me the platform to gain enough knowledge and skills in different aspects of Health Management.

Most importantly I am glad to acknowledge **Dr. S.D.Gupta**, Director IHMR, Jaipur, Dean **Dr. P.R.Sodani** Academics and Student Affairs IHMR and for incorporating the right attitude in me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to various aspects of health management, so that I came to know how the Health organization caters the society successfully and how it gives quality treatment to the society.

I express my gratitude and respectful regard to my mentor **Dr. Arindam Das** (Associate Professor) for his able guidance and useful suggestions which helped me in completing the project report.

I would like to sincerely thank **Mr. Gyanendra Mishra**, President of Udaan Society for such a great opportunity to learn at the organization for a period of two-months. My supervisor has played an enormous role in helping me to achieve this goal. He is the source of inspiration and encouragement for me. During the study period, whenever I faced difficulties, he answered and made issues of concern easy with his valuable comments and advice. I feel immensely proud to express my gratitude for his continuous contribution.

Mr. Prabhat Jha, City Manager at UHI. I gratefully acknowledge his cooperation. This training wouldn't have been completed without a substantial support from a great number of people and so I would like to thank all the consultants of various departments and other staff members for being so helpful all the time and making this summer training project a learning experience. I would like to extend my sincere thanks to the respondents of my study, without their support and help the study could not be completed.

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PREFACE

Summer internship is an integral part of the PGDHM curriculum. As a part of the course; students of the first year are required to summer placement at an organization to get in depth exposure of various departments of the organization and better understanding of the health care delivery system.

The major objectives of the summer training program are as follows:

1. To better understand the health care delivery system including public and private sectors.
2. To observe the implementation of various National/International health programs at National/State/ District levels.
3. To understand various functions of health system by interaction with the key stakeholders, policy makers, program managers, academicians and researchers.
4. To work on the project/task assigned by summer training organization.

During my summer training period I had an overview of the program under Urban Health Initiative project. I also carried out a small study on "KAP study for family planning under UHI, in Aligarh District of UP".

The aim of the study was to identify and analyze the knowledge, practice of family planning methods and the problems faced by the urban slum population in accessing family planning programs and methods.

Clarification of terms and abbreviation

AIDS	=	Acquired Immune Deficiency Syndrome
ANM	=	Auxiliary Nursing Midwife
ASHA	=	Accredited Social Health Activist
AWW	=	Anganwadi Worker
CDC	=	Centre for Disease Control
CMC	=	Community Mobilization Coordinator
CMO	=	Chief Medical Officer
CPR	=	Contraceptive Prevalence Rate
CSG	=	Community Stakeholder Group
CSM	=	Contraceptive Social Marketing
DADI	=	Doctor Apke Dwar
DIP	=	Detailed Implementation Plan
DLHS	=	District Level Household and Facility Survey
DMPA	=	Depot Medroxy progesterone Acetate
DOT	=	Directly Observed Therapy
DPO	=	District Program Officer
DPT	=	Diphtheria, Pertussis Tetanus
DUDA	=	District Urban Development Authority
FBO	=	Faith Based Organization
FHI	=	Family Health International
FMDC	=	Field Monitoring and Documentation Coordinator
FP	=	Family Planning
GT	=	Grand Trunk
HIV	=	Human Immunodeficiency Virus
IPC	=	Inter-Personal Communication
IUD	=	Intra Uterine Device
NGO	=	Non-Government Organization
NSV	=	Non- Scalpel Vasectomy
OCP	=	Oral Contraceptive Pill
ORW	=	Outreach Worker
PC	=	Project Coordinator
PD	=	Project Director
PE	=	Peer Educator
RTI	=	Reproductive Tract Infection
SDD	=	Service Delivery Days
ST (F)	=	Sterilization Female
UNICEF	=	United Nations fund for Children
UN	=	United Nations
UP	=	Uttar Pradesh

OPERATIONAL DEFINITIONS

Family planning: A program to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control.

Knowledge: In this study refers to the information and facts obtained from individuals of child bearing age group (15-49) on the aspects such as

- Number of contraceptive methods known,
- Sources of information for family planning known, and
- Sources of family planning services known by respondents.

Attitude: In this study attitude refers to how women volunteered to discuss family planning with other people in general, how they felt when they saw or heard other people talking about family planning methods. And how serious it would be for the respondents to if someone saw those seeking family planning services.

Practice: In this study refers to, various traditional or modern method adopted by individual related to family planning.

Unmet need: The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior. Women with unmet need for family planning for limiting births are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of the next child.

Contraceptive prevalence rate is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time.

Contraceptive methods include clinic and supply (modern) methods and non-supply (traditional) methods. Clinic and supply methods include female and male sterilization, intrauterine devices (IUDs), hormonal methods (oral pills, injectable and hormone-releasing implants, skin patches and vaginal rings), condoms and vaginal barrier methods (diaphragm, cervical cap and spermicidal foams, jellies, creams and sponges). Traditional methods include rhythm, withdrawal, and abstinence and lactation amenorrhea.

Executive Summary

The project is to assess the Knowledge, Attitude and Practice of family planning methods in the Aligarh district of Uttar Pradesh (and of the focused study area for Urban Health Initiative Program UHI). UHI is a consortium whose goal is to increase the contraceptive prevalence rate (CPR) among the urban poor of UP.

The key indicators of Aligarh district of UP is as follows:
TFR (Total Fertility Rate): 4.0
Modern Contraceptive Use: 38percent
Unmet Need: 20percent
(5percent Spacing, 15percent Limiting)
(Source: http://www.urbanreproductivehealth.org)
The major issue for family planning project is to reduce the total fertility rate of the Aligarh district and subsequently increasing the contraceptive prevalence rate.

The study covers the urban slum area of Aligarh with a sample size of 100.Their knowledge and practice was assessed with the help of a semi-structured schedule. It is worth mentioning that the researcher took help from the NFHS-III schedule while preparing the schedule for her study.Data was analyzed using SPSS.
The finding showed the level of knowledge, attitude and practice regarding family planning methods amongst the reproductive age group females of urban slums of Aligarh.

ABOUT URBAN HEALTH INITIATIVE PROGRAM

The Urban Health Initiative (UHI) is part of a five-year, four country initiative supported by the Bill & Melinda Gates Foundation in Nigeria, Kenya, Senegal, and India. UHI India is a consortium of international, national, nongovernmental, and community-based organizations working together to improve the health of the urban poor, especially in the state of Uttar Pradesh. UHI is designed to be complementary to national and state health sector plans and goals. The initiative supports the implementation and scale-up of effective evidence-based strategies, as well as the testing of promising innovations**.**

UHI Vision

Empowered women and men choose the timing and number of pregnancies, using providers and methods of their choice.

UHI Goals

• Increase contraceptive use as a key intervention to reduce maternal and infant mortality.

• Implement evidence-based strategies which are aligned with Government schemes and programs so that they are more likely to be replicated and scaled up to benefit greater numbers of people.

Government Partners

1. **Department of Medical Health & Family Welfare.**
   UHI works closely with Department of Medical Health & Family Welfare to ensure that strategies and activities are aligned and supportive of GoUP and GOI programs, strategies, and schemes
2. **National Rural Health Mission (NRHM).**
   UHI works closely with National Rural Health Mission to ensure that strategies and activities are aligned and supportive of GoUP and GOI programs, strategies, and schemes

3. **State Urban Development Agency (SUDA).**

   UHI works closely with State Urban Development Agency to ensure that strategies and activities are aligned and supportive of GoUP and GOI programs, strategies, and schemes

4. **ICDS.**

   UHI works closely with ICDS to ensure that strategies and activities are aligned and supportive of GoUP and GOI programs, strategies, and schemes

5. **Municipal Corporation**

   UHI works closely with Municipal Corporation to ensure that strategies and activities are aligned and supportive of GoUP and GOI programs, strategies, and schemes.

EVALUTION AND RESEARCH PARTNERS

1. ICRW(International center for research on women)
2. Fact In depth
3. ORG Marg (remote sensing application center)
4. IIHMR

CORE PARTENERS

1. FHI 360
2. CARE
3. John Hopkins Bloomberg School Of Public Health

ABOUT UDAAN SOCIETY

Mission

To establish an infrastructure of accessible services for persons in areas of low income and primarily for under privileged society ,using as far as possible manpower and resources available within target communities with active community participation and leading to an inclusive society.

Vision

To make people's life easy by applying the humanistic approach based on equality, justice, peace and bring them on the way of sustainable development by involving them in main stream of society.

