

A study of human behaviour (KAP factors) in relation to family planning in reproductive age group (15-49) women in Chittur-Tattamangalam municipality

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Abstract

Background: To study the knowledge, attitude, and practice (KAP) of contraception among in reproductive age group women (15—45) in Chittur-Tattamangalam municipality (Kerala). This is a qualitative assessment of KAP for the use of family planning methods in a community. As the various factors which influence the acceptance of family planning methods, this study was conducted to explore and to guide us to have corrective measures for the above. **Methodology:** A study of human behavior (KAP) in community based cross sectional descriptive 30 cluster study has been conducted in municipal area by using structured open ended interviewed questionnaire method. Random house to house survey has been taken after getting prior concern from the respondents and adopted ethics. . Study population: 1200 house hold couples women in reproductive age group. Study period: February 2018 to May 2018. The collected data has been analyzed by using latest version of SPSS method. **Results:** Surveyed total population 5172 (16% of the total census-population of study area), 1144 eligible couples and 436 protected couples. Age at marriage (21-25) age = 54%, age at first child (21-25) = 59.7%. Couple protection: (21-35) age group = 85%, (26-30) age group 43.5%. Respondent: – awareness about FP method 76.79 %, no need of early child after marriage 77.3 %, two child enough 52.2%, want of child after 2 years 30 %, want of child after 3 years 35 %. Knowledge about FP benefit: 63.96%. Know the source of FP service in govt - hospital 57.23%. Side effects 40-63%. FP service satisfaction 53.8%. Family size (3-5): wife parental 66% and in laws 52%. Service utility: Private hospital 60-70%. Sex preference: Husband 41.25%, female 29.84%, male 28.97%. Mother in law- female 22.25%, male 37.91%.

Key Words: KAP relationship to FP- Reproductive age group – Municipal area-

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INTRODUCTION

India's population is 121 crore, second only to China for account of world population. The family planning program launched in the world in 1952. The program has

evolved from a targeted approach to a target free approach. The state of Kerala had a high population density of state one, but state's policies and program placed a larger role in bringing about the rapid transition in fertility. The practice of traditional methods of birth control was more prominent in Kerala as in the rest of the continent. Social and cultural practices, moral and taboos existed in the state to regulate fertility. The official FP program in Kerala, as in rest of India was introduced only by the middle of the fifties. From a level of near zero, the ever use FP methods in Kerala, has reached a level as high as 75%. Implementation of FP program in Kerala has already completed the last stage demographic transition, as demographic indicators are nearly equal to that of a developed country.

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Chittur-Tattamangalam Municipality area, Kerala-- Family planning achievement:

Year	Sterilization	Pills	IUD	Condom	CPR
2015	67	5	140	21	
2016	48	4	180	30	
2017	32	1	143	37	62.23%

This data has shown apparently poor performance and hypothetically and clearly needs a detailed study on human behaviour (KAP factors) in reproductive age group couples.

AIMS AND OBJECTIVE

Aim: The state of Kerala, has shown high performance of demographic indicators which are nearly equal the developed country. To achieve this, increased facilities are being provided for FP program in all sections of the society. Even such situation, the municipality performance apparently shows as poor. Hence the human behaviour (KAP) in relation to FP program study has been conducted.

Objective: To find out the extent of human behaviour (KAP factors) in relation to FP program in reproductive age group (15- 49) couples.

DATA ANALYSIS AND OBSERVATION

The study area 1200 house hold has covered 16% (5172) of the population to the census 2011 (32298). Among the population, the available total ECs are 1144 and FP user couples are 721 (63 %) and non-user are 37 %.

Table 1: User of FP methods in study population (Total EC=1144)

Type of family planning methods	Use FP methods	
	N	%
Oral pills	83	7.25
IUD	86	7.51
Sterilization (female)	436	38.11
Condom (male)	116	10.13

Total 721 63.02 Total E C =1144 --- user 721= 63%. Non-user = 37%.

Table No 2 – Total eligible couple 1144. Among them 635 (55.5 %) are 15-35 age group. At the same age group, 417 (65.67 %) are sterilized with 1 to 4 child. Total sterilization 491. It is 43 % to the total EC and 85 % to the total achievement in the same age group (15-35). Sterilization with 1st child (147) 30 %, 2nd child (259) 52.7 %, 3rd child (66) 13.4 % and 4th child (19) 3.9 %. = (83 % with 1st + 2nd child and 17 % with 3rd +4th child)

Table 2: Distribution of Eligible couples / Protected couples (parity wise)

Age group	Eligible couples (Numbers)	Eligible couples %	Protected couples(N) 1 st child	Protected couples(N) 2 nd child	Protected couples(N) 3 rd child	Protected couples(N) 4 th child
15-20	6	0.50	3	0	0	0
21-25	110	9.60	46	34	5	1
26-30	260	22.70	55	128	26	5
31-35	259	22.60	26	58	23	7
36-40	198	17.30	9	23	5	4
41-45	150	13.11	3	6	3	1
46-49	161	14.07	5	10	4	1
Total	1144		147	259	66	19

Table No 3 – The spacing duration in pregnancy (in parity wise) has calculated roughly for period of 3 years (0-1, 1-2, 2-3) .The average spacing duration (in months) for 1st child =22, 2nd child =27, 3rd child =28 and 4th child 29. Overall average spacing duration = 26.5. The 1st and 2nd child births are account for spacing duration =1073 +758 (53 +37.5= 90.5 %) and 3rd and 4th child births are account for = 168+25 (8.3 +1.2= 9.5 %). This shows that the occurrence of birth order is remarkably reduced in 3rd and 4th and adoption of FP methods.

