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Review Article

Knowledge, Attitude and Practices- A Concept

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Abstract: The current article deals with the concept of Knowledge, Attitude& Practices (KAP) that emerged from the family planning programs after independence of the nation. Further, the concept of KAPGap emerged regarding the improvement of quality of the family planning programs. Development of the concept of KAP gap helped improved the quality of the family planning program & the program name changed to Family Welfare program. Further, it also provided a cafetoria approach of family planning methods where the people had to choice to chose from the available basket of methods of family planning/welfare. The current article traverses the history of the KAP approach, thereafter it sees how it sailed through finally reaching the current status of the KAP approach through the indicator of unmet need of family planning through the National Family Health Surveys of 4th& 5th rounds.

Keywords: KAP, FP, PEO, IUCD.

INTRODUCTION [1-7]

The Knowledge, Attitude& Practices (KAP) concept originated from the Family Planning (FP) program since independence. The concept of unmet need of FP is the gap between a woman's reproductive intentions &contraceptive behaviour. It was first explored in the 1960s KAP surveys. The KAP gap refers to inconsistencies between a person's stated knowledge & attitude on one hand & their practice on the other hand. The following section details out the historical perspective.

The end of the tenure of the 'Firangi Raj' weakened the then medical system leaving a largely uneducated, illiterate population prone to STDs apart from several other gregarious diseases and hazards.

The Indian Population soared up to 372,997,188 with a growth rate of 2.21% during the same year. The rising trend of the global and national population as well as sexually transmitted diseases in a recently independent nation (India) called for a well -planned approach towards population control.

So, as the Indian state became a republic and the new government came into effect, India embarked on its journey of strategic family planning at a national level with the launch of the National Programme for Family Planning (NPFP) in the year 1952. The launch of the plan was a major outcome of the detailed study of World Health Organization (WHO) on venereal diseases in India. It was linked with the five-year plans and in its initial stages, the programme focused more on the

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clinical aspect of population control instead of holistic health from the reproductive point of view.

The two major objectives of the programme were the reduction of fertility rate and population growth with the aim of enhancing economic growth. Over time, the programme has undergone several transformations. It witnessed the era of forced sterilisation in the 1970s, got re designated as the 'National Family Welfare Programme' in 1977 and finally got adopted as the 'Reproductive and Child Healthcare Programme in 1997.

Various attempts have been made at reviewing the overall success and impact of the Family Programme. However, only a few could map the overall impact as they lacked the clarity required to review a programme based on a highly fluctuating trend.

The current article talks about one of the most successful attempts that was made for evaluating the Indian Family Planning Programme in the 20th century. The study used the KAP approach. It was conducted by the Programme Evaluation Organisation (PEO) of the Planning Commission of India. The study was majorly conducted for a period of one year (1968-69), but it had previously also been conducted at a lower level during 1963-1965.

LITERATURE REVIEW [1-8]

The current status of the KAP is seen through the 5th round of National Family Health Survey at the country, district & block level. The following section gives the details of the concept of KAP as mentioned in the foot note of the NFHS 5 fact sheet.

'An Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting).

Specifically, women are considered to have unmet need for spacing if they are: · At risk of becoming pregnant, not using contraception, either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant, experience a mistimed pregnancy, and are 'Postpartum Amenorrhoeic' for up to two years following a mistimed birth as well as not using contraception.

Women are considered to have unmet need for limiting if they are at risk of becoming pregnant, not using contraception, and want no more children, experience an unwanted pregnancy, and are 'Postpartum Amenorrhoeic' for up to two years following an unwanted birth as well as not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Unmet need for family planning is the sum of unmet need for spacing plus unmet need for limiting. Based on current users of female sterilization use pills who started using that method in the past 5 years& these are IUD/PPIUD, injectables and pills.'

The current section deals with the evaluation study taken up by the PEO. The 1968-69 evaluation conducted by the PEO was done to evaluate the Family Planning Programme, due to the uneven development pattern that was observed across the nation. The study was divided into two segments. The first segment focused on the presence and utilisation of the provided facilities. The second segment attempted to assess the 'Knowledge, attitude and Practices' (KAP) of the sample population.

The KAP study involved assessing the adopters of IUD, tubectomy and vasectomy adopters to obtain concrete reasons behind their popularity. A sample of 5,708 acceptors was chosen from nine states on the basis of the relative performance of these states in terms of their achievements under the programme. The districts were chosen similarly. In each district, nearly thirty-six rural and nine urban centres were chosen for evaluation. Apart from these, 9 metropolitan, 10 Industrial and district capital cities were also included in the study sample.

