

**TO STUDY THE KNOWLEDGE, ATTITUDE AND  
PRACTICE ON POST-PARTUM FAMILY PLANNING  
IN THE  
DISTRICT HOSPITAL (JPNH), GAYA.**

**A dissertation submitted in partial fulfilment of the requirements**

**for the award of**

**Post-graduation Diploma in Hospital and Health Management**

**by**

**Dr.Soumi Ray (PT).**



**International Institute of Health Management Research**

**New Delhi-110075**

**7<sup>th</sup> Feb – 30<sup>st</sup> April, 2013**

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# Internship completion certificate

## Certificate of Internship Completion

Date: 30/4/13.

### TO WHOM IT MAY CONCERN

This is to certify that Dr.Soumi Ray(PT),has successfully completed her internship in our organization from Feb 07, 2013 to April 30, 2013.During this internship she has worked on "To Study The Knowledge, Attitude, Practise (KAP) on Post Partum Family Planning in District Hospital(JPNH), Gaya." under the guidance of me and my team at Gaya District Hospital(JPNH),Bihar.

Her behaviour and performance was found to be good during the aforesaid period.

We wish all success for her future endeavours,

  
Dr.S.Z.Ahsan

Deputy Superintendent

Gaya District Hospital (JPNH),Bihar.

# Certificate of approval

## Certificate of Approval

The following dissertation titled "To Study the Knowledge, Attitude and Practice on Post-Partum Family in the District Hospital Manager, Gaya." is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of Post- Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name

DR. BRIJENDER SINGH  
DHILLON

Signature

*[Handwritten Signature]*  
2/5/13

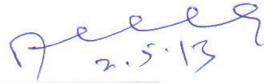
*[Handwritten Signature]*  
2.5.13.  
Dr A.K. Khokhar

# Approval of DAC

## Certificate from Dissertation Advisory Committee

This is to certify that **Dr.Soumi Ray(PT)**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**To Study The Knowledge, Attitude, Practise (KAP) on Post Partum Family Planning in District Hospital(JPNH), Gaya..**" in partial fulfilment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

  
2.5.13

**Dr. A. K. Khokhar**

(Professor, IIHMR, New Delhi)

IIHMR

New Delhi

Date:

  
**Dr.S.Z. Ansari**  
(Deputy Superintendent)  
Gaya District Hospital(JPNH)

Gaya,Bihar.

Date: 30.4.13.

# FEEDBACK FORM

## FEEDBACK FORM

Name of the Student: *Dr. Soomy Soumi RAY*

Dissertation Organisation: *J. P. N. Hospital - Gaya*

Area of Dissertation: *Post Partum ~~care~~ family planning.*

Attendance: *Regular.*

Objectives achieved: *Definitely she has done it meticulously.*

Deliverables: *Very Satisfactory*

Strengths: *The work has been done honestly & very earnestly. It has tremendous work.*

Suggestions for Improvement: *No further suggestion is needed. It is a good work which has been done.*

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)  
*[Signature]*  
Dr. Soomy Soumi RAY

Date: *30.4.13.*  
Place: *Gaya.*

## **ABSTRACT**

**Background:** Gaya is the most populous district in Bihar with the TFR of 3.4 and with low contraceptive prevalence among the couples during the Post-Partum phase.

**Aim:** To study the knowledge, attitude and practice on post-partum family planning in the District Hospital(JPNH),Gaya.

**Methods:** A cross-sectional study is done with the sample of **101 cases** for 1 month from 1<sup>st</sup> March till 30<sup>th</sup> April, 2013. The questionnaire has been prepared. The data is recorded and analysed at the Gaya District Hospital, Bihar.

**Results:** 101 female cases has been studied in the OPD, LR and the in-patient wards. The maximum response came from the age group of 21 to 25 yrs.71% are found to be the follower of Hinduism. Among them most didn't have the opportunity for the schooling and are illiterate (28%) and are home maker (63%). The family income range is mostly between Rs.5000 to Rs.10000.The 58% of the responder has heard about the PPF and they feel birth spacing (41%) is the motive of PPF.67% knows about contraceptive method. ASHA is the main motivator in propagating the knowledge of PPF (49%).55% is in favour and 51% of the responder's family supports. In the actual adoption of PPF, FPC plays a major role in motivating in the hospitals.64% still does not have any idea about the male contraception. In terms of practice, 57% use the family planning techniques.47% is adopting the PPF to take proper care of their children.25% have incorporated the IUD and 13% has gone for tubectomy.

**Conclusion:** The Bihar government has taken much initiative to bring down the TFR in the state and PPF is one of them. The overall functioning of the PPF in the District Hospital is in systemic order, although there is high scope for improvement. Against all odds, the organization is thriving hard to motivate the people to gain the former aim.

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## **ACKNOWLEDGEMENT:**

It is a great privilege that I have the opportunity to do my project in this organization. I am grateful to all those who helped and supported me in the completion of the project.

Firstly, I would thank **Dr.Rajesh Bhalla**(Dean Academics, IIHMR, New Delhi), **Dr.A.K Khokhar**(Professor, IIHMR, New Delhi)**Mrs.Pragya Tiwari** (Professor, IIHMR, New Delhi) for the aid and knowledge that has equipped me to work comfortably in this organization.

I am thankful to **Dr. S.Z.Ahsan** (Deputy Superintendent, JPNH, Gaya) for the support, guidance and immense help.

I would extend my thanks to **Dr. Pratibha** (Family Planning Counsellor, JPNH, Gaya) for her help in gathering relevant data needed for the project.

Lastly, I like to thank **my parents and family**; without whom none would have been possible.

Dr. Soumi Ray (PT).

District Hospital Manager.

District Hospital (JPNH),Gaya.

## **1). ABBREVIATIONS**

**FPC:** FAMILY PLANNING COUNSELLOR.

**FP:** FAMILY PLANNING.

**PP:** POST PARTUM

**PPFP:** POST PARTUM FAMILY PLANNING.

**NA:** NOT APPLICABLE.

**LR:** LABOUR ROOM

**OPD:** OUTPATIENT DEPARTMENT

IIHMR, NEW DELHI

# **PART I: INTERNSHIP REPORT**

## **HOSPITAL PROFILE:**

The foundation of **District Hospital, Gaya** was in **1863**, at the central Gaya city in the middle of Bihar. It was established with great foresight at that time, caring for thousands of people in Gaya town and the surrounding villages.

The District Hospital now is known as **Jai Prakash Narayan Hospital or Pilgrim Hospital**. It provides multi-speciality services in **Orthopaedics, Surgery, Medicine, Gynaecology, Paediatric, E.N.T, Dental surgery and Dermatology**.

Presently, it is serving its purpose with well qualified doctors, nurses and staffs to nurse the people who are in distress and need for treatment. Against all odds, the organization is thriving hard to serve the patients with humanity and care.

## **DUTIES AND RESPONSIBILITIES**

My joining at the Gaya District Hospital, Bihar was on 7<sup>th</sup> February, 2013 as the District Hospital Manager.

The key responsibilities of a hospital manager include:

- a. Plan, organise, direct, control and coordinate day to day activities of the hospital.
- b. Developing procedures for medical treatments, as well as ensuring quality assurance and other patient services.
- c. Extrapolating data for quality assurance and monitoring purposes.

- d. Planning and implementing strategic changes to improve service delivery.
- e. Managing clinical, professional, clerical and administrative staff.
- f. Procurement of equipment and supplies, and organising stores.
- g. Active participation in hiring contractual doctors, nurses and assistant.
- h. Liaise with clinical and non clinical staff in other health facility, partner organisations.
- i. Public relations, ensuring that the facility maintains a positive image.
- j. Keeping up with ever changing medical technology, government regulations, financing options and health insurance benefits.
- k. Implementing new policies and directives.

During my dissertation period, I have been implementing the above mentioned duties and responsibilities.

## PART II:

### 1). INTRODUCTION:

#### 1.1) BACKGROUND:

**Bihar** is a state in northern eastern India. It is the 12th largest state in terms of geographical size at 38,202 sq mi (98,940 km<sup>2</sup>) and 3rd largest by population of 103,804,637; with the density of 1,100/km<sup>2</sup>. Bihar has the literacy rate of 63.82% with male literacy of 73.39% and female 53.33%(2011). The female literacy is striving to climb the ladder as at the time of independence it was only 4.22%.

Since the late 1970s, Bihar has lagged as compared to the other Indian states in the terms of social and economic development. The rapid growth of population has got series of adverse effect. Bihar has the highest TFR of 3.9(India 2.6, Kerala 1.7). This raised fertility rate not only leading to the country's population but also a hindrance towards the development of our nation.

To add on to this, the raised number of births deteriorated the health of the mother, which is the reason for social and economic downfall of the family. It leads to related increased maternal, prenatal and infant deaths and nutritional problems of both mother and the infant.

Considering the various problems, Bihar govn has started numerous family planning programmes. Although success is marginal, due to multireligious, multilinguistic and multiethnic and have different level of awareness and acceptance of family planning. The poverty, misconceived religious notions, social customs, illiteracy, ignorance and superstitions are the other major reasons for the crisis.

## **1.2.Rationale:**

The present study was conducted in the District Hospital (Pilgrim), Gaya, Bihar from 10<sup>th</sup> March,2013 till 10<sup>th</sup> April,2013 after obtaining the approval of Institution. The Gaya town is the 2<sup>nd</sup> largest district in Bihar with the population of 463,454.The TFR of Gaya is 3.4,which is comparatively higher than TFR of India. The literacy rate is only 66.35%.

The major chunk of maternal and especially babies die during the first 2 days of birth. These deaths are generally due to the lack post-delivery counselling for new mothers on self and newborn care as well as post partum family planning. There is a serious gap in maternal and child.

The “postpartum period” is considered as a unique phase in the life of a mother and her newborn. “It is the period of transition, adjustment and adaptation along with significant biological, social and psychological changes”-PPFP for health outcome training manual. The postpartum period is from the first hour after delivery of a baby and will continue till the six weeks after delivery; until the body of the mother returned to its non pregnant state.

Although the extended PP period is through the whole first year after the birth. This period is a critical time for health interventions for both the mother and baby, as the majority of maternal and infant deaths and sickness occur during this time. Another important thing to consider is that; the mother’s ability to become pregnant is likely to return during the extended PP period. The healthiest option for mothers and babies, the concerned couples should wait 24 months after delivery before getting pregnant again by using various FP method.

Thus, considering the scenario of Gaya (Bihar) where the TFR, IMR, MMR is much higher as formerly said, the PPFP hold the an important section in changing the scenario of the health status in Gaya, Bihar.

### 1.3.REVIEW OF LITERATURE

1. The study titled '**A study of knowledge, attitude and practice (KAP) of family planning among the women of rural Karachi**' by Kulsoom Kazi; was carried by taking 500 randomly collected samples of married rural women. The data was collected through a pre tested interview schedule. The study revealed that non-supportive attitudes towards family planning exist among the people due to the low level of education, desire for male children and misinterpretation of religion.