Objectives

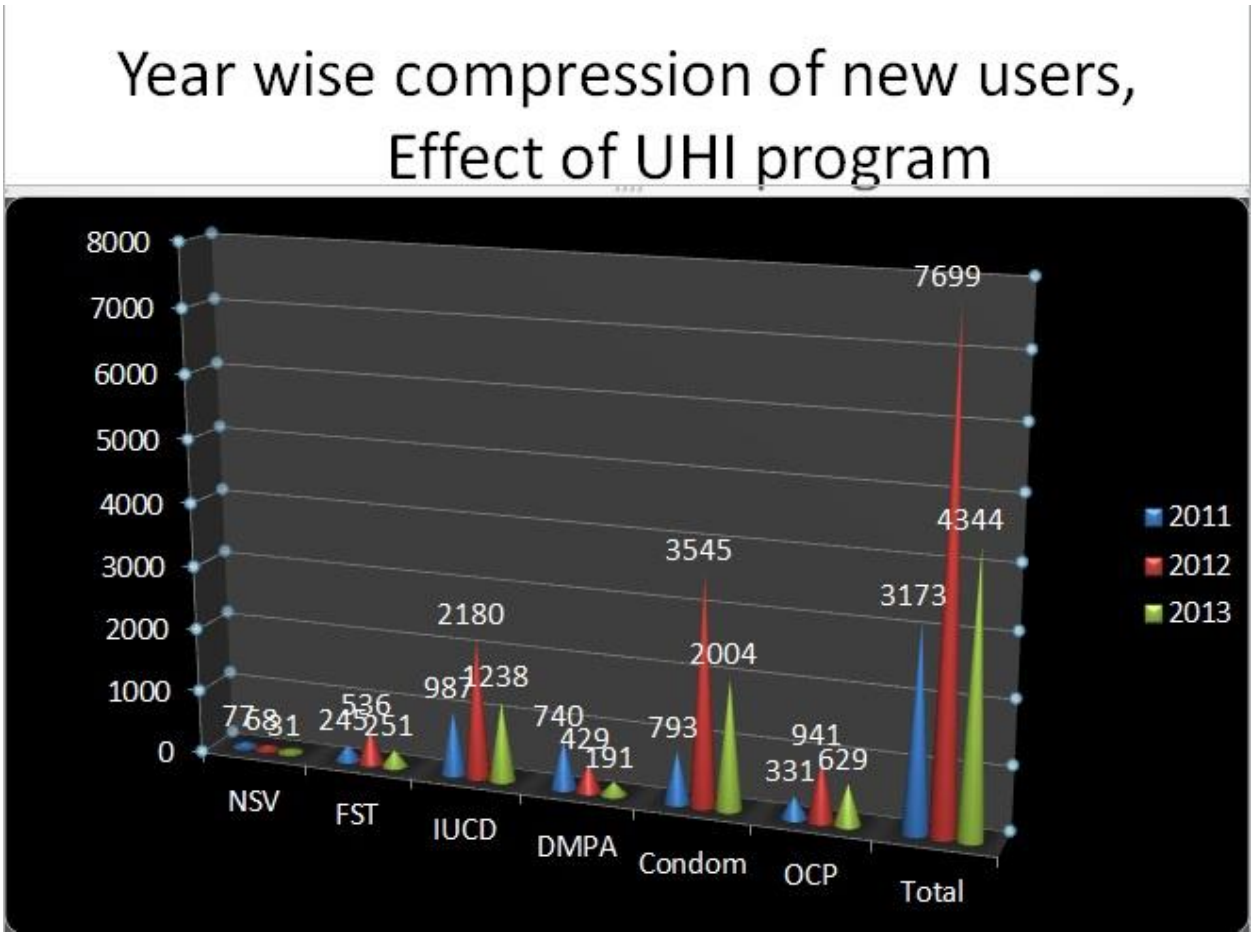
1. Making a paradigm shift from unorganized to sustainable development.
2. Initiate programs to improve the quality of life of persons with low-income areas.
3. Expand the services for the identification of children in the 0 to 5 year age group and put in place suitable early intervention programs.
4. To diversify sources of funds for a higher degree of financial independence
5. To establish linkages nationally and internationally
6. To sensitize, inform and educate target communities about the problem of rural &urban.
7. To develop the efficiency and caliber of the neglected and under privileged people of society and ensure their participation in the programs of sustainable development and decision making process through democratic way.

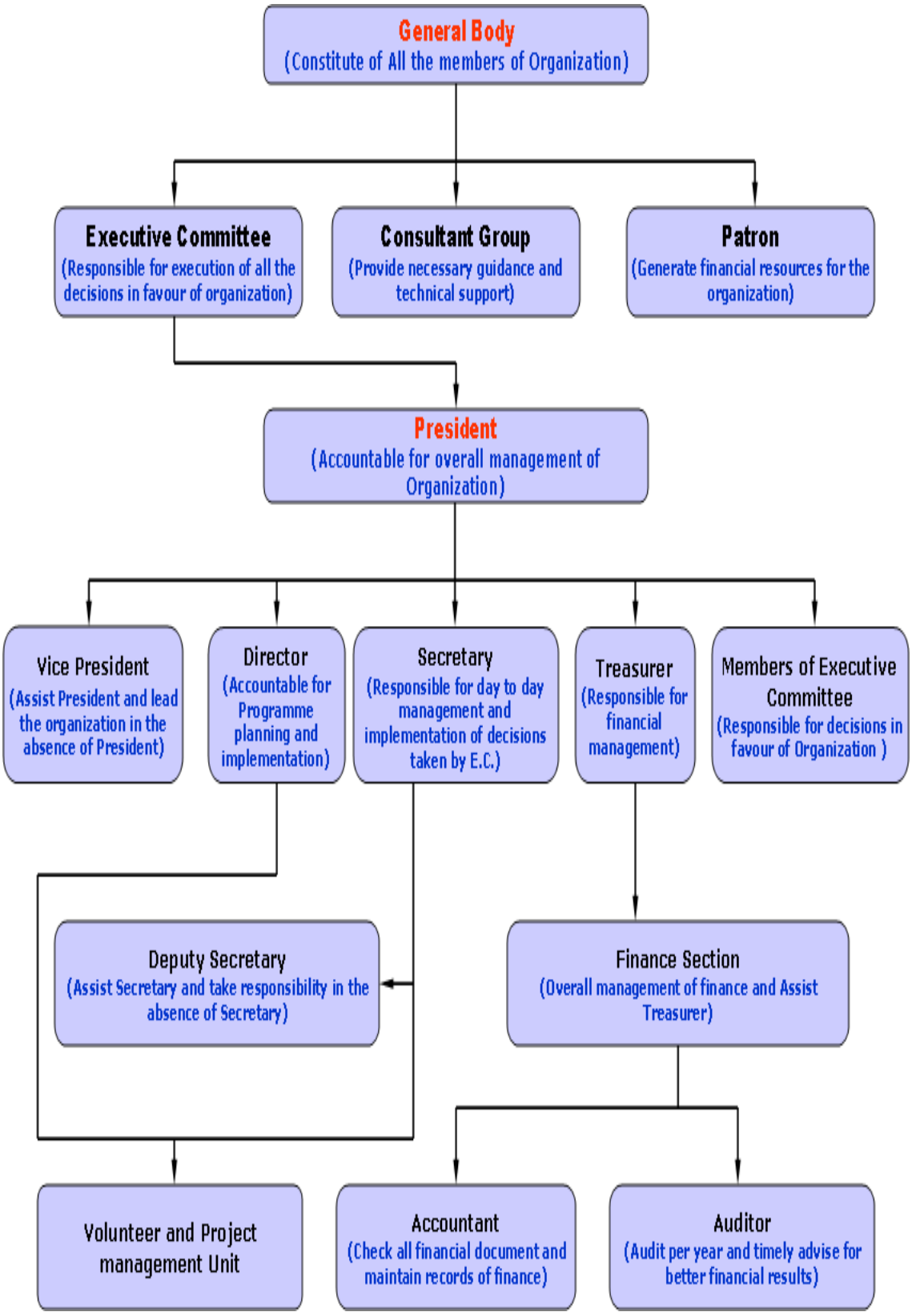
Thrust Areas

1. Capacity building
2. Social security & women empowerment
3. Health and Sanitation.
4. Livelihood alternatives.
5. Natural resources management (NRM)
6. Research and Survey
7. Information Technology Intervention.
8. Education

Funding Organizations

1. Department of Panchayati Raj, Aligarh
2. Sheras Gramin Bank, Aligarh
3. State Bank of India, Aligarh
4. Dena Bank, Aligarh
5. CREATE, Lucknow
6. Department of Primary Education, Aligarh
7. LIC of India, Aligarh Division, Aligarh
8. Mother Dairy Food and Vegetable Pvt. Ltd., Aligarh
9. Parag Cooperative Dairy Federation, Aligarh
10. DD(P), Department of Panchayati Raj, Agra Division, Agra
11. National Environmental Society, New Delhi.
12. UP State AIDS Control Society, Lucknow
13. Hindustan Latex Family Planning Promotion Trust, Lucknow
14. Lupin Human Welfare and Research Foundation, Bharatpur
15. Department of Woman and Child Development, Aligarh
16. Urban Health Initiative


Year wise compression of new users,
Effect of UHI program
8000
7000
6000
5000
4000
3000
2000
1000
0
NSV
FST
IUCD
DMPA
Condom
OCP
Total
2011
2012
2013
768
331
245
536
251
987
2180
1238
740
429
191
793
3545
2004
331
941
629
3173
7699
4344


General Body
(Constitute of All the members of Organization)
Executive Committee
(Responsible for execution of all the decisions in favour of organization)
Consultant Group
(Provide necessary guidance and technical support)
Patron
(Generate financial resources for the organization)
President
(Accountable for overall management of Organization)
Vice President
(Assist President and lead the organization in the absence of President)
Director
(Accountable for Programme planning and implementation)
Secretary
(Responsible for day to day management and implementation of decisions taken by E.C.)
Treasurer
(Responsible for financial management)
Members of Executive Committee
(Responsible for decisions in favour of Organization)
Deputy Secretary
(Assist Secretary and take responsibility in the absence of Secretary)
Finance Section
(Overall management of finance and Assist Treasurer)
Volunteer and Project management Unit
Accountant
(Check all financial document and maintain records of finance)
Auditor
(Audit per year and timely advise for better financial results)

INTRODUCTION

Family planning allows individuals and couples to anticipate and attain their desired number of children in addition to the spacing and timing of their births. It is achieved through the use of contraceptive methods. Family planning is not only focused on the planning of when to have children and use of birth control. Rather, in a broad view, it includes sex education, prevention and management of sexually transmitted infections (STIs), preconception counseling and management, and infertility management.