Amongst the 5,708 respondents, 3,268 belonged to the villages, 854 to the ubran settlements, and 1, 586 were from the big cities. According to usage, 2,882 were vasectomy acceptors, 451 tubectomy acceptors and 2,357 were IUD acceptors. The family planning centres provided the names of the adopters of the popular contraceptive methods.

The KAP study was important to understand the reactions and behaviour of the respondents towards the introduction and utilisation of the contraceptive methods introduced to them under the programme.

The study revealed that eighty percent of the general and 94 percent of the local interviewees supported the concept of family planning. About 43 percent of the respondents stated their female counterparts were willing to have more children. A small proportion of the sample population made affordability a major reason for their unwillingness towards increasing their family size.

With respect to the idea of birth spacing, more than half of the respondents agreed that a four year gap must be maintained between the marriage and the coming of the first born. Aspects like the presence of prior information and active participation of the general leaders as well as the local leaders were also evaluated.

Through the study, it could be understood that vasectomy turned out to be the most popular method. Condoms, IUDs, tubectomy were the next most acceptable methods of contraception. It was also

observed that many of the general respondents and the local leaders were eager to know more about the various family planning measures. Majority of the respondent population stood in favour of sterilisation procedures as method of contraception. Out of the two sterilisation methods, vasectomy gained more popularity. With specific regard to tubectomy, mostly older women went for it.

However, induced abortion also gained adequate attention given the concern of loss of life in the case of a risky pregnancy or the risk of transmittance of hereditary disorders. Rape cases and failure of any contraceptive method also called for an induced abortion.

The pattern of uneven development became even more clear with the assessment of exposure to and utilisation of any mass communication resources. The level of their utilisation indicated the amount of knowledge that was spreading in the sample population with respect to the programme and methods. It also indicated the efficacy of the planning staff and local authorities in making the information available in the public domain.

The study also identified the motivators behind the acceptance of any method. Medical advice, avoidance of mishaps, the acceptors of any method as well as persuasion by the family planning staff were the major motivators that helped increase the acceptance rate.

The current section deals with the details of the observations made by the KAP approach study. Support and acceptance of the idea of limiting revealed that about eighty percent of the general and 94 percent of the local interviewees showed willingness towards family planning. 43 percent of the respondents stated that their female counterparts were willing to have more children. A small proportion stated that would not like to have more children due to lower affordability. About 83 percent respondents with atleast 4 or more than 4 children did not want to increase their family size. Similar scenario was observed with families comprising of 3 or more children. More than half the respondents shared a similar opinion on the matter of a four years gap between marriage and the coming of the first born. More than four-fifths of those interviewed agreed that an interval of 2 years must be kept between 2 children. Utilisation of the contraceptives and knowledge of the programme-

About 77 percent of the general interviewees knew that they could seek help from a nearby family planning centre. 93 percent of the local leaders were aware of their district's activeness in family planning and 27 percent of the general interviewees along with 38 percent local leaders had attended a family planning centre atleast once. A similar proportion of the sample population knew that certain contraceptive method could be used to avoid pregnancy. Vasectomy was the most popular method amongst the lot interviewed. Condoms, IUDs and tubectomy were next most popular methods. Several districts also displayed poor information regarding contraceptives. Couples with four or more children had used vasectomy, IUDs and tubectomies at 83%, 79% & 82% respectively. 40.5 percent of the general interviewees and 34.4 percent local leaders were interested in gaining more information regarding family planning.

General attitude and behaviour towards sterilisation procedures and induced abortions showed that 60 percent of the respondent or general respondents and 83 percent of the local leaders chose sterilisation as preferred method of sterilisation. 61 percent favoured vasectomy instead of tubectomy.one third of the local leaders favoured induced abortion. Out of the 750 respondents, 47 percent favoured induced abortion to avoid any surge in maternal mortality and 43 percent chose this method if they couldn't bear the additional financial burden brought by the pregnancy or if the conception was undesirable.

6 percent of the acceptors of this method decided to choose in the case of contraceptive failure, 16 percent decided to favour it in the case of 'rape, incest, or criminal coercion' and 5 percent would choose it if any hereditary/genetic disorders were likely to cause trouble to the foetus.