2. The study titled "**Family planning needs during the extended PP period in high fertility state Bihar in northern India**" by Vishal D. Shastri; was conducted with a sample size of 7646 respondents spread across 200 PSUs from Bihar. Findings suggest a very low use and very high unmet need post birth.

3. The study titled "**Contraceptive use, intention to use and unmet need during the extended PP period**" by John A. Ross and William L. Winfrey; conducted across 27 countries. Results reveal there is much unsatisfied interest in, and unmet need for, contraception. The two-thirds of women who are within one year of their last birth have an unmet need for contraception, and nearly 40% say they plan to use a method in the next 12 months but are not currently doing so. Women who have recently given birth need augmented attention from family planning and reproductive health programs if they are to reduce their numbers of unwanted births and abortions and to lengthen subsequent birth intervals.

4. "**The KAP study of Family Planning was conducted in Tezu Village in the state of Manipur, North eastern parts of India in 2007**" by J Mao. The main objectives were to assess the knowledge, attitude & practices regarding family planning among the Manipuri women. It shows that the mostly known contraceptive method was condom use and IUD insertion. The age group between 31-35 yrs are the mostly aware age group having 34.9% knowledge. The pills & condoms are the mostly used contraceptive measures in practice. The friends are the major sources of information regarding family planning.

5. In Sri-Lanka, a study named '**Knowledge, behaviour and attitudes on induced abortions and family planning among Sri Lankan women seeking termination of pregnancy**' by Perera et al; was done to investigate the induced abortion and family planning knowledge, behavior and attitude among Sri-Lankan women. The study revealed that 78% women have knowledge of at least one contraceptive method, while only 16.3% were contraceptive users, 80% respondents in age group of 20-40 years were seeking induced abortion. The common reason for termination of pregnancy was too little birth space, followed by three or more children (38.6%), unmarried (13%), unplanned pregnancy (10%) and economic reasons.

6. In Bangladesh, a study named '**Unmet Need of Family Planning Among Rural Women in Bangladesh**' by Ferdousi et al; was done to investigate the unmet needs in family planning among rural women. The study found that 72.1% of respondents were using contraceptive methods, of which 61.7% were using oral contraceptive pills. Fear of side effects (46.1%) was related to not using any contraceptives among the remaining (28%) respondents.

## **1.4) OBJECTIVES:**

### ➤ **A). General Objective** :

To study the Knowledge, Attitude, Practice on the Post Partum Family Planning in the District Hospital (JPNH),Gaya..

### ➤ **B). Specific Objective** :

- I) To assess the Socio-Demographic determinants.
- II) To record, measure and analyse the “Knowledge”, “Attitude”, “Practise”, regarding PFP.
- III) To recommend for the improvement of post-partum family planning use and adhere to spacing between children.

## **6). METHODOLOGY:**

- ❖ **6.1) Study Design** : Descriptive and cross-sectional study.
- ❖ **6.2) Study Area** : District Hospital (Pilgrim), Gaya.
- ❖ **6.3) Sample Size** : 101 cases have been recorded.
- ❖ **6.4) Data collection Technique and tools:**
  - : Quantitative and qualitative questionnaire  
(Open and closed ended questions).

Over the period of 1 month the data has been recorded. The data collection includes the patient's demographic and general details, the questions based on their knowledge, attitude and practice to enlighten on their orientation towards post partum family planning.

## **7). Data Analysis:**

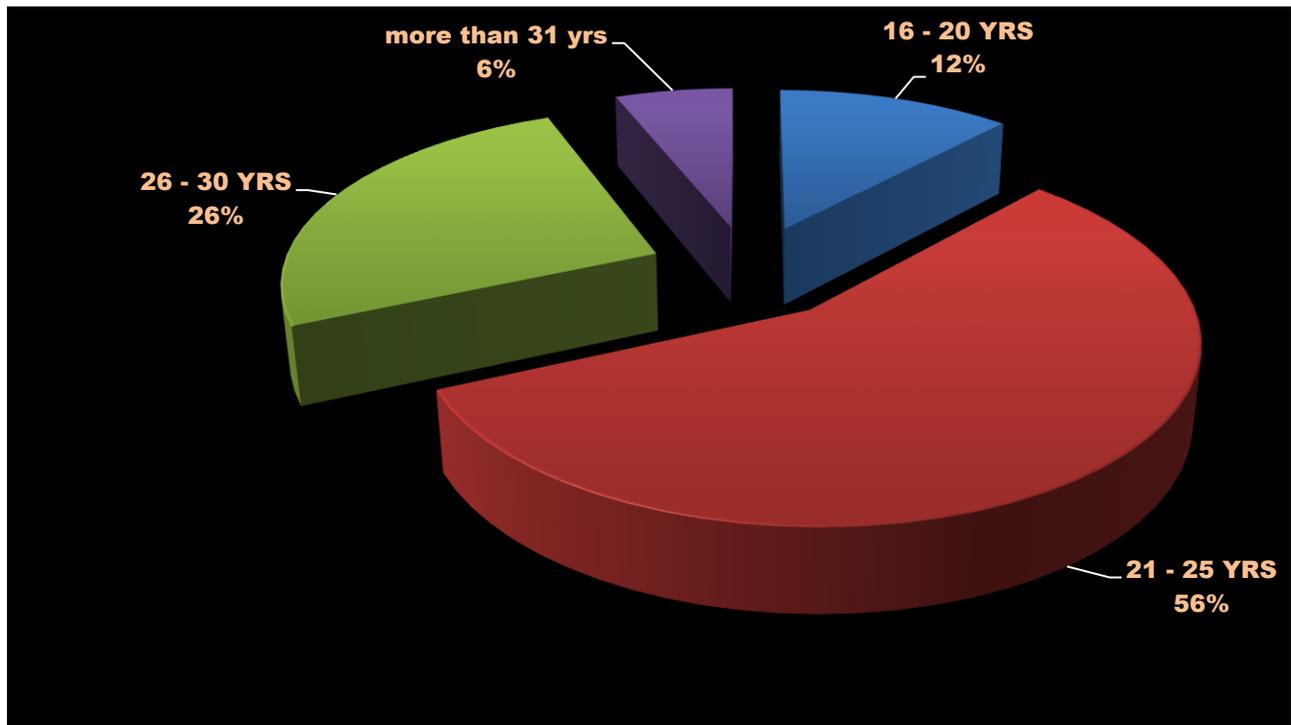
### **7.1) Study findings:**

#### **Demographic and general questions**

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**QUESTION 1: Age of the responder**

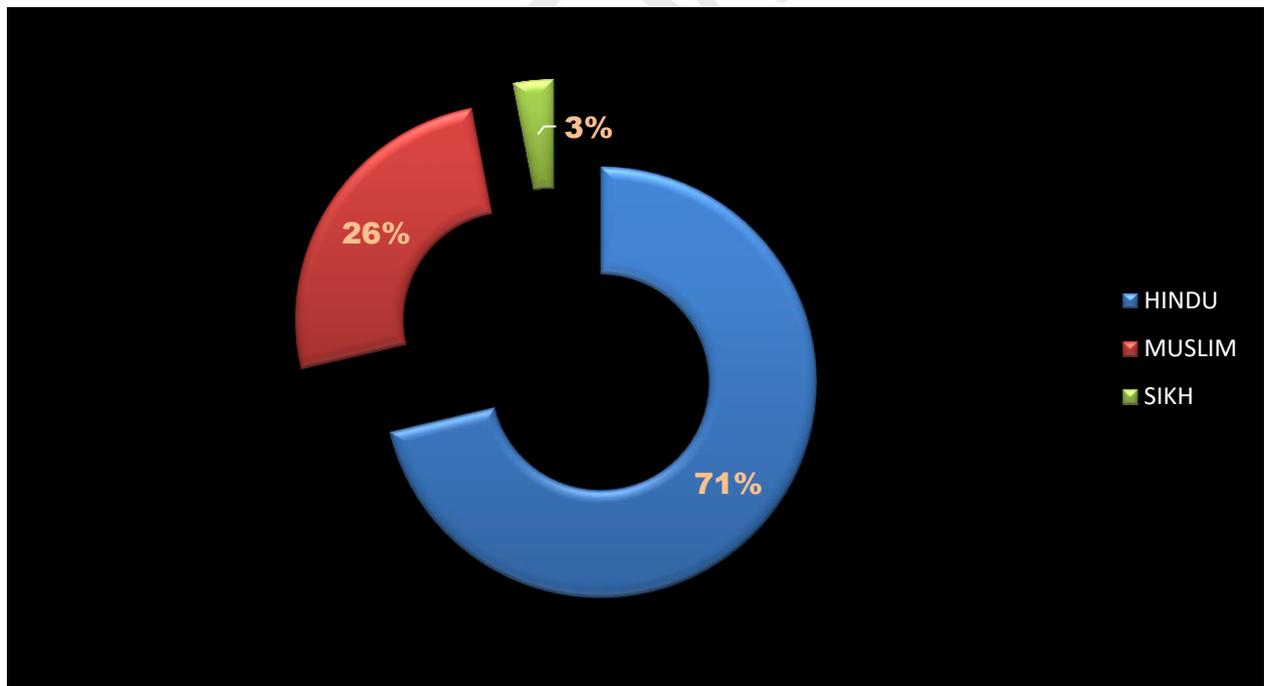
Age	Frequency	Percentage	Cumulative percentage
<b>16 -20 YRS</b>	<b>12</b>	<b>11.9</b>	<b>11.9</b>
<b>21 – 25 YRS</b>	<b>57</b>	<b>56.4</b>	<b>68.3</b>
<b>26 -30 YRS</b>	<b>26</b>	<b>25.7</b>	<b>94.1</b>
<b>MORE THAN 31YRS</b>	<b>6</b>	<b>6.0</b>	<b>100.0</b>
<b>TOTAL</b>	<b>101</b>	<b>100.0</b>	