Family planning offers a positive view of reproductive life and enables people to make informed choices about their reproduction and well-being. Family planning is a key part of the foundation's broader commitment to empowering women and improving family health, which also includes investments in maternal, newborn, and child health; nutrition; vaccine development and delivery; and preventing and treating HIV/AIDS, pneumonia, malaria, and enteric and diarrheal diseases.

The **Urban Health Initiative (UHI)** funded by the **Bill and Melinda Gates Foundation** is part of a larger global initiative spanning four countries – India, Nigeria, Kenya and Senegal. In India, the project operates in Uttar Pradesh (UP), India's most populous state, with a focus on seven core cities: Aligarh, Agra, Gorakhpur and Allahabad. UHI is a consortium whose goal is to increase the contraceptive prevalence rate (CPR) among the urban poor of UP.

REVIEW OF LITERATURE

- www.rchiips.org/pdf/state/UttarPradesh.pdf
- https://nrhm-mis.nic.in/ui/report/dlhsiii/uttarpradesh/district%20of%20act%20sheet/Aligarh
- www.uhi-india.org.in/MLE-data/Aligarh-Report_April.pdf
- http://www.womenstudies.in/elib/sys_and_serv/sys_the_quality_and.pdf
- www.districtofindia.com/uttarpradesh/aligarh/healthandfamilywelfare/index.aspx

- National Family Health Survey-3 (NFHS-3,2005-06) Chapter-5, Family Planning , p111-160
- National family health survey (NFHS-3) Uttar Pradesh. International Institute of Population Sciences, Bombay 2006

OBJECTIVE OF STUDY

General Objective: To investigate family the knowledge, attitudes and practices about family planning methods among the reproductive age females of urban slum of Aligarh district of UP.

Specific Objectives:

1. To find out the knowledge regarding family planning
2. To identify the attitudes towards family planning
3. To learn about the attitudes towards discussions and information about sexual health and family planning methods among married women themselves
4. To explore contraceptive practices

RESEARCH QUESTION

- How many married women are familiar with modern contraceptives method?
- What are the attitude towards family planning discussion and modern contraceptives among the immigrant women?
- What is family planning practice among married women?
- What types of reproductive health services do married women prefer?
- What are the important predictors for family planning knowledge and practice?

RESEACRH HYPOTHESIS:

There will be a significant association between the knowledge, attitude, practice related to family planning methods.

METHODOLOGY

The study was quantitative in nature. A semi-structured questionnaire having open ended and close-ended questions was used for this. Primary data was collected from the currently married reproductive age(15-49)years females from 10 slums of Aligarh. The study was carried out during 11 April to 10 May'13.

The Sample:

As mentioned above currently married reproductive age females were the samples for this study.

Sample Size:

100 females were interviewed for study. There are 18 ORW found working in 10 different slums of the project. Amongst these 18, more than 50% (10) were selected randomly in the first stage of sampling. Each of the ORW was having 2 USHA workers along with them. All the USHA were considered in the 2nd stage.

In an average, an USHA covered 300 households. From each USHA 5 household was selected purposively in the last stage. Therefore, the total number of samples were 20 USHA X 5 Households = 100 households.

From each household, one eligible woman was interviewed for this study.

FINDINGS AND ANALYSIS

Pilot study with survey instrument: The survey instrument was pre-tested by 7 married women before actual fieldwork began. The experience showed that the questionnaires needed to be changed. Questionnaire had added some socio-economic information as statement.

1) DEMOGRAPHIC DETAILS

All the study subjects were interviewed for their demographics and immigration information. It included information such as participant's name, age, religion, caste, literacy level, infrastructural status, occupational status, marital status,

Age group 1= 15-20 2= 21-26 3= 27-32 4=33-38 5=39-44 6=45-49 7=50 and above	**Literacy Level** 1.Illiterate 2.Below primary 3.Primary 4.Secondary 5.Graduate 6.Post-graduate 7.other
Types of residence 1.Kachcha 2.Pakka 3.Semi Pakka	**Religion** 1= Hindu 2= Muslim
Marriage details Nature of family (joint/nuclear) Present Age Age at Marriage Marital Duration Age at First Child Age at smallest child birth	**Occupational status** 1. Housewife 2. Agriculture & Allied 3. Business 4. Services 5. Skilled worker 6. Unskilled 7. No Work 8. Other

1) Literacy Level

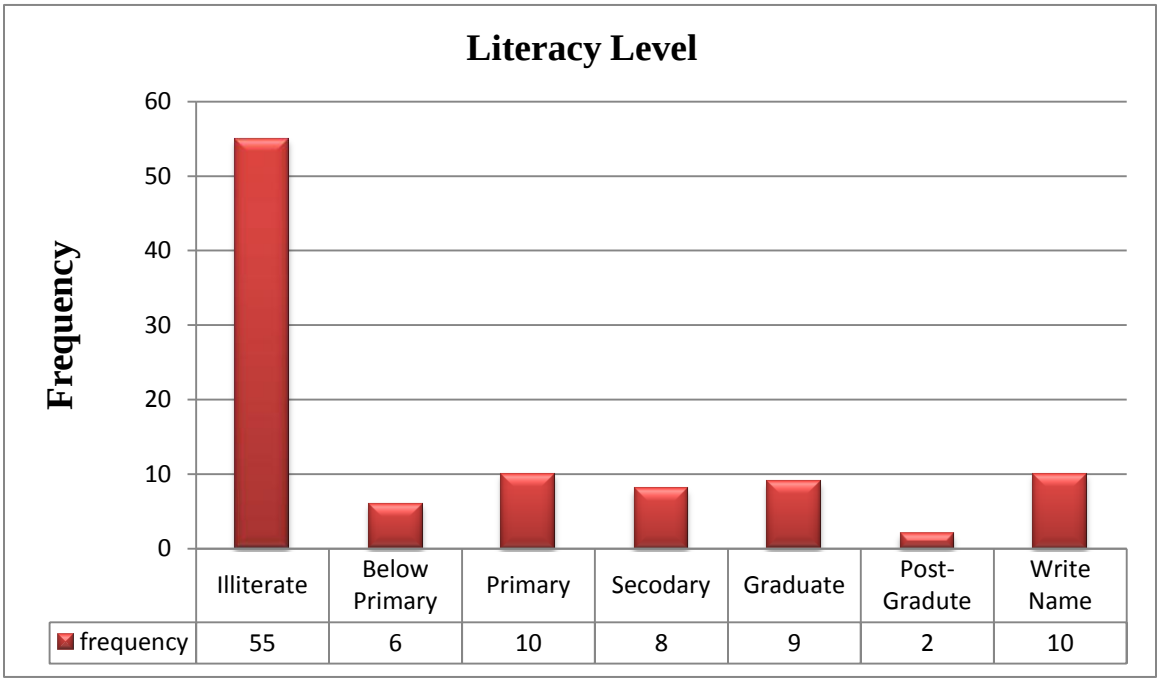


Chart shows that-

1) 55% of the population is illiterate,
2)10% of respondents are primary passed,
3) 10% can only write their names,
4) 9% are graduates,
5) 8% are secondary passed,
6 6% are below primary educated and
7) 2% are post graduates.

2) Caste

Graph 3 shows that equal number of population belongs to the OBC and general category 47% each and 6% belong to the SC category.

Table 1

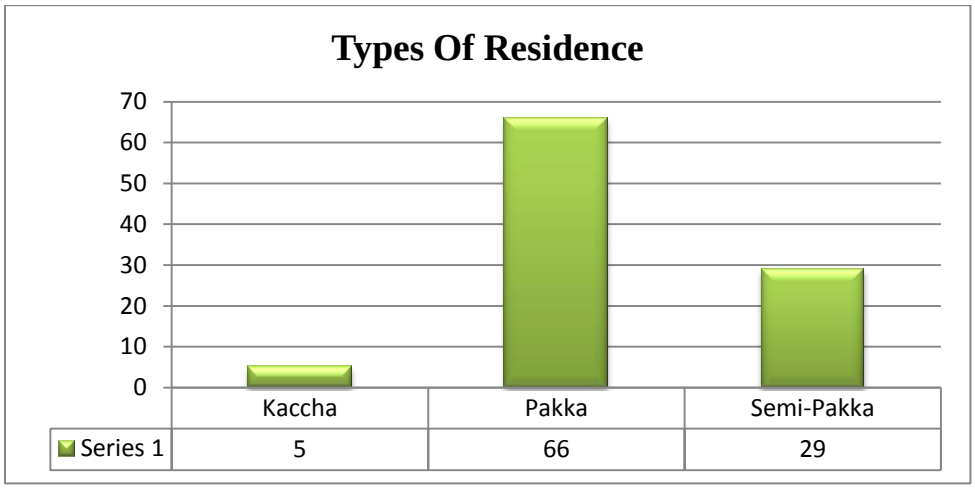
Religion * Caste Cross tabulation

Count

		Caste			Total
		SC	OBC	General	
Religion	Hindu	6	21	23	50
	Muslim	0	26	24	50
Total		6	47	47	100

Table 1 shows detailed caste and religion wise distribution of the population. Out of 50% of Hindus, 6% belongs to SC, 21% OBC and remaining 23% to general category.
Out of 50% Muslims, 26% belongs to OBC and 24% belongs to general category.

4) Type of residence



Graph shows that 5% have kaccha house, 66% have pakka and 29% have semi-pakka house.