Analysis from the adopter study showed that Demography the interviewed population (5,708), 2,882 were vasectomy acceptors, 451 tubectomy acceptors and 2,357 were IUD acceptors. Rural women were mostly older and had a higher number of conceptions or already had children when opted for any contraceptive method. Men who opted for vasectomy were also older at the time of surgery but had a fewer number of children or lesser number of conceptions. Women who opted for a n IUD were younger than those who went for a tubectomy. Spread of Information Habits of the adopters were assessed to understand the existing level of knowledge as well as the role of information in increasing the acceptance rate of any contraceptive method. The evaluation included items and sources such as newspapers, periodicals, radios, place of residence etc. These items were scored 0 or 1 to indicate the level of exposure to them and ultimately to the amount of information that is being spread. Apart from print media or electronic gadgets, family planning workers, friends, motivators etc. were also observed to be important providers of knowledge. Other major sources of information became the acceptors of any method through the description of their personal experience. Motivation and Satisfaction analysis showed that safety and prevention of mishaps in a pregnancy were the motivators behind the adoption of any contraceptive method. 17 percent of the IUD users were motivated by reasons like birth spacing and 10 percent were motivated

through persuasion by the health and family planning staff. Medical advice motivated 15 percent of the tubectomy acceptors. 60 percent tubectomy adopters and 30 percent tubectomy along with 30 percent vasectomy adopters reported mild discomfort. 52 percent tubectomy and vasectomy users motivated other for adoption of these methods while amongst the lot of the IUD users, 39 percent motivated others for adoption.

Current Status of Unmet Need in India [8-12]

The following table gives the data related to unmet need as mentioned in the NFHS 4 & NFHS 5 surveys.

Table 1: Unmet need data related to Family Planning (Source- NFHS 5, 2019-21)

Survey	Indicator	Performance of the indicator in %		
		(Rural)	(Urban)	(Total)
NFHS 4	Total Unmet need	9.9	8.4	12.9
	Unmet need for spacing	4.3	3.6	5.7
NFHS 5	Total Unmet Need	9.9	8.4	9.4
	Unmet need for spacing	4.3	3.6	4.0

As, this table displays figures pertaining to married women in the age group of 15-49 years, hence, the number of married women in the age group of 15-49 years will be the denominator for the entire calculation.

Total unmet need = total unmet need for spacing + total unmet need for limiting

As per the above table (NFHS 5), 9.4 % married women are experiencing total unmet need. The percentage of women experiencing unmet need for spacing are 4 percent and the percentage of women experiencing unmet need for limiting are 5.4 percent (Total unmet need (%) – Total unmet need for spacing (%)).

As per the breakup of Census 2011, married women in the age group of 15-49 years constitute one-fourth of the total population. Hence, there are 37.5 crore married women in the age group of 15-49 years. This figure can be obtained by calculating one-fourth of the total population projected by the 2011 census i.e., 150 crores. Out of these 37.5 crore married women, 3.52 crore (9.4% of 37.5 crore) are experiencing total unmet need (spacing+ limiting). So, the number of women experiencing unmet need for spacing are 1.5 crore (4% of 37.5 crore) and the number of women experiencing unmet need for limiting are 2.02 crore (5.4 % of 37.5 crore).

Total unmet need can also be calculated by adding the total unmet needs for spacing and limiting. So here, on adding 1.5 crore and 2.02 crore respectively, the total unmet need comes out to be 3.52 crore.

As per the above mentioned data, the total unmet need for both spacing limiting has been reduced from 12.9 (NFHS 4) to 9.4 (NFHS 5). So the total unmet need has been reduced by 3.5 % in 5 years. So, the rate of reduction of total unmet need is 0.07%. So, until NFHS 6 the total unmet need will be5.9 %. Hence, at the current rate of reduction, it will take a decade to reduce the total unmet need to nearly 1%.

CONCLUSION

To conclude, the concept of unmet need has to be reduced to a great extent. As per the calculations, it will take a decade to reduce the total unmet need to nearly 1 %. The SDGs are until 2030, hence, given the fact that we are in 2024. The rate of reduction has to be accelerated to meet the total population of married women facing total unmet need in the age group of 15-49 years is 3.52 crore. The focus should now be shifted to identifying the states with higher densities of the mentioned target group. These states should be given more priority and attention with the further implementation of the programme at the national level. At the state level, districts with a higher density of the target population should be given more attention. Similarly, at the district level such villages should be identified and finally, at the village level such blocks should be identified.

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Conflict of Interest: There is no conflict of interest regarding the article.

Declaration: The lead author declares that the Homoeopathic protocol given here is only suggestive in nature.

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