**THE MAXIMUM RESPONDER WHO HAS BEEN INTERVIEWED IS BETWEEN 21 TO 25 YRS IN AGE.**

**QUESTION 2: Religion of the responder**

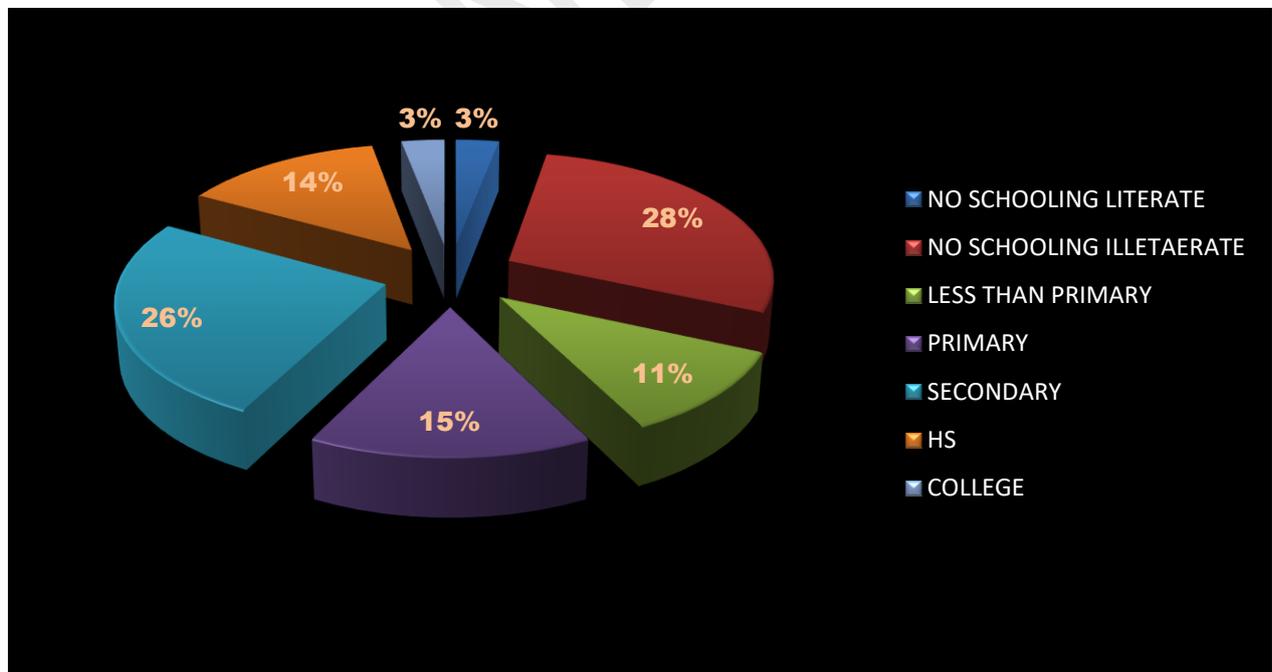
RELIGION	FREQUENCY	PERCENT	CUMULATIVE PERCENT
HINDU	72	71.3	71.3
MUSLIM	26	25.7	97.0
SIKH	3	3.0	100.0
TOTAL	101	100.0	



**71.3% OF THE RESPONDER ARE HINDUS**

**QUESTION 3: ACADEMIC QUALIFICATION OF THE RESPONDER.**

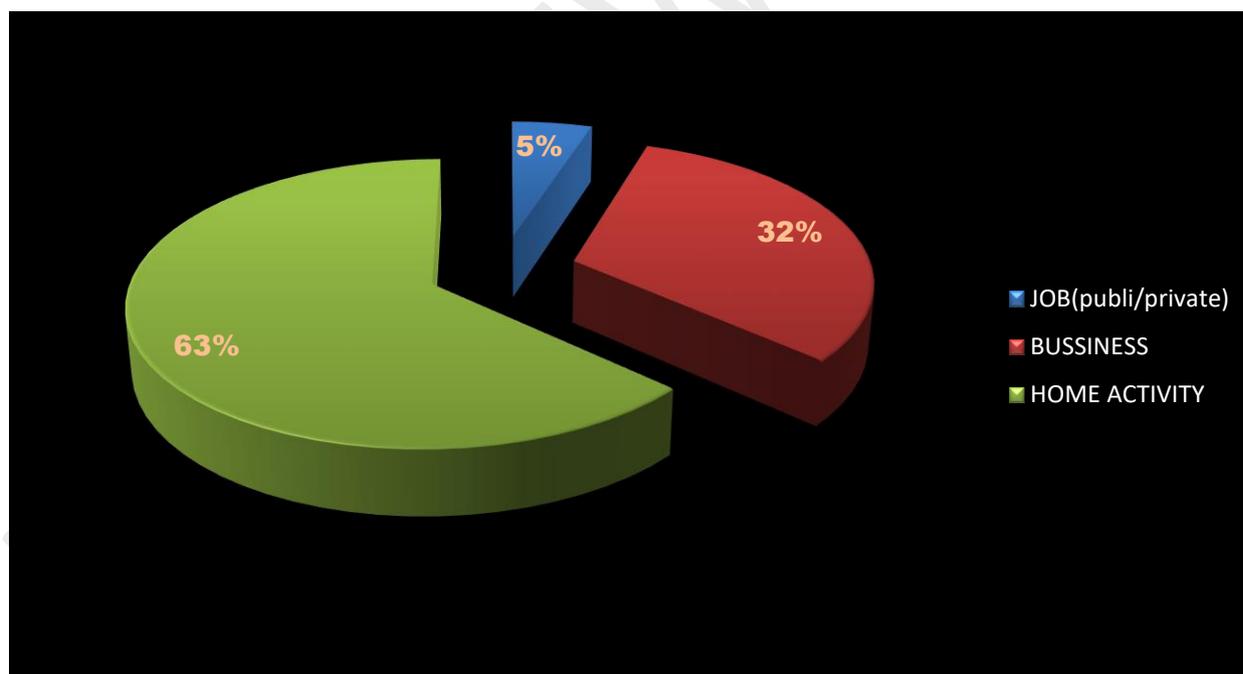
	Frequency	Percent	Cumulative Percent
<b>NO SCHOOLING- LITERATE</b>	3	3.0	3.0
<b>NO SCHOOLING-ILLETAERATE</b>	29	28.7	31.7
<b>LESS THAN PRIMARY</b>	11	10.9	42.6
<b>PRIMARY</b>	15	14.9	57.4
<b>SECONDARY</b>	26	25.7	83.2
<b>HS</b>	14	13.9	97.0
<b>COLLEGE</b>	3	3.0	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**THE MAXIMUM RESPONDER (28.7%) ARE ILLITERATE**

#### **QUESTION 4: OCCUPATION(RESPONDENT)**

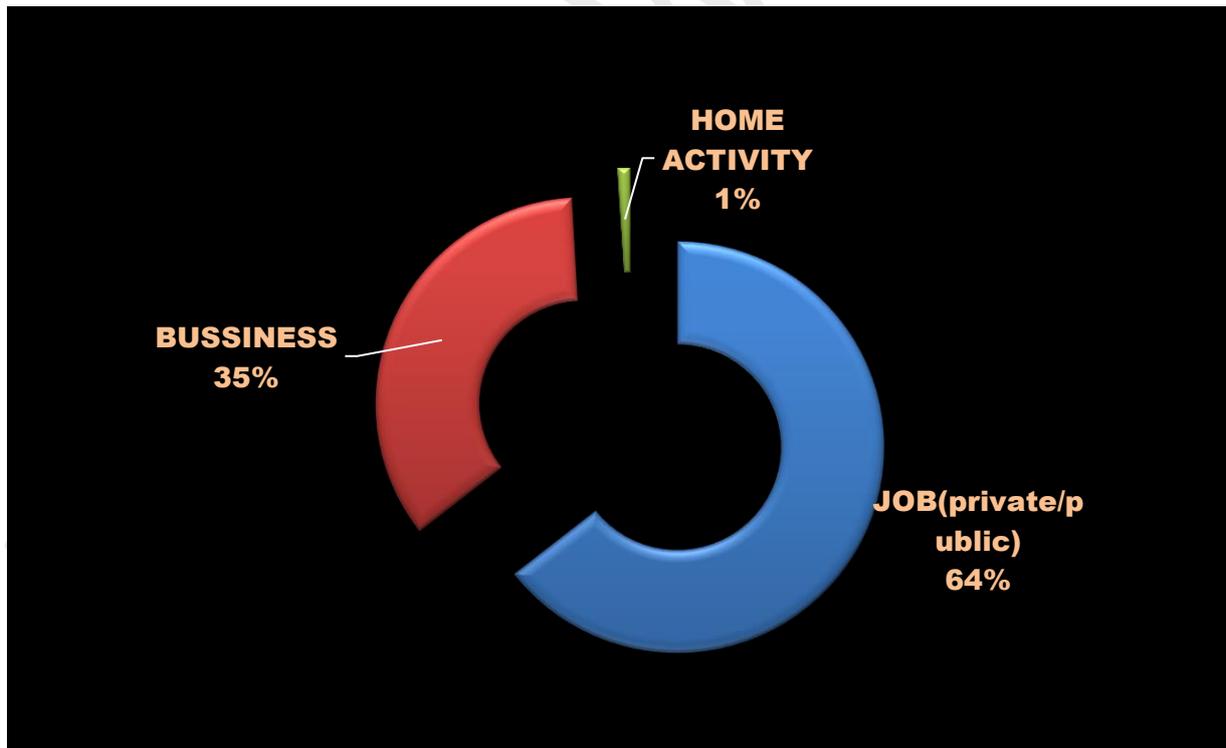
	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>JOB(public or private sector)</b>	<b>5</b>	<b>5.0</b>	<b>5.0</b>
<b>BUSSINESS</b>	<b>32</b>	<b>31.7</b>	<b>36.6</b>
<b>HOME ACTIVITY</b>	<b>64</b>	<b>63.4</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**MOST OF THE RESPONDER ARE INTO HOUSE ACTIVITY(63.4)**