5)Facilities Owned:

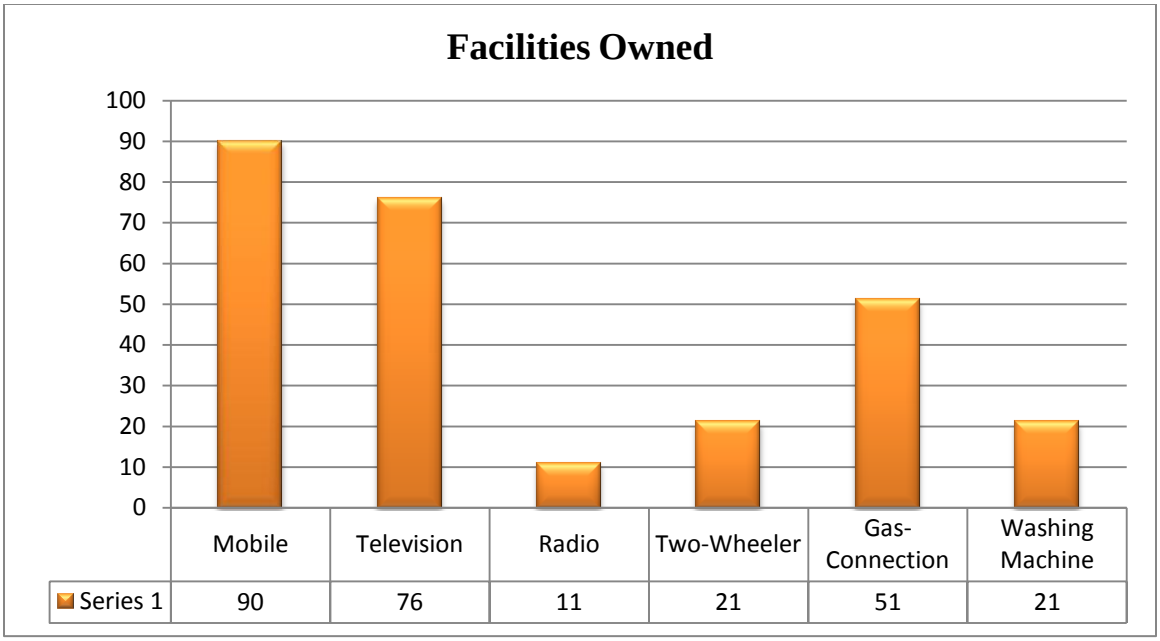
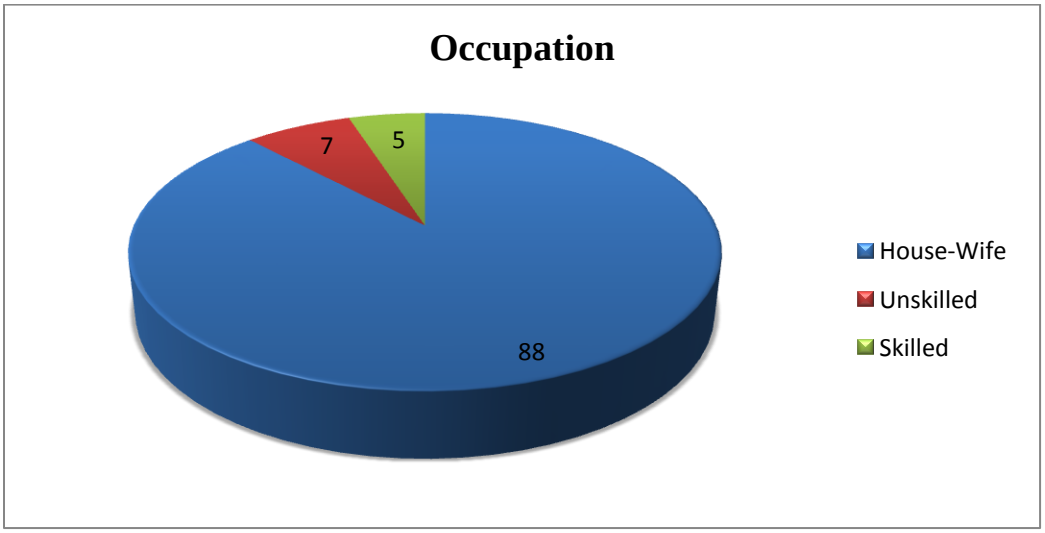


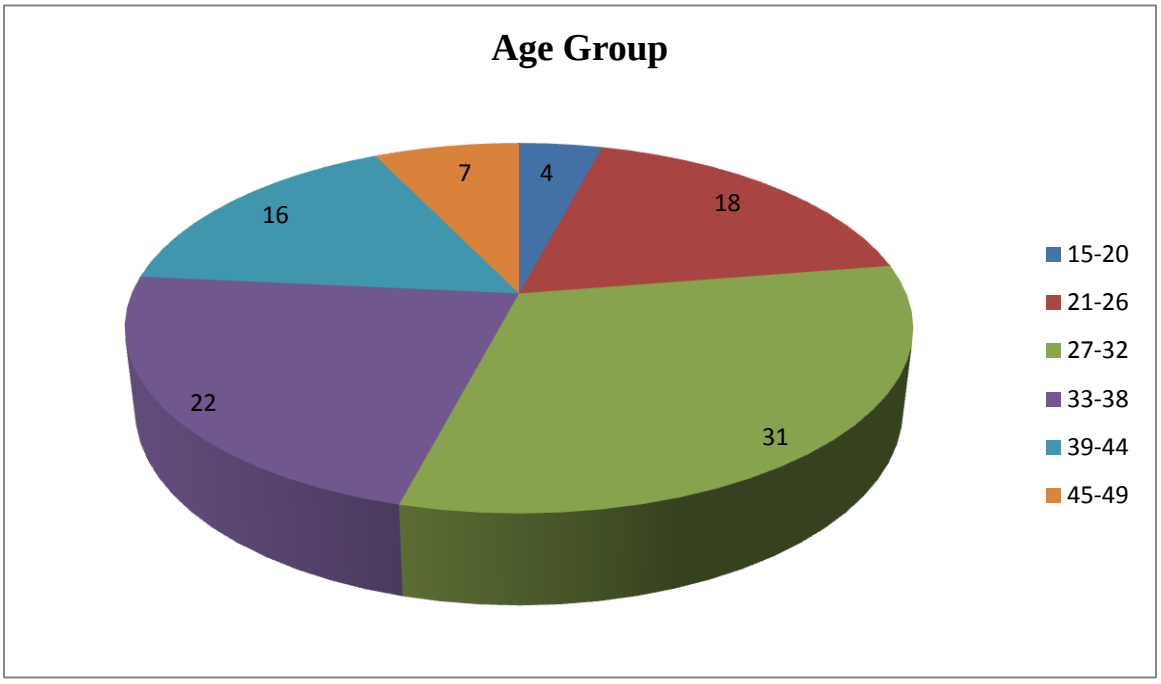
Table 2 shows the various facilities owned by the respondents.90 % own mobile, 76% own television, 11% radio, 21% two wheeler, 51% connection, 21% washing machine, 33% refrigerator, 35% cooler.

6) Occupation



It was found through the data that 88% of respondents were housewife, 7% unskilled worker and 5% skilled worker. The **average income** of the respondents was found to be Rs.6273/year.

7) Age Group



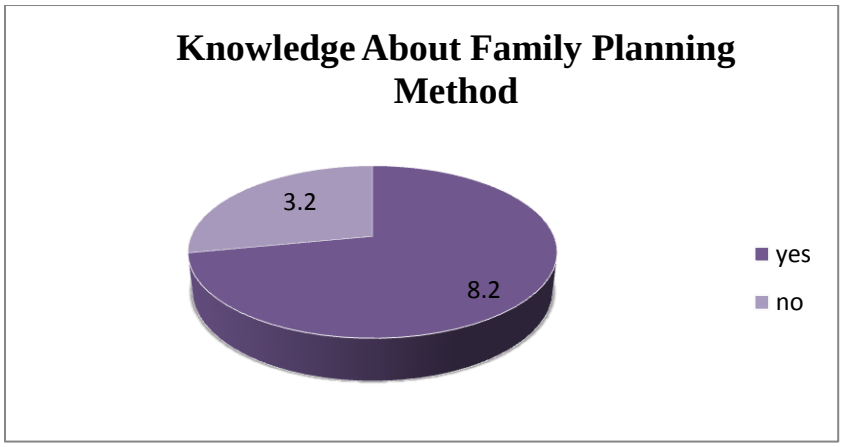
Graph 5 shows that 31% of respondents are in age group 27-32 years
22% belongs to 33-38 years of age group
18% belongs to 21-26 years of age group
16% belongs to 39-44 years of age group,
7% belongs to 45-49 years of age group,
4% belongs to 15-20 years of age group and 2% belongs to age group 50 and above.

2) KNOWLEDGE DETAILS

Knowledge

Family planning knowledge consisted of knowledge of modern contraceptives and emergency contraceptives, source of information about family planning

1) Knowledge about family planning methods



97% of respondents have knowledge about various family planning methods and 3% of the respondents have no knowledge of family planning methods.