Table 3: Spacing of duration of Pregnancy / Child births

Child	< 1year (N) /M	%	1-2year (N) /M	/%	2-3year (N) /M	%	3+ year (N)	%
Marriage to 1 st child	291 -3492	24.2	633 - 15192	52.8	98 - 3528	8.2	51	4.2
1 st to 2 nd child	37 444	3.1	301 7224	25.1	174 6264	14.5	246	20.5
2 nd to 3 rd child	5 60	0.4	70 1680	5.8	52 1872	4.3	43	3.63
3 rd to 4 th child	2 24	0.2	7 168	0.6	10 360	0.8	6	0.5

N = Number of child =1st 1073, 2nd=758, 3rd=168, 4th = 25 M = months

Table No 4 – shows that 88 % couple's marriage are taken at the age group of 15-25 and among them 74 % of couples have their 1st child in the same age group. Early age group (15-20), - age at marriage is 34 % and 1st child birth is 14 %.

Table 4: Distribution of Couples of Age group at marriage / Age group at 1st Child in study population

Couples age group	Age at marriage. Numbers.	Age at marriage. Percentage. (%)	Age at 1 st Child. Numbers.	Age at 1 st Child. Percentage. (%)
15-20	407	33.9	171	14.2
21-25	648	54.0	716	59.7
26-30	121	10.1	269	22.4
31-35	24	2.0	35	2.9
36-40	0	0	8	0.7
41-45	0	0	1	0.1
46-49	0	0	0	0
Total	1200		1200	

Table 5, 5A, shows more than 76-79% of respondents are have the knowledge about FP programme (pills, condom -male and female) and 65-71% of respondents are known FP information from the source of health care provider (65.6%), relatives (67.2%), Media (71%) and advertisement (66.75%). The attitude and practice of the respondents: Need of child: no need of child early 3 years after marriage (77.3%), two child enough (52.2%), want of child after 2 year (30%), want of child after 3year (35%). To know the baby sex: in 1st pregnancy (17.92%), 2nd pregnancy (11%), 3rd pregnancy (7%). Baby Sex preference: Husband: any child (41.25%), female (29.84%) male (28.92%).Mother-in-law female (22.25%), male (37.91%) and (63 – 76%) of the respondents are known the benefits of family planning and only 57%, 50 % of the respondents are knowing the service availability in government and private in respectively. Only 3 side effects (vomiting, abnormal menstruation and unwanted weight gain) are taken for study. The respondent's response for NO = (40 – 63%) and the FP service satisfaction 53.8%.The respondent shown response for (both category persons- wife's parental and in-lows) 3-5 member family size 66% and 52% in respectively. The service utility of the respondents in case of ANC check-up, delivery care and immunization – (60-70%) from private hospital and (30-40 %) from govt.-hospital.

Table 5: KAP factors in relationship to Family Planning

S.No	Variables	YES NO	YES %	NO NO	NO %
1	Type of FP methods (Knowledge)				
	(a) Oral pills	945	78.8	255	21.2
	(b) IUD	915	76.2	285	23.8
	(c) male condom	920	76.6	280	23.8
2	Source of information				
	(a) Health care provider	787	65.6	413	34.4
	(b) Advertisement	801	66.75	399	33.25
	(c) Relative	807	67.2	393	32.8
	(d) Media	852	71	348	29
3	Need of child				
	(a) Early 3 years after marriage	927	77.3	272	22.7
	(b) Two child enough	627	52.2	573	47.75
	(c) Want of another child – 2years later	369	30.75	831	69.25
	(d) Want of another child –3 years later	420	35	780	65
4	Try to know sex of the baby				
	(a) during 1 st pregnancy	215	17.92	985	82.08
	(b) during 2 nd pregnancy	132	11	1068	89
	(c) during 3 rd pregnancy	84	7	1116	93
5	Service availability (known as)				
	(a) Govt.	687	57.25	513	42.75

	(b) Private	610	50.83	590	49.16
6	Service utility in govt. health centre				
	(a) ANC check up	372	31	828	69
	(b) Delivery care	362	30.16	838	69.83
	(c) Immunization	487	38.9	733	61.08