**QUESTION 5: OCCUPATION(SPOUSE)**

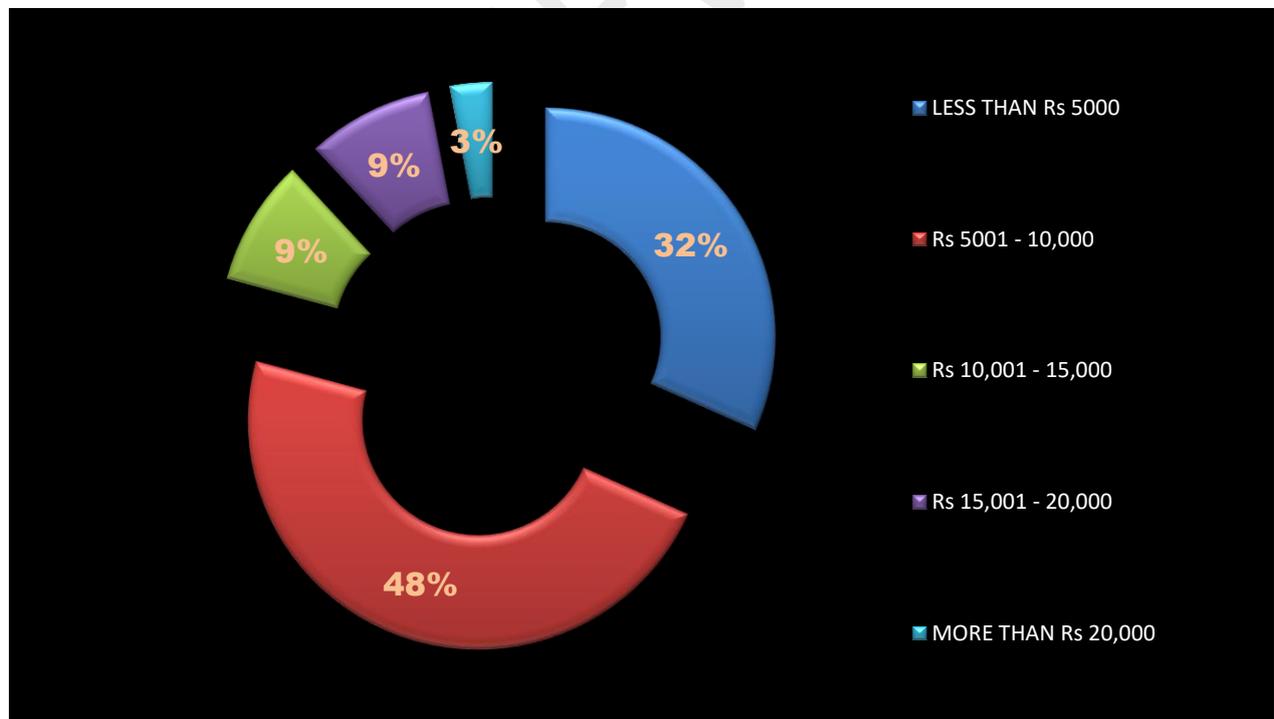
	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>JOB(public/private sector)</b>	<b>65</b>	<b>64.3</b>	<b>64.3</b>
<b>BUSSINESS</b>	<b>35</b>	<b>34.6</b>	<b>99.1</b>
<b>HOME ACTIVITY</b>	<b>1</b>	<b>0.9</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**MOST OF THE SPOUSE(HUSBAND)ARE INTO JOB(64.3)**

### **QUESTION 6:MONTHLY FAMILY INCOME**

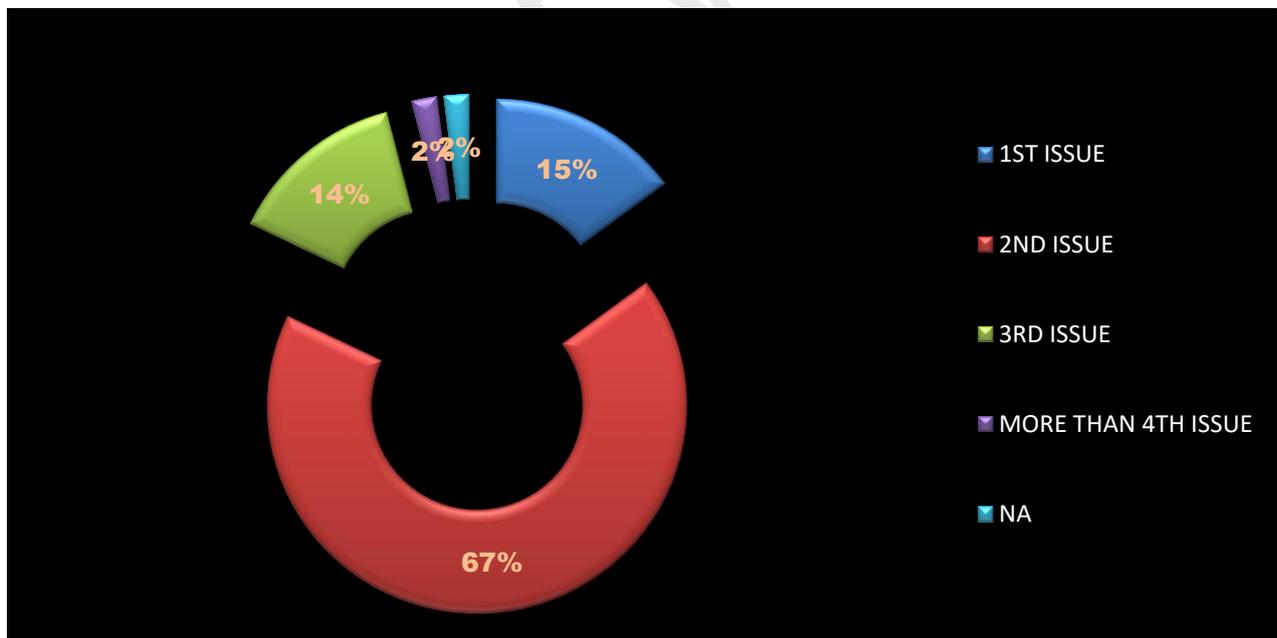
	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>LESS THAN Rs 5000</b>	<b>32</b>	<b>31.7</b>	<b>31.7</b>
<b>Rs 5001 - 10,000</b>	<b>48</b>	<b>47.5</b>	<b>79.2</b>
<b>Rs 10,001 - 15,000</b>	<b>9</b>	<b>8.9</b>	<b>88.1</b>
<b>Rs 15,001 - 20,000</b>	<b>9</b>	<b>8.9</b>	<b>97.0</b>
<b>MORE THAN Rs 20,000</b>	<b>3</b>	<b>3.0</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**THE FAMILY INCOME OF THE RSEPONDER IS BETWEEN THE RANGE OF Rs. 5001-10,000 (47.5%)**

**QUESTION 7:NO.OF THE PRESENT ISSUE**

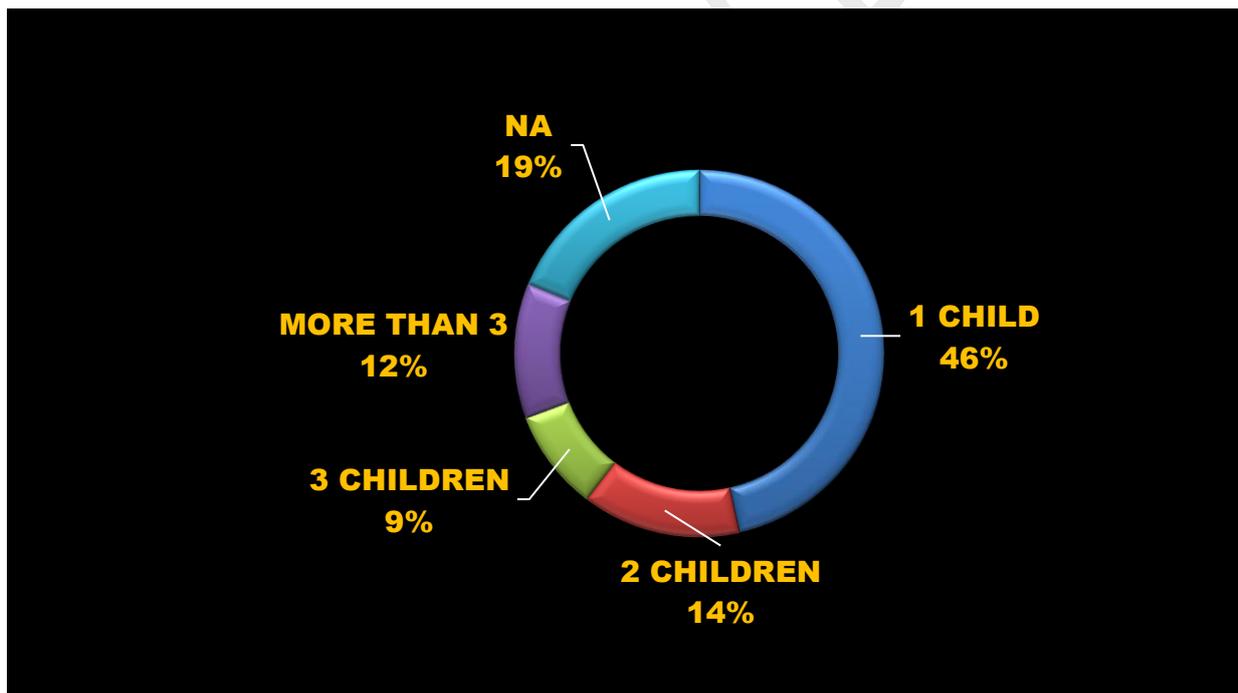
	Frequency	Percent	Cumulative Percent
1ST ISSUE	15	14.9	14.9
2ND ISSUE	68	67.3	82.2
3RD ISSUE	14	13.9	96.0
MORE THAN 4TH ISSUE	2	2.0	98.0
NA	2	2.0	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**THE MAXIMUM NO. OF THE RESPONDER IS EXPECTING THE 2<sup>ND</sup> CHILD(67.3).**

**QUESTION 8:TOTAL NO. OF LIVING CHILGREN**

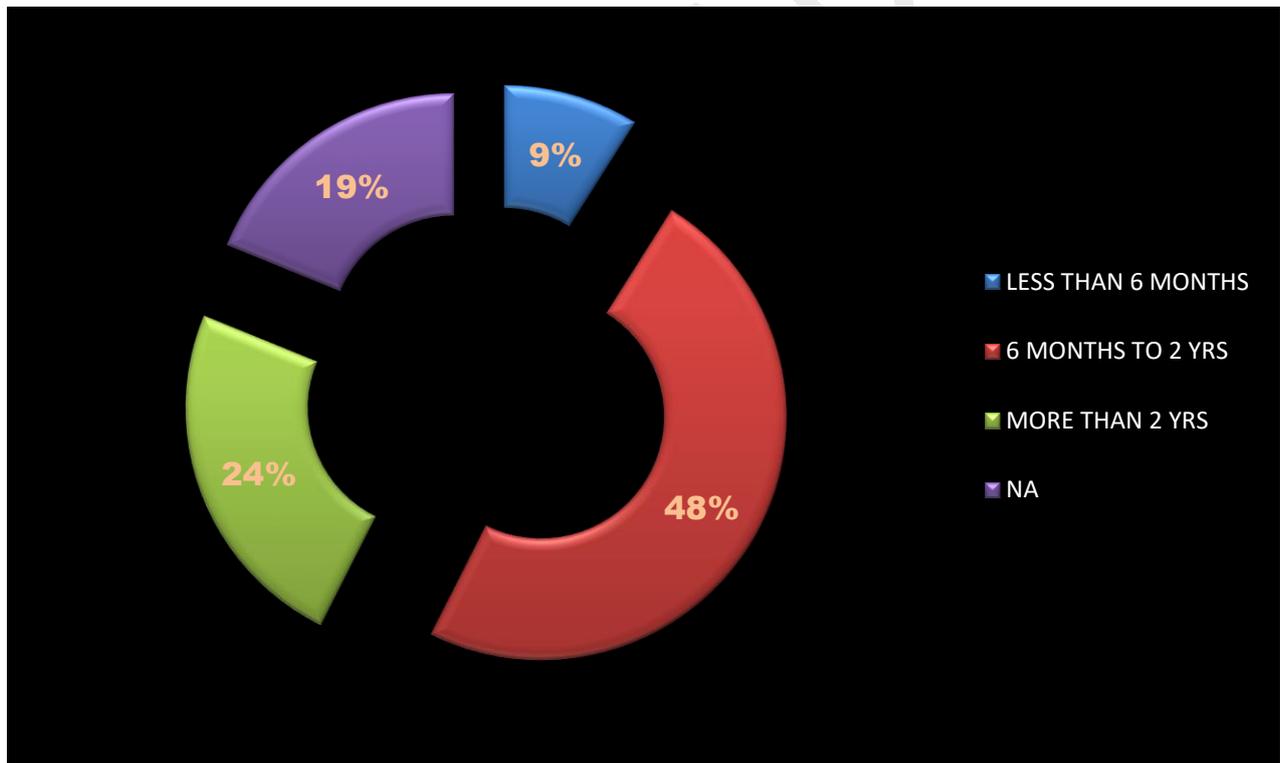
	Frequency	Percent	Cumulative Percent
<b>1 CHILD</b>	<b>47</b>	<b>46.5</b>	<b>46.5</b>
<b>2 CHILDREN</b>	<b>14</b>	<b>13.9</b>	<b>60.4</b>
<b>3 CHILDREN</b>	<b>9</b>	<b>8.9</b>	<b>69.3</b>
<b>MORE THAN 4 CHILDREN</b>	<b>12</b>	<b>11.9</b>	<b>80.2</b>
<b>NA</b>	<b>19</b>	<b>18.8</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**THE MAXIMUM NO. OF CHILDREN THE RESPONDER HAS IS 1(46%).**