3) Knowledge about various family planning methods

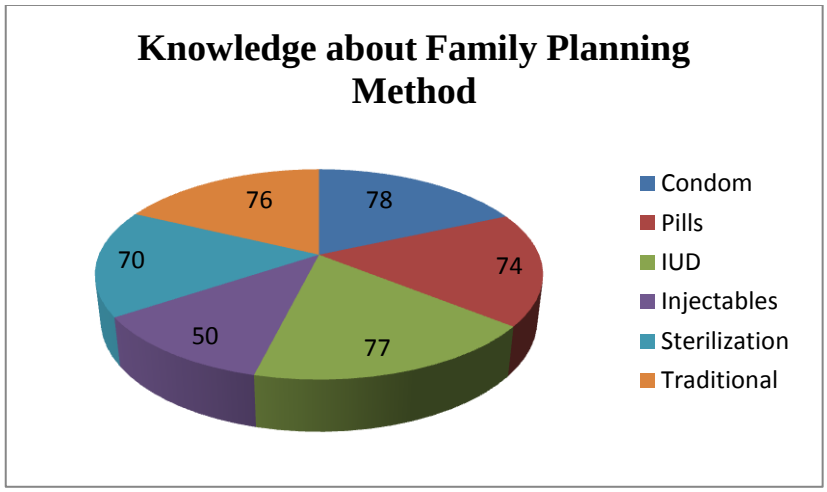


Chart shows the knowledge of respondents about various family planning methods. People of urban slums population have a good significant knowledge about modern as well as traditional methods of family planning. Here, n=100

4) Knowledge about family planning methods and literacy level

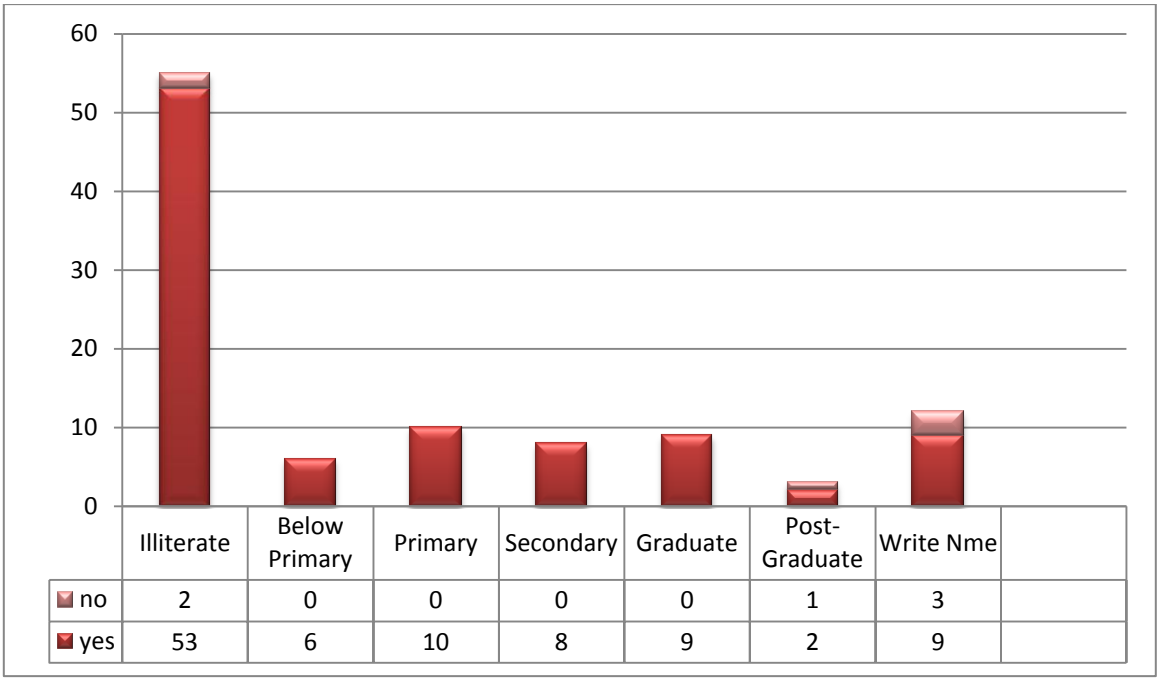
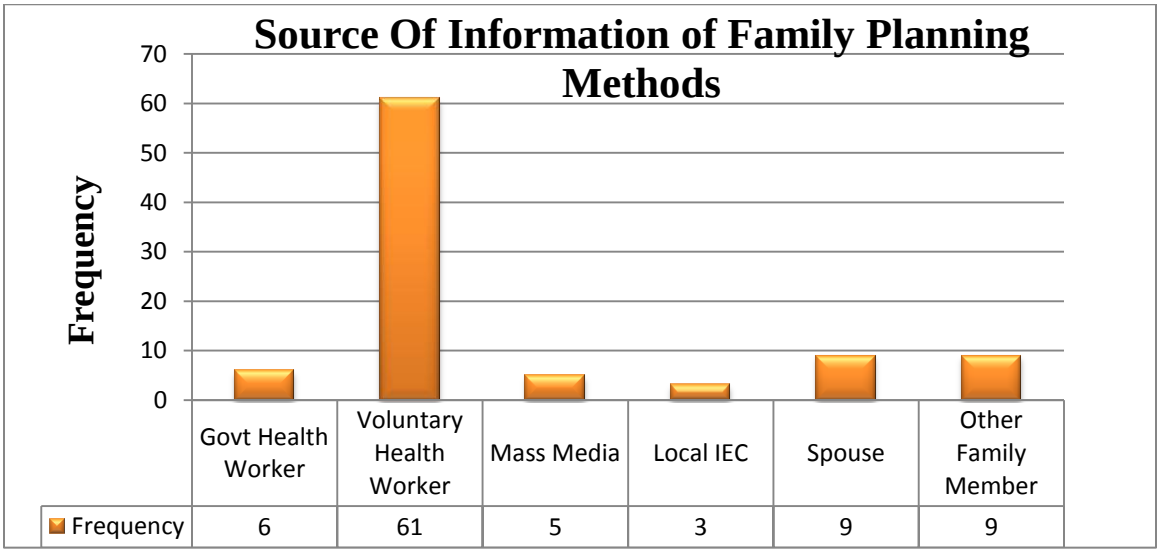


Chart shows that 97% of the respondents have knowledge about family planning methods despite of their education level.

4) Frequency table of knowledge and source of knowledge (Table 6)



The above chart shows that Voluntary health workers plays an important role in providing knowledge about family planning methods to the urban slum population of Aligarh district.

5) Source of information and first heard of family planning method

First heard of family planning method	Sources of first information							Total
	Govt. health worker	Voluntary health worker	Mass media	Local IEC	Spouse	Other family member	Peers	
Before marriage	0	3	1	0	0	1	1	6
After marriage	0	16	1	1	4	4	3	29
After 1st birth	3	7	1	1	2	1	1	16
After 2nd birth	3	29	2	1	3	3	2	43
After 3rd birth	0	1	0	0	0	0	0	1
After 4th birth	0	3	0	0	0	0	0	3
After 5th birth	0	2	0	0	0	0	0	2
Total	6	61	5	3	9	9	7	100

Table shows that 61% of the respondents first become familiar to the family planning methods by interaction with voluntary health worker. This clearly shows that the Voluntary health workers play an important role in imparting knowledge about various family planning methods to the mass.

43% of women become familiar with family planning methods after their second delivery.

Apart from voluntary health workers, spouse and other family members also constitute to impart knowledge about various family planning methods.

Only 6% women had knowledge about family planning methods before marriage and 29% have knowledge about family planning methods after marriage.

3) ATTITUDE TOWARS FAMILY PLANNING

Attitude

Attitudes toward family planning discussions included participant's attitude themselves, their husband's attitudes, their society's attitude from where they originate, and the attitudes among unmarried women themselves.

1) Attitude towards family planning methods

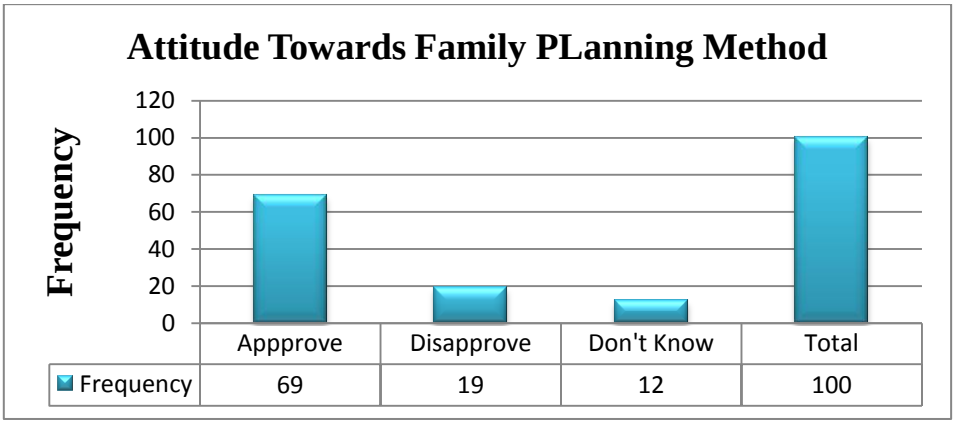


Chart shows that 69% of the respondents have positive opinion towards family planning methods and 19% of the respondents are not in favor of family planning methods. However, 12% of the respondents have no opinion towards family planning methods.