Table 5A: KAP factors in relationship to Family Planning

S.No	Variables	YES /no	YES / %	No/ no	NO /%
7	Side-effects				
	(a) Vomiting	446	37.16	754	62.83
	(b) Abnormal menstruation	443	36.91	487	40.58
	(c) Unwanted weight gain	441	36.75	759	63.25
8	Service satisfaction	642	53.5	558	46.5
9	Service benefits				
	(a) limits the pregnancy	921	76.75	279	23.25
	(b) to avoid the pregnancy	889	74	311	25.91
	(c) prevent abortion	836	69.6	364	30.33
	(d) prevent maternal death	824	68.6	376	31.33
	(e) mother health	840	70	360	30
	(f) family health	823	68.58	377	31.41
	(g) country development	761	63.41	439	36.58
10	Sex preference				
	Husband's – (a) Female	358	29.84		
	(b) male	347	28.92		
	(c) no	478	39.84		
	Mother-in-law's (a) female	267	22.25		
	(b) male	455	37.91		
11	Family size preference	3-5 size	6 -8 size	+9 size	
		No / %	No / %	No / %	
	(a) Wife parental	793 / 66.08	386/ 32.16	21/ 1.75	
	(b) In laws	628/ 52.33	439/ 36.58	133/11.08	

DISCUSSION

This KAP study area (Municipality) results are compared with others study results of rural (R1) / village (R2) / urban slum (R3) / semi urban (R5) / and tertiary care institute (R4) area's reports. This study covers 16 % (5172) of population with 1144 couples. Among them 721 (63 %) couples are using any one of family planning methods (Female sterilisation 43 % ,oral pills 7.25 % , IUD 7.5 % , condom 10.13 %). But the recorded FP coverage shows 53 % in rural (R1) and 44.5 % in urban slum (R3). These areas oral pills, IUD, condom and sterilisation – all are higher coverage when compare to the study area. This might be due to the low sample size. Among in the study couples (1144), at the age group (15-20) have accounts for 34 % of marriage and their 1st child birth 14 % , and also at the age group (15-25) couples have their marriage and their 1st child birth are 88 % and 74 % in respectively. The spacing duration for the 1s, 2nd, 3rd and 4th child have observed as 22, 27, 28, and 29 months. The average I s 26.5 months. At the same time, the couple protection (sterilisation) has observed as 83 % and 17 %, with 2 child and 3-4child in respectively. The FP awareness (sterilisation / pills / IUD /condom) in this study has observed 76-79 % of couples. It has

compared with rural (R1) – (76-98 %) and institution care study (R4) – (79-86 %) which seems as almost similar and with village study (R2) seems poor awareness. The source of FP information in the study area has observed (66 -71 %) mainly from health care providers, relatives, advertisement and media, But it has observed at the rural area (R1) mainly from ASHA (94 %), health staffs (64 %), media (58 %) and relatives (60 %). At the same time it seems as poor (friends and relatives 16- 44 %, media 22 %) in the village (R2) and in urban slum (R5) – (media, TV, Net, news-paper) are helped only 19 -54 % of level as source of information. The availability of FP service in Govt. / Private was known by couples only 57 % and 51 % respectively and the utility of service like ANC / Delivery / Immunization in Govt. was only 31 % , 30 % and 39 % in respectively. Almost all couples are taking health care service from private. The couple's attitude of need of child in this study observed as (i) 3 years after marriage (77 %) , (ii) two child enough (52 %) , (iii) want of another child 2 years later, 3 years later (35 %) , (iv) try to know sex of the baby during 1st pregnancy (18%), 2nd pregnancy (11 %), 3rd pregnancy (7 %). The sex preference was observed from husband and mother- in – law and it was for female 30 % and 22 % and for male 29

% and 38 % in respectively.. The study area couples parental and in-laws are likely to have the family size (3-5) –66 % and 52 % in respectively. The side effects knowledge due to FP felt by the couples in this study area – vomiting, abnormal menstruation and unwanted weight (37%).

CONCLUSION

1. The couples FP awareness and their usage is 79 % and 63 %.
2. The family size is 4.3 (5172 / 1200)
3. Couples marriage: at the age group (15- 20) – 34 % and (15- 25) – 88 %.
4. Couples 1st child birth: -- at the age group (15 - 20)—14 % and (15- 25) – 74 %.
5. Couple protection: - with 2 child -- 83 % and 3- 4 child – 17 %.
6. Spacing pregnancy duration for 1st, 2nd, 3rd and 4th child – 22, 27, 28 and 29 months in respectively. Average: 26.5 months.
7. Source of information (FP) from health
8. Service utility from Govt. – 30 – 40 %.
9. Need of Child: two child enough 52 %.
10. Sex preference: -- Try to know the sex of baby only 7- 18 % of couples and sex preference from husband 30 % (female), mother –in- law 38 % (male).

RECOMMENDATION

In this study area, the female education is more than 99 % and it is also observed that the couples early marriage, early child birth and early couple protection – all these are completed 15- 30 age group. So in this area, most of

the couples are completing their reproductive period life / problem before the age of 30 years. The remaining life span period more than 30 years, the huge man power should be utilised in a productive way of economic condition to improve welfare of the family members and children. So necessary vocational training should be given to those human power and put them into job to earn more. Action: -- District Health officer, Municipal commissioner.

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