**QUESTION 9:AGE OF THE YOUNGEST CHILD**

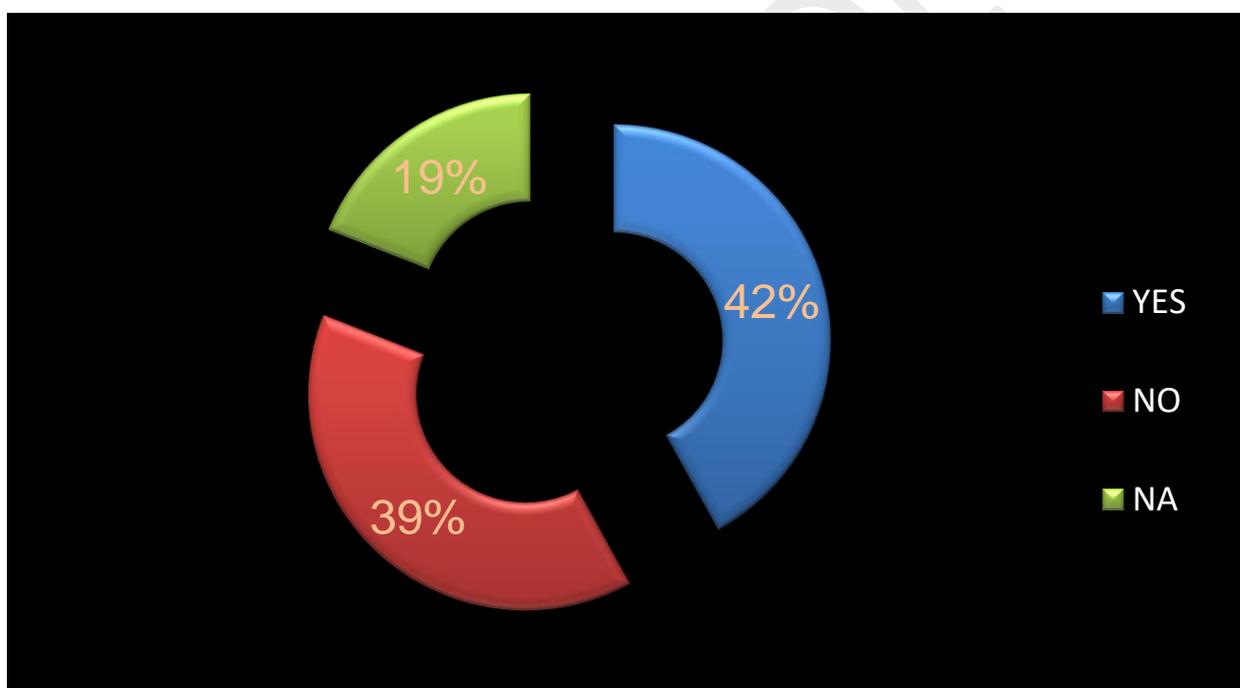
	Frequency	Percent	Cumulative Percent
LESS THAN 6 MONTHS	9	8.9	8.9
6 MONTHS TO 2 YRS	49	48.5	57.4
MORE THAN 2 YRS	24	23.8	81.2
NA	19	18.8	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**THE AGE OF THE YOUNGEST CHILD IS BETWEEN THE RANGE OF 6 MONTHS TO 2 YRS (48.5%)**

**QUESTION 10:AMONG THE CHILDREN ,DO YOU HAVE A MALE CHILD**

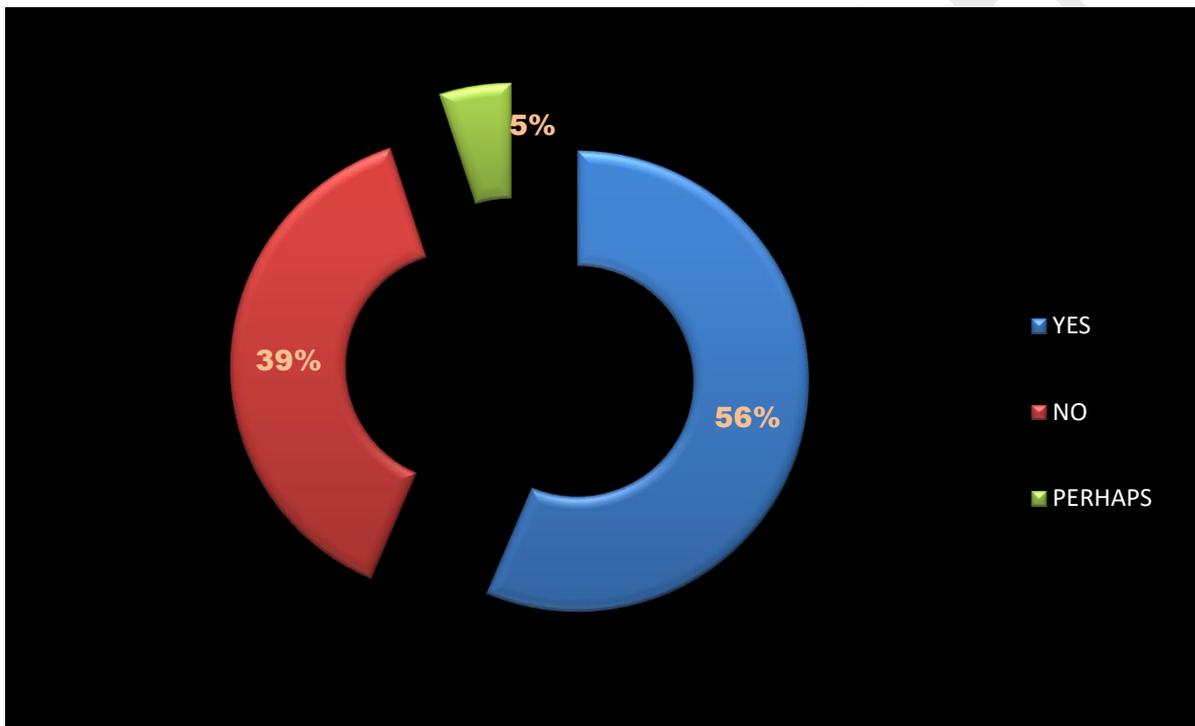
	Frequency	Percent	Cumulative Percent
YES	42	41.58	41.58
NO	39	38.61	80.19
NA	19	18.8	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**THE 41.58% COUPLE HAS A MALE CHILD AMONG THEIR CHILDREN.**

**QUESTION 11: DO YOU PLAN TO HAVE MORE CHILDREN IN FUTURE**

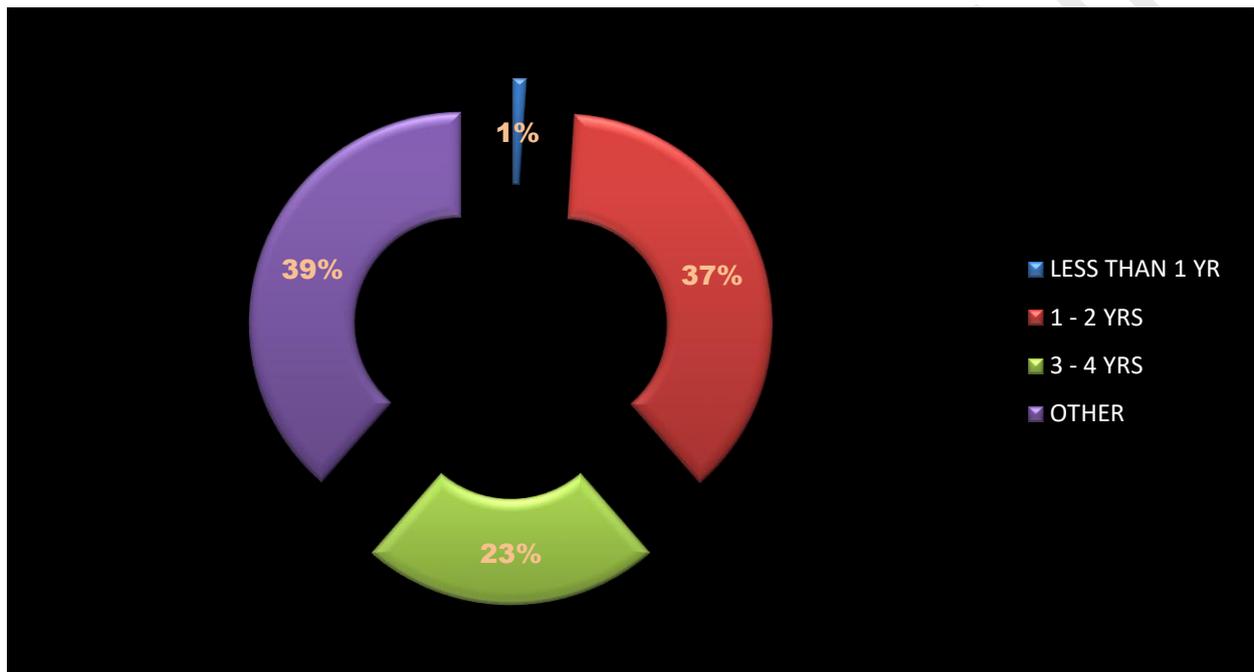
	FREQUENCY	PERCENT	CUMULATIVE PERCENT
YES	57	56.4	56.4
NO	39	38.6	95.0
PERHAPS	5	5.0	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**56.4% OF THE COUPLE STILL WANTS HAVE CHILDREN IN FUTURE.**