2) Attitude towards family planning and Religion

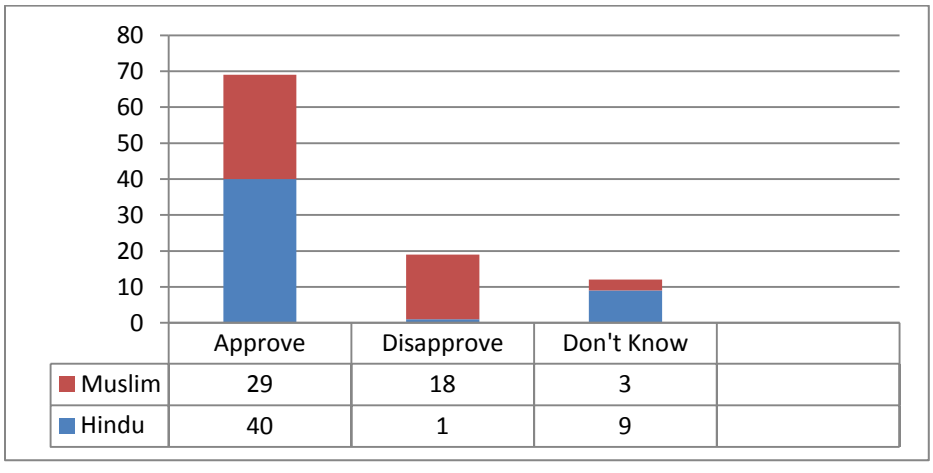
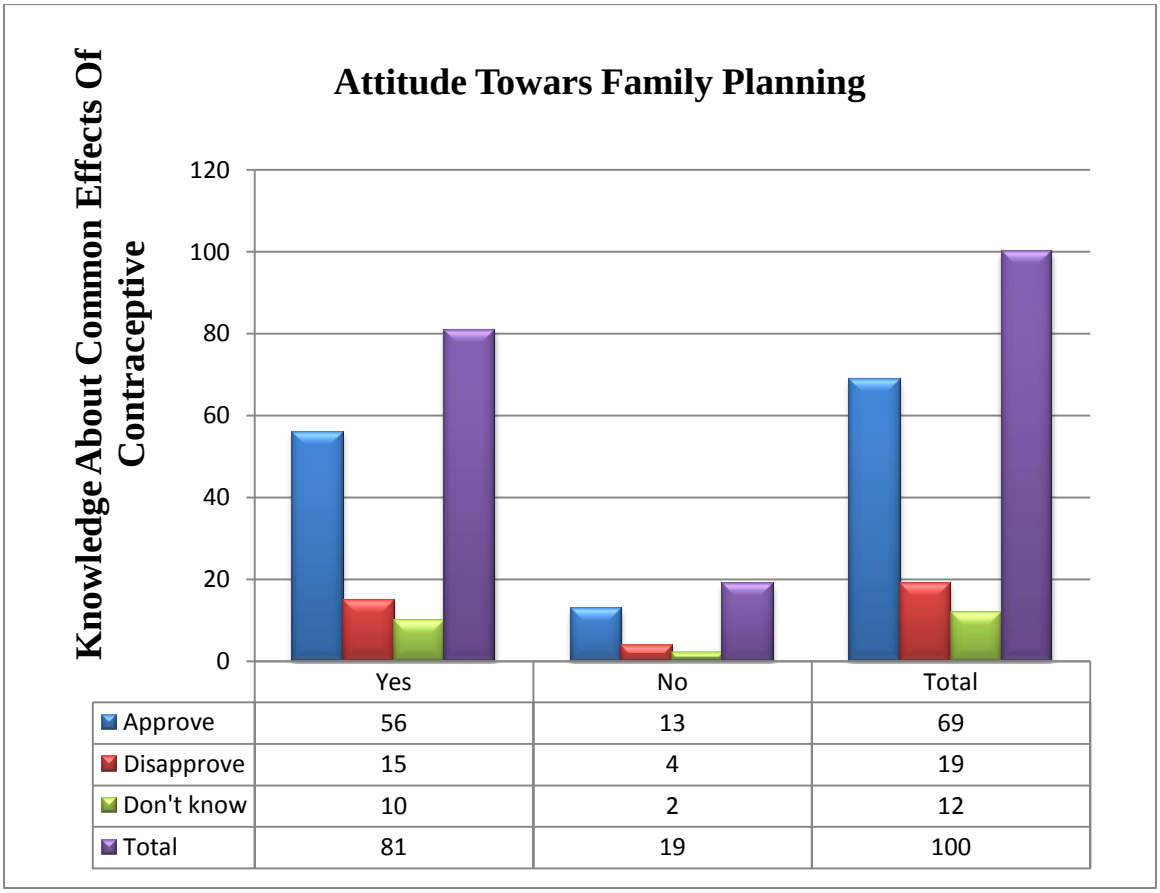


Chart shows that 40% of Hindu respondents approve family planning methods and 9% have no opinion towards family planning methods, rest 1% do not approve.

29% of the Muslim respondents approve family methods and 18% are not in favor of family planning methods, rest 3% has no opinion. Hence measures should be taken to remove religious barrier towards family planning methods.

4) Knowledge about effects of contraceptive and attitude towards family planning methods



	Yes	No	Total
Approve	56	13	69
Disapprove	15	4	19
Don't know	10	2	12
Total	81	19	100

Chart shows that 56% of respondents have knowledge about common effects of family planning method and also they are in favor of family planning methods. 15% of the respondents have knowledge about common effects and they disapprove family planning methods, rest 10% has no opinion. Therefore, measures should be taken to guide the respondents that if there are common effects of family planning methods, they are temporary and not permanent and will not have any negative effect on their health.

4) PRACTICE OF FAMILY PLANNING METHODS

Practice

Practice of family planning included use of any contraceptives, which method of contraceptives were being used and causes of not using any contraceptives. Contraception refers to the use of any natural or artificial method to prevent conception or pregnancy.

Traditional method refers to natural methods, including withdrawal and abstinence.

A modern method refers to artificial methods that include injection, IUD, condom, male or female sterilization, and diaphragm.

Not used refers to who doesn't use any natural or artificial method of contraception.

1) Practice of family planning method

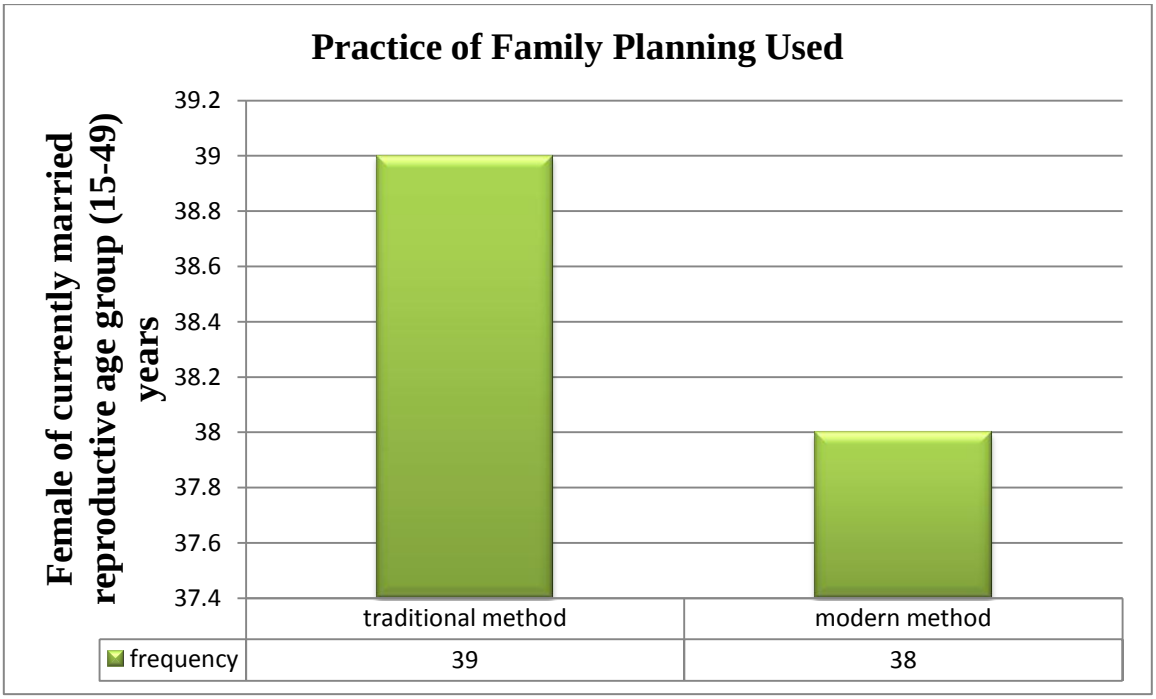


Chart 12 shows that 39% of the respondents are traditional family planning method user and 38% are modern family planning method user. Usage of contraception refers to the use of contraceptives by at least one method, either traditional or modern method such as pills, Injection, IUD, condom, male or female sterilization, diaphragm, or withdrawal and abstinence.

2) Knowledge about family planning method and use of modern family planning method

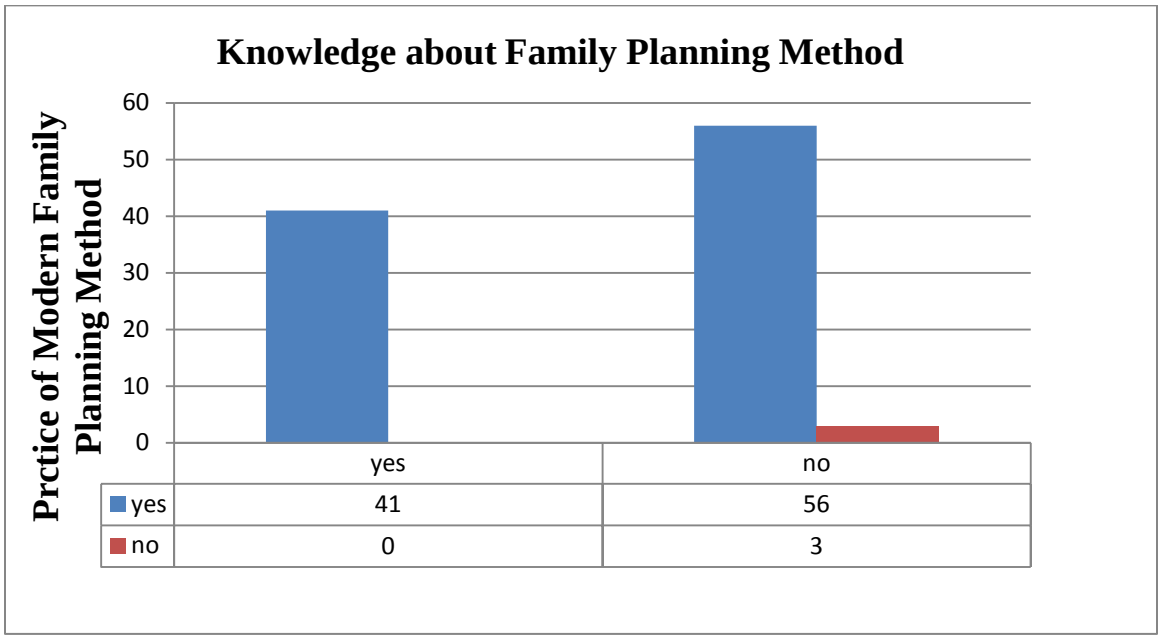


Chart shows that 56% of the respondents who have knowledge about family planning methods are still not user of family planning methods. Hence measures should be taken not only to provide the population with knowledge of family planning methods but efforts should be taken to motivate them either through incentive or by informing them with the various economic and other benefits of small family size. Religious myth if any should be cleared.