**QUESTION 12:HOW LONG YOU WANT TO WAIT BEFORE THE BIRTH OF YOUR NEXT CHILD**

	Frequency	Percent	Cumulative Percent
<b>LESS THAN 1 YR</b>	<b>1</b>	<b>1.0</b>	<b>1.0</b>
<b>1 - 2 YRS</b>	<b>38</b>	<b>37.6</b>	<b>38.6</b>
<b>3 - 4 YRS</b>	<b>23</b>	<b>22.8</b>	<b>61.4</b>
<b>OTHER</b>	<b>39</b>	<b>38.6</b>	<b>100.0</b>
<b>TOTAL</b>	<b>101</b>	<b>100</b>	

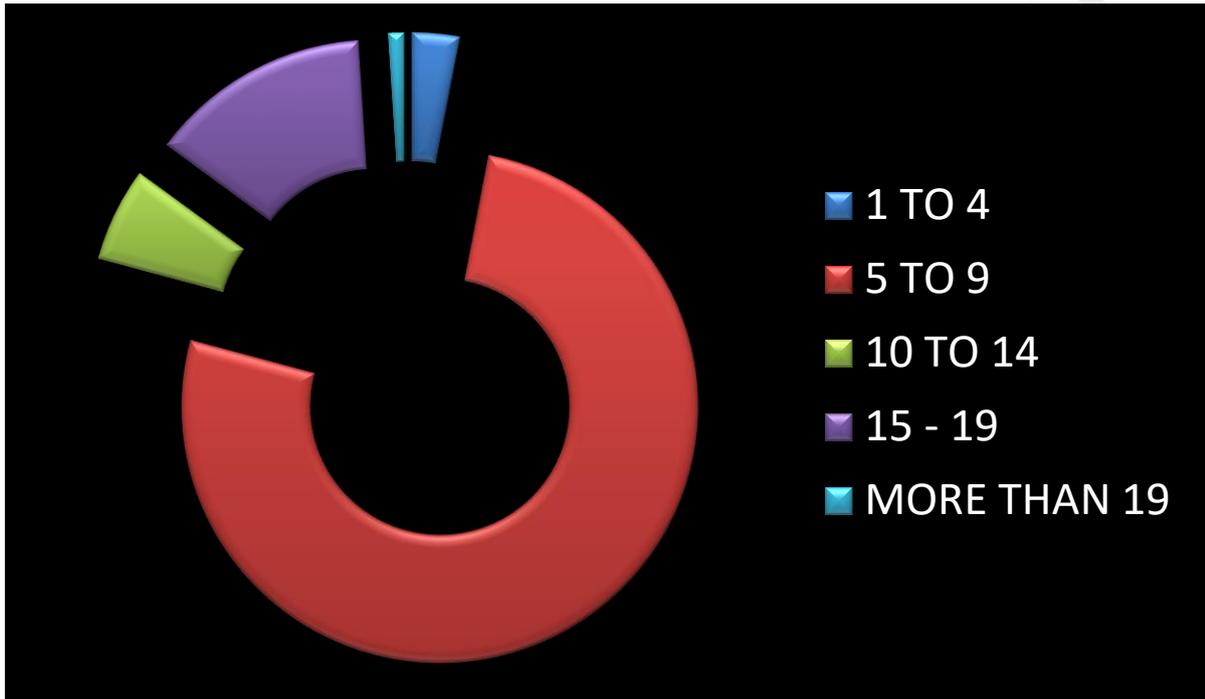


**61.4% OF THE COUPLE WANTS TO WAIT FOR 3-4 YRS BEFORE FURTHER CONCEPTION.**

**QUESTION 13:NO. OF MEMBERS IN YOUR FAMILY**

	Frequency	Percent	Cumulative Percent
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<b>1 - 4</b>	<b>3</b>	<b>3.0</b>	<b>3.0</b>
<b>5 - 9</b>	<b>77</b>	<b>76.2</b>	<b>79.2</b>
<b>10 - 14</b>	<b>6</b>	<b>5.9</b>	<b>85.1</b>
<b>15 - 19</b>	<b>14</b>	<b>13.9</b>	<b>99.0</b>
<b>MORE THAN 19</b>	<b>1</b>	<b>1.0</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	

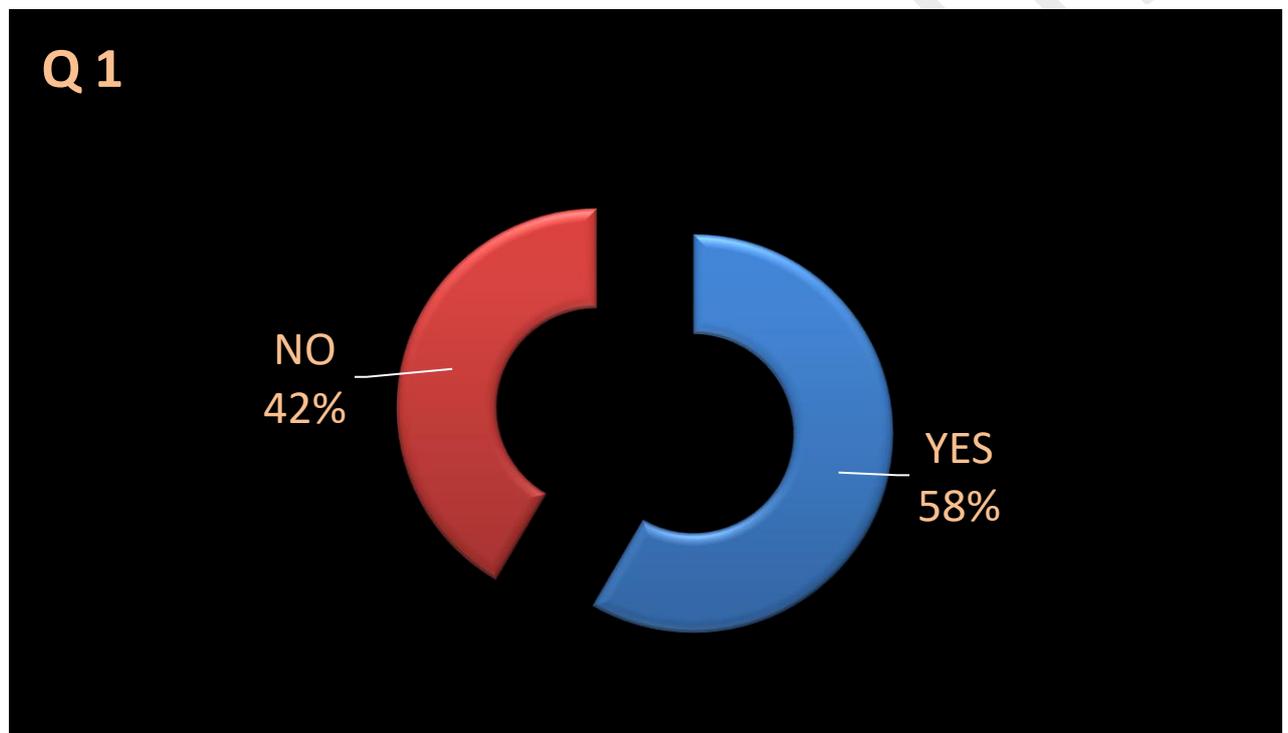


**THE MAXIMUM FAMILY HAS A STRENGTH OF 5 TO 9 YRS(76.2%).**

## **SECTION 2: KNOWLEDGE**

### **QUESTION 1:HAVE YOU HEARD ABOUT POST-PARTUM FAMILY PLANNING**

	Frequency	Percent	Cumulative Percent
YES	59	58.4	58.4
NO	42	41.6	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	

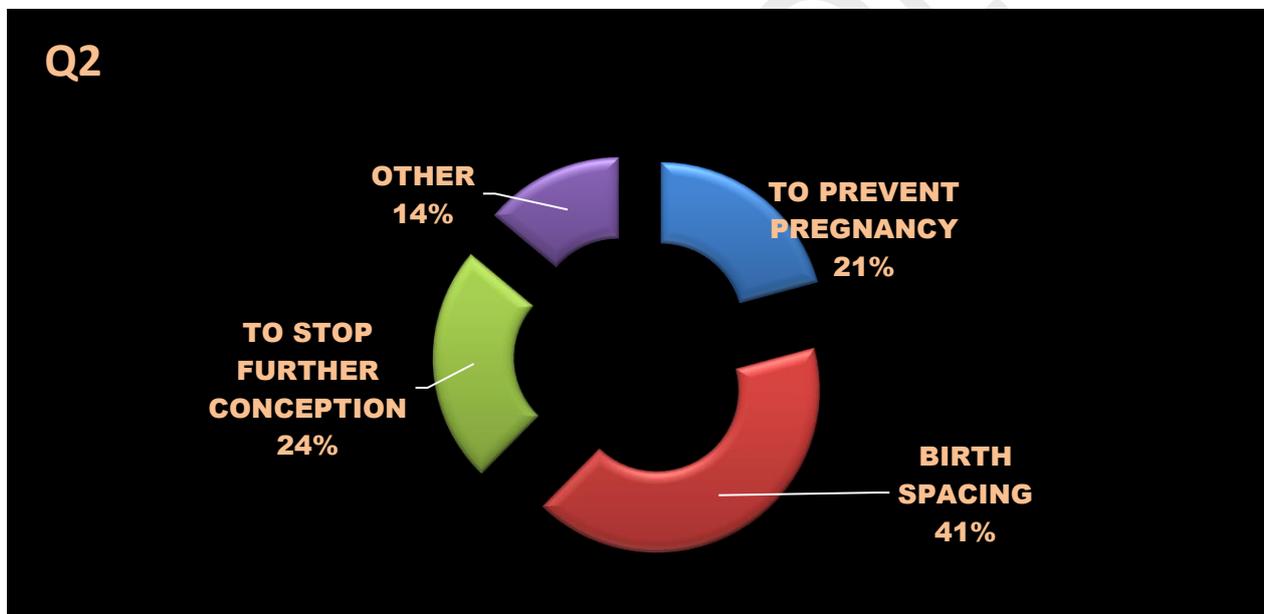


**58.4% OF THE RESPONDER KNOWS ABOUT POST PARTUM FAMILY PLANNING.**

**QUESTION 2: IN YOUR WORDS, WHAT IS FAMILY PLANNING**

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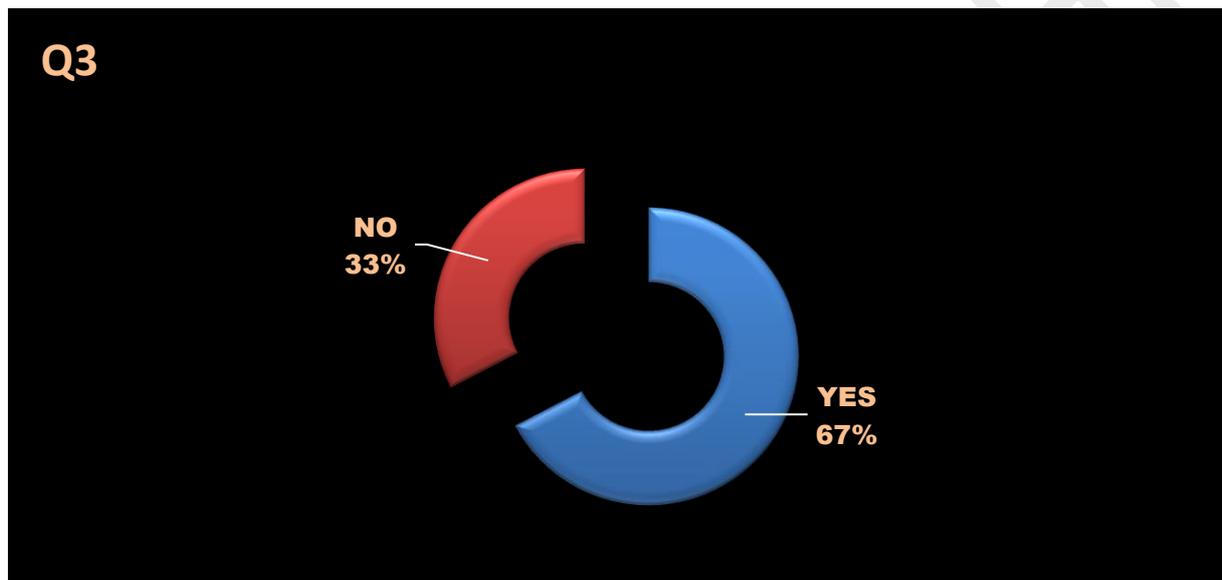
	Frequency	Percent	Cumulative Percent
TO PREVENT PREGNANCY	21	20.8	20.8
BIRTH SPACING	42	41.6	62.4
TO STOP FURTHER CONCEPTN	24	23.8	86.1
OTHER	14	13.9	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**MOST OF THE RESPONDENT(20.8%) THINKS THAT FAMILY PLANNING IS TO PREVENT PREGNANCY.**

**QUESTION 3:DO YOU KNOW ABOUT ANY CONTRACEPTIVE METHOD**

	Frequency	Percent	Cumulative Percent
YES	68	67.3	67.3
NO	33	32.7	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	

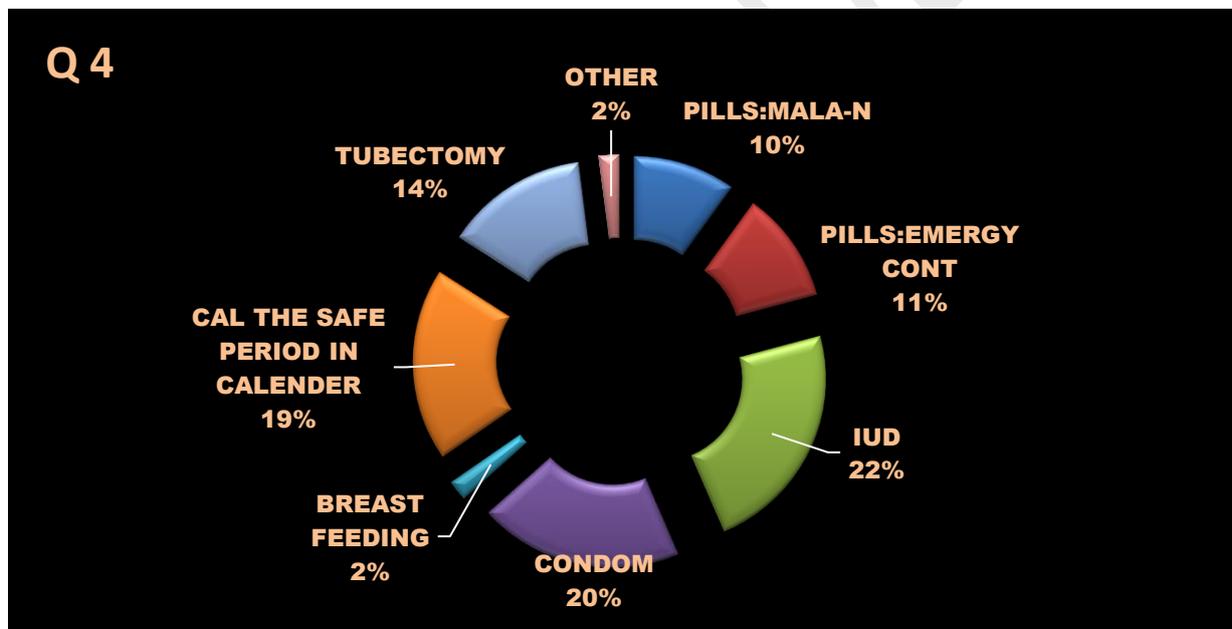


**67.3% OF THE RESPONDENT KNOWS ABOUT FAMILY PLANNING.**

**QUESTION 4:NAME ANY CONTRACEPTIVE METHOD FOR DELAYING OR AVOIDING PREGNANCY**

	Frequency	Percent	Cumulative Percent
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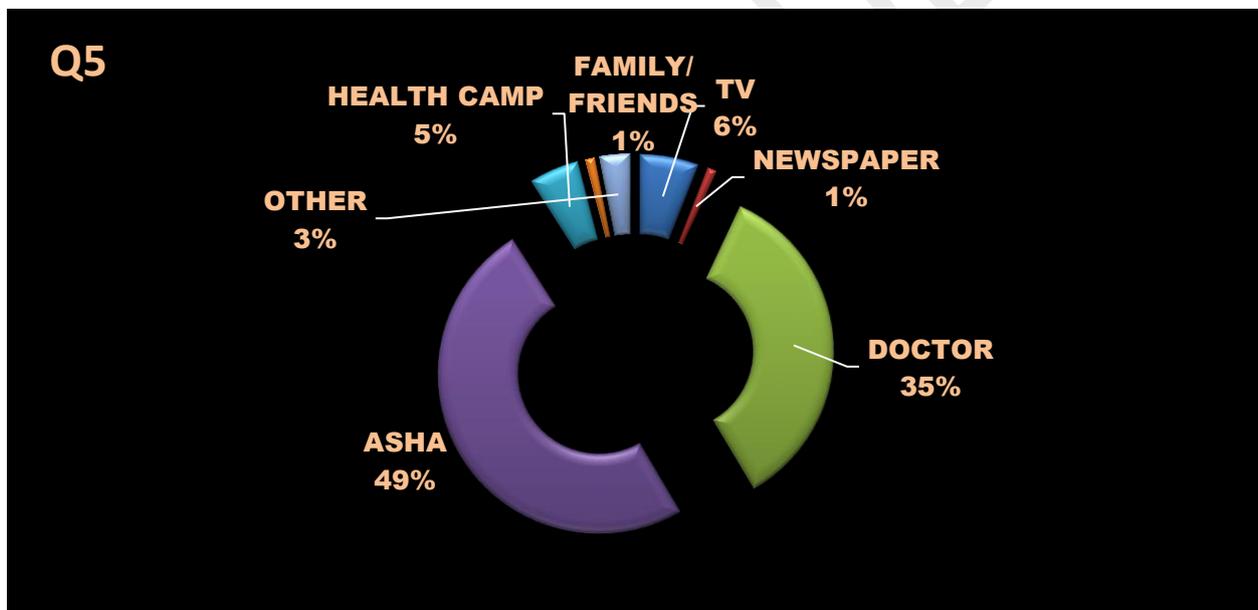
PILLS:MALA-N	10	9.9	9.9
PILLS:EMERGY CONT	11	10.9	20.8
IUD	23	22.8	43.6
CONDOM	20	19.8	63.4
BREAST FEEDING	2	2.0	65.3
CAL THE SAFE PERIOD	19	18.8	84.2
TUBECTOMY	14	13.9	98.0
OTHER	2	2.0	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**THE RESPONDENT ARE AWARE OF IUD (22.8%), FOLLOWED BY  
CONDOM(19.8%)AND TUBECTOMY(13.9%)**

**QUESTION 5:FROM WHICH SOURCE YOU HAVE HEARD ABOUT  
FAMILY PLANNING**

	Frequency	Percent	Cumulative Percent
TV	6	5.9	34.7
NEWSPAPER	1	1.0	35.6
DOCTOR	35	34.7	41.6
ASHA	50	49.5	91.1
HEALTH CAMP	5	5.0	96.0
FAMILY/ FRIENDS	1	1.0	97.0
OTHER	3	3.0	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