3) Most approved modern method of family planning and procurement (Table 14)

Adopted method of family planning	Govt. health worker	Voluntary health worker	Market	Private	Others	Total
Condom	1	3	4	0	0	8
Pills	0	1	1	0	0	2
IUD	4	3	0	8	1	16
Injectable	0	1	0	1	0	2
Sterilization	3	6	0	0	0	9
Total	8	14	5	9	1	37

c

Chart shows that IUD is the most preferred modern method of family planning, followed by

sterilization, condom, pills and injectable. The 62% missing data includes the user or traditional method, pregnant women, and respondents who are not of the fertile age group or had menopause.

4) Main reason for not using family planning method

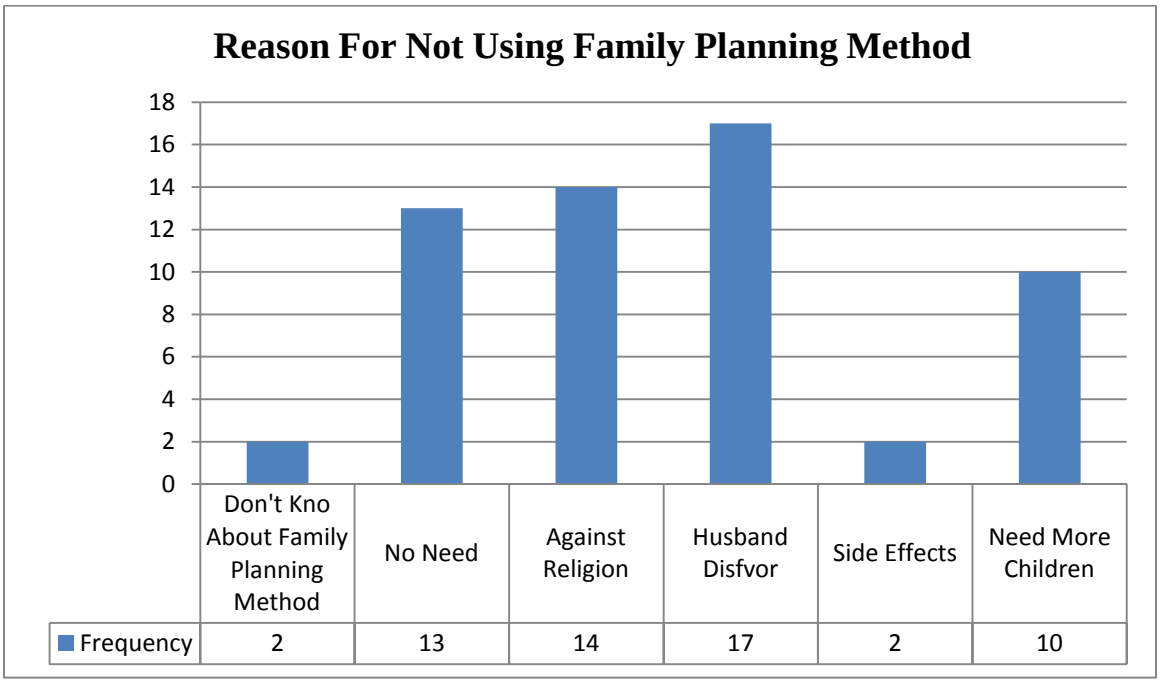


Chart shows that 13% of the non-user doesn't need any method of family planning as they might had early menopause.17% of the respondent shows husband's dis favor, hence measures should be taken not only to inform married women but husbands should also be counseled regarding the use of family planning methods. 14% of respondents are non-user as they consider it to be against their religion.2% of the respondents don't know about family planning methods, hence efforts should be taken to cover households effectively so that all the women of fertile age group should have knowledge of family planning methods.

6) Practice of family planning method and Literacy level

Literacy level * Practice of family planning method Cross tabulation

Count

		Practice of family planning method		Total
		traditional method	modern method	
Literacy level	Illiterate	23	19	42
	below primary	3	2	5
	Primary	4	4	8
	Secondary	3	1	4
	Graduate	2	6	8
	post-graduate	1	0	1
	write name	3	6	9
Total		39	38	77

It can be seen from the table 17 that the major urban slums population is illiterate and prefers traditional methods. Hence efforts should be taken to educate illiterate population the benefits of modern family planning methods.

8) Time of using family planning method (Table 19)

Adopted method for family planning * First ever use of family planning method Cross tabulation

Count

		First ever use of family planning method			Total
		after marriage	after 1st birth	after 2nd birth	
Adopted method for family planning	condom	1	2	5	8
	pills	0	0	2	2
	IUD(Cu-T)	2	0	14	16
	Injectable	0	0	2	2
	Sterilization	0	0	9	9
Total		3	2	32	37

Chart shows that the most preferred modern family planning method amongst the urban slum population of Aligarh district is IUD, and the preferred time to use it is after 2nd child birth. This table also shows that respondents have knowledge about the common effect of using pills and prefers it to be the least suitable method of family planning. Hence the

population should be motivated to use better option like IUD or Sterilization method. Role of voluntary health work is important in providing them with the knowledge of IUD methods and also the benefits of incentives like fewer amounts to be spent if done in government hospital as compared to private hospital.

9) Effects of contraceptive methods and practice of modern family planning method

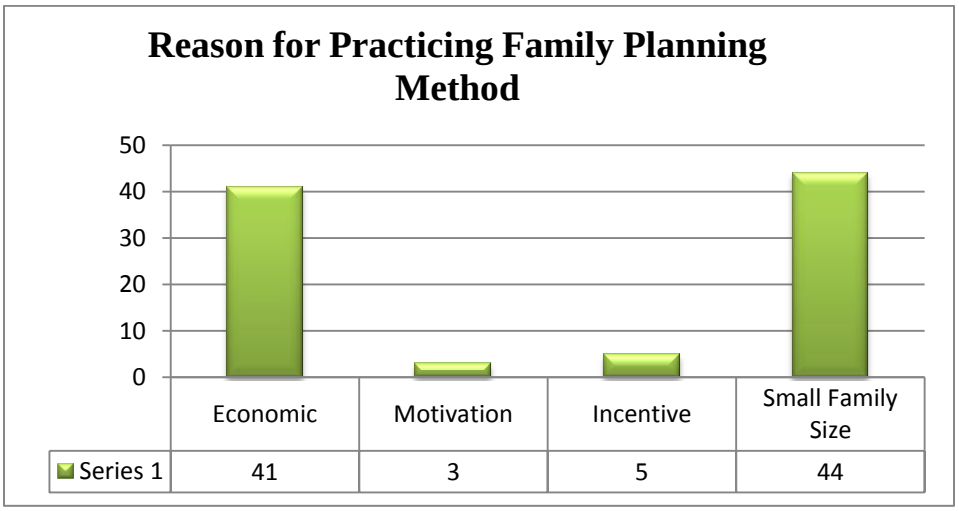
are you a user of modern family planning method * Knowledge about common effect of contraceptive Cross tabulation

Count

		Knowledge about common effect of contraceptive		Total
		yes	no	
are you a user of modern family planning method	yes	34	7	41
	no	47	12	59
Total		81	19	100

Chart shows that out of 81% respondents who have knowledge about common effects of family planning method 47% do not prefer to use it and only 34% respondents are user of modern family planning methods with the knowledge of common effects.

10) Reason for practicing Family Planning Method:



Main reason for practicing family planning method is to have Small Family Size followed by Economic reason.

RECOMMENDATIONS

1) Problem area: Less number of Muslim respondents approve family planning method. The reason is due to religious myth.

Recommendation: Efforts should be taken to arrange community meeting of the population of Muslim area to interact with the religious worker (Stakeholders), so as remove myths and superstitions associated with the religion can be cleared. They should be enlightened with the various benefits of having a small family size.

2) Problem area: Despite of having knowledge about modern family planning methods, respondents still prefer to use traditional method of family planning.

Recommendation: While educated the urban slum population, periodic checkup should be done in order to motivate population to use modern methods. They should be taught about various benefits of modern family planning method such as incentive, cost effective, safe, reliable, economic benefits of small family size. As major urban slum population of the city is illiterate so measures should be taken not only to educate them through face to face interaction but community dramas (nukkad natak) and activities should also be arranged at a regular interval.

3) Problem area: most common reason for not using modern family planning is due to husband's disfavor.

Recommendation: While conducting counseling for family planning methods husbands should also be included and not only the women. They should be taught about the benefits of having a small family size and also its positive effect on the health of the women.

4) Problem area: out of the respondents who have knowledge about common effects of modern family planning method maximum prefers to use traditional method.

Recommendation: While educating the target population, efforts should be taken to clear their confusion regarding the common effects of the modern family planning method. They should be taught that these effects are temporary and they will have a long term benefit of using modern family planning method.

CONCLUSION

The study reveals good knowledge and favorable attitude of urban slum married women. The study also highlights that awareness does not always lead to the use of contraceptives. A lot of educational and motivational activities and improvement in family planning services are needed to promote the use of contraceptives, in order to increase the contraceptive prevalence rate (CPR).

Regardless of socio-economic status, respondents have a high knowledge of, and a positive attitude towards family planning. About half of the respondents were practicing some modern methods. However, negative attitudes persist towards some women using contraception. In addition, whether women practice family planning depends on many factors, and the most common factors are avoiding unwanted pregnancy or spacing out the number of children, the side effects of the methods, and the women's standard of living. If women want to have more children, or were unable to tolerate the side effects of the method itself, family planning would not be practiced. Side effects were the biggest concern for both current users and non-users.

Rumours about possible side effects deterred some women from using modern contraception, especially the pill and injectable contraceptive, and most users of these methods reported some experience of side effects. The government and family planning experts should deliver contraception counselling services, in which first-time contraceptive users can access accurate information about possible side effects, and current users can receive follow-up consultations where any concerns about side effects can be discussed and alternative options explored.

The current age of the respondents is between 15-49 years. Most of the respondents are Housewives (88%). The maximum level of education they had achieved is primary. There are few respondents who had done graduate and postgraduate courses. The highest percentage of the respondent's income is in the range of Rs.15000-20,000.

The study reveals good knowledge and favorable attitude towards family planning. The knowledge of family planning is widespread among the respondents and are aware of least one method of contraception. IUD is more popular among the women. It is through Voluntary health workers that the respondents have come to know about the family planning method. 69% of the respondents approve toward family planning. Factors which influence family planning are small family norm (44%), economic reasons (41%), incentives (5%) and motivated (3%).

RESULT

The knowledge about one or more methods of contraception particularly modern contraceptive method was 97%.

The knowledge about traditional method of contraception was 76%.

The most common source of knowledge regarding contraceptive methods was Voluntary health workers (62%).

Completion of family was found to be the most common reason for using the family planning method.

Fertility related reasons (21%) followed by husband disfavor (15%) are the most common reason for not using family planning method.

Positive attitude for contraception was shown by (69%) of the respondents.

ANNEXURE 1

KAP Study for Family Planning in Urban Slums of Aligarh

A) DEMOGRAPHIC DETAILS:

1) Basic information:

1.1) Name of respondent …….

1.2) Address: ……
……...

1.3) Religion ……
1. Hindu 2. Muslim

1.4) Do you belong to
a) SC b) ST c) OBC d) General

1.5) Literacy level …….
1. Illiterate 2. Below primary 3. Primary
4. Secondary 5. Graduate 6.Post- graduate 7.other

2. Infrastructural facilities:

2.1) Type of Residence ……
1. Kachcha 2. Pakka 3. Semi Pakka

2.2) Facilities available ……
1. Mobile 2.Television 3.Radio 4.Two wheeler 5.Gas connection
6.Washing machine 7.Refrigerator 8.Cooler 9.Other (specify)

2.3) How long have you been living continuously in Aligarh ……..

2.4) just before you moved in here you were living in
a)city b)town c)country side

3. Occupational Status:

Respondents	**1.**Occupation 1. Housewife 2. Agriculture & Allied 3. Business 4. Services 5. Skilled worker 6. Unskilled 7. No Work 8. Other	**2**.Income (Rs./ month)	**3**.Expenditure (Rs./ month)
.About Respondent			

4) Marriage Details:

4.1) Nature of family

1) Nuclear 2) Joint

4.2) Present age, age at marriage and years of cohabitation

	Age (in years)				
	1)Present Age	2. Age at marriage	3. Marital Duration	4. Age at First child birth	5. Age at Last /smallest child birth
Respondent					

4.3)Family Issues, Communication Domain and Decision Making

Issues	Discussion with family members & final decision taker? ***(only one option)*** 1. Self only 2. Husband 2. Significant Other
1.domestic problems	
2.Economic issues	
3. Child upbringing	
4.Health & Hygiene	
5.Idea and limiting small family	

4.4)No. of Pregnancies and Child Birth

1.Pregnancy Outcome	2.Total no. of Children		3.Outcome and Place of Deliveries								Total
			Institutional				Home Based				
			a) Govt. Hospital		b)Private Hospital		c)Trained		d)Untrained		
	a)Male (M)	b)Female (F)	M	F	M	F	M	F	M	F	
a. Presently living children											
b. Any child died in past											
c. Still births											
d. Abortions (natural)											
e. Abortions (induced)											

B) KNOWLEDGE RELTED TO FAMILY PLANNING:

5) Information about Family Planning methods

1) Family Planning Methods 1)condom 2)pills, 3)IUD, 4)injectable, 5)sterilization, 6)traditional method	**2)** When did you first heard of family planning method : 1. Before Marriage 2. After marriage 3. After 1st birth 4. After 2nd and so on i.e. 3, 4….	**3)** Source of first information 1. Govt. Health worker 2. Voluntary health worker 3. Mass media 4. Local IEC 5. Spouse 6. Other family members 7. Peers 8. Local Quack 9. TO/NTO	**4)** Knowledge about common effect of Contraceptive 1. Yes 2. No	**5)** If yes source of information 1. Govt. Health worker 2. Voluntary health worker 3. Mass media 4. Local IEC 5. Spouse 6. Other family members 7. Peers 8. Local Quack 9. TO/NTO

6) Information about Family Planning program in the area:

6.1) Do you know about any Family Planning program in your area?

1) Yes 2) No

6.2) Last time when FP worker contacted you?

1) Last week 2) Last one month 3) Last two months 4) More than two months 5) Never contacted

6.3) What was their mode of contact?

1) Door to door 2) Group activities 3) You yourself approached them

6.4) What information do they provide? ……

1) Only benefits 2) Only common effects 3) Other health issues 4) All 5) None

C) ATTITUDE TOWARDS FAMILY PLANNING:

7) Attitude towards family planning method:

1. Approve 2. Disapprove 3. Don't know

8). Decision/encouragement toward use of contraceptive methods:

1.Economic reasons.2.Motivaton3.Incentives 4.Small family norms. 5. Various benefits of FP methods 6) others

9). View toward commercials:

1. Positive 2. Negative

10) With whom women volunteered to discuss family planning with others?

1) Neighbors 2) Husband 3) Doctor 4) Close friends 5) Other family members

11) Do you suffer from any type of reproductive problem?

1) Yes 2) No

12) Do you intend to use a method to delay/avoid pregnancy at any given time in future?

1) Yes 2) No

D)PRACTICE OF FAMILY PLANNING METHOD:

13) Are you a user of family planning method? ……

1. Yes 2. No

14) Practice of family planning method?

1) Traditional method 2) Modern method

15) Reason for being a user instead of knowing about

15.1.) Common effects of using it

……..

15.2) Religious views

…….

16) Adoption of family planning methods <u>for users</u> (currently using method):

1) Adopted Family Planning Methods	**2)** Duration of adoption of FP method 1. within month 2. 1-6 Month 3. 7-12 Month 4. 13-18 Month 5. More than this	**3)** First ever use of specific method 1) Before Marriage 2)After marriage 3)After 1st birth 4) After 2nd birth and so on.	**4)** Availability/ procurement 1. Govt. Health worker 2. Voluntary health worker 3. Market 4.Private 5.Other (specify)	**5)** Motivation for the use 1. Govt. Health worker 2. Voluntary health worker 3. Mass media 4. Spouse 5. Other family members 6. Peers 7. Participated in IEC activity	**6)** Assistance for the service 1. Govt. Health worker 2. Voluntary health worker 3. Spouse 4. Other family members 5. Peers	**7)** If switch over, Main Reasons ***(only one main reason)*** 1. Usage problem 2. Procurement problem 3. Spouse don't like 4. Side effects 5. Problem at coitus 6. Expensive 7. Other (specify)
1. Condoms						
2. Pills						
3. IUD (Cu-T)						
4. Injectable						
5.Sterilisation						
6. Traditional methods						

17) Respondents use of family planning methods:

1. Satisfaction 2. Like to change 3. Non-preference of other methods.

18) <u>Non- User:</u>

If no family planning method is used in past:

18.1 Main reason for not using any family planning method

(Only *one main reason)*

1. Don't know about FP methods 2. Not easily available 3. No need
4. Against religion 5. Husband disfavor 6.Significant others are against use
7. Expensive 8.Side effects 9.Need more children 10.Other (specify)

18.2 Are you planning to adopt Family planning in future?

1. Yes 2. No 3. Not sure

Name of the Researcher Date

ANNEXURE 2

Written Consent:

I allow Urban Health Initiative include my consideration in this video documentation, and still photography, the nature of which has been explained to me.

I understand that my contribution will be edited and there is no guarantee that my contribution will appear in the final film.

I agree that my contribution may be used to publicize the documentary.

I understand that I will not receive the payment, and that my interview/video/ footage/ photo(s) will not be sold for the commercial purpose.

I understand that this documentary (or part of it) may be distributed in any medium in any part of the world including the internet, as a part of the effort to improve public health.

Name: _____

Signature/ Thumb impression: _____

Date: _____

Place: _____