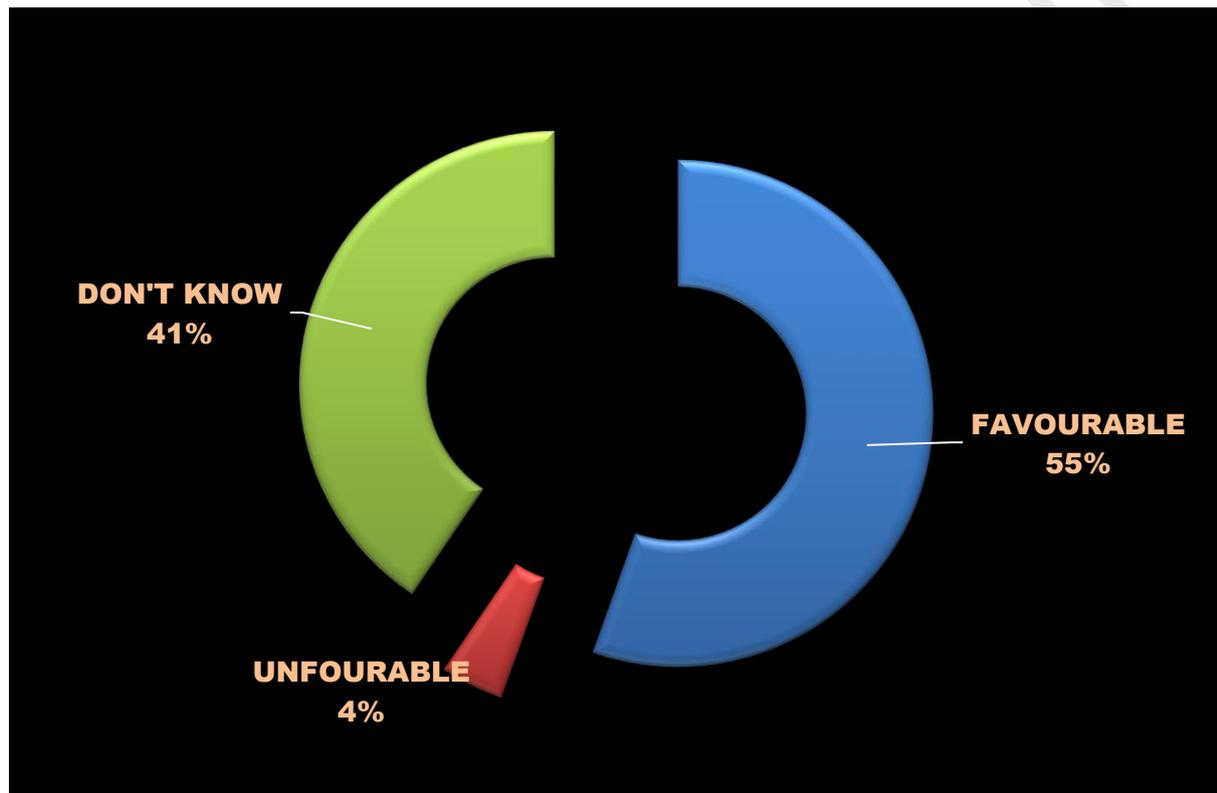
**MOST OF THE RESPONDENT (49.5%) HAVE HEARD ABOUT PPFP FROM ASHA.**

### **SECTION 3: ATTITUDE**

#### **QUESTION 1: WHAT IS YOUR ATTITUDE TOWARDS PPFP**

	Frequency	Percent	Cumulative
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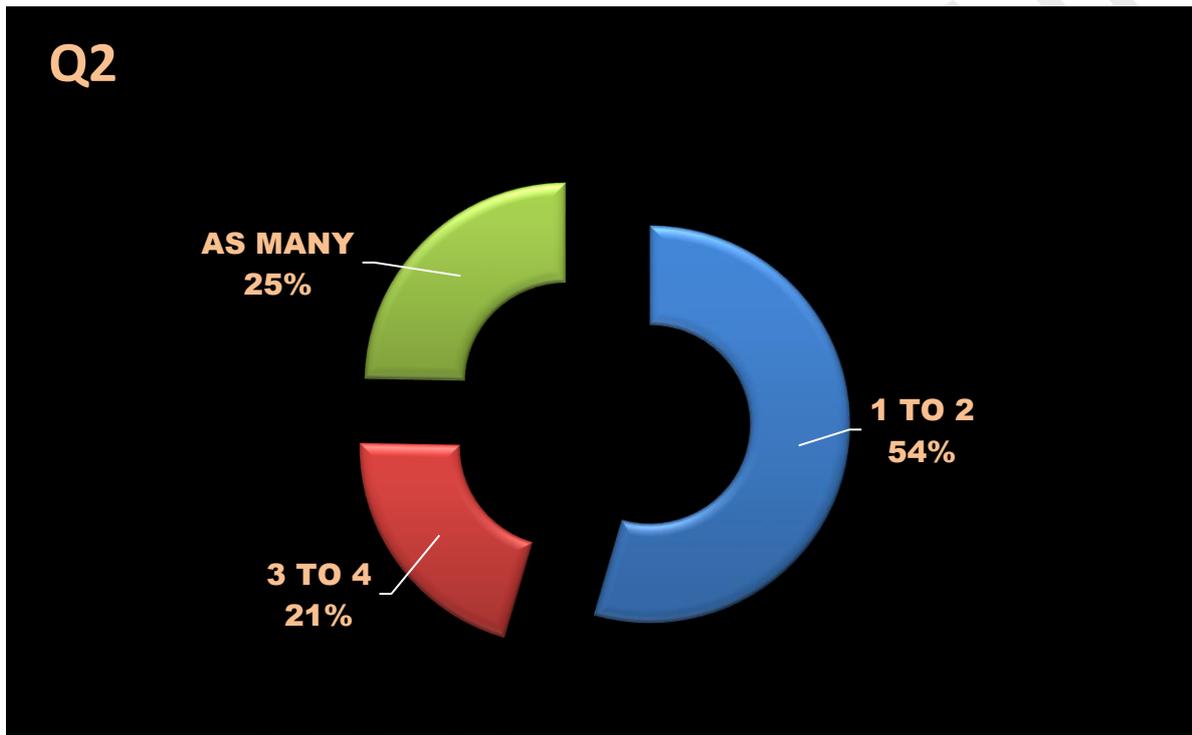
			Percent
<b>FAVOURABLE</b>	<b>56</b>	<b>55.4</b>	<b>55.4</b>
<b>UNFOVOURABLE</b>	<b>4</b>	<b>4.0</b>	<b>59.4</b>
<b>DON'T KNOW</b>	<b>41</b>	<b>40.6</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**55.4% RESPONDENT IS IN FAVOUR OF FAMILY PLANNING WHILE 40.6% DON'T HAVE MUCH IDEA ABOUT IT.**

**QUESTION 2: WHAT IS THE IDEAL NO. OF CHILDREN IN THE FAMILY**

	Frequency	Percent	Cumulative Percent
1 to 2	55	54.5	54.5
3 to 4	21	20.8	75.3
AS MANY	25	24.7	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	

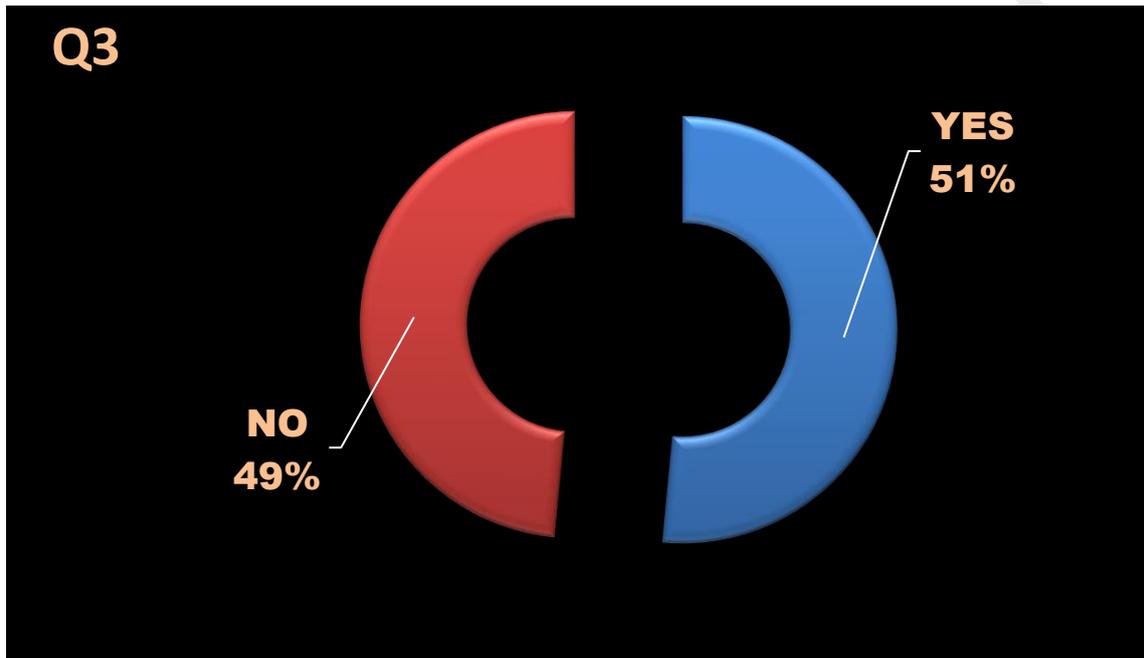


**54.5% RESPONDENT FEEL THAT 1 TO 2 CHILDREN WILL BE IDEAL WHILE 24.7% STILL THINK THAT CHILDREN SHOULD BE AS MANY AS THEY CAN CONCEIVE.**

**QUESTION 3: IS YOUR HUSBAND/RELATIVE IN FAVOUR OF FP**

	Frequency	Percent	Cumulative
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			Percent
YES	52	51.5	51.5
NO	49	48.5	100.0
Total	101	100.0	

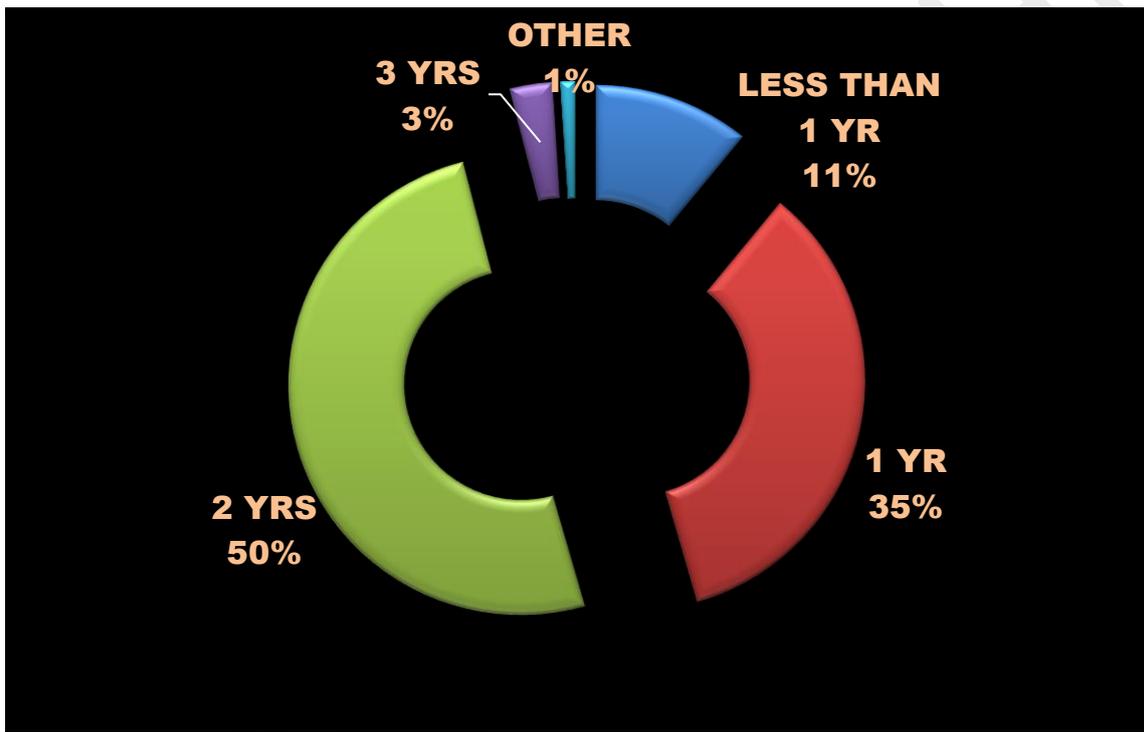


**51.5 % OF THE FAMILY'S OF THE RESPONDER IS IN FAVOUR OF FP WHILE 48.5% STILL PLAYS AGAINST IT.**

**QUESTION 4: ACC TO YOU WHAT IS THE APP GAP BETWEEN BIRTH**

	Frequency	Percent	Cumulative Percent

<b>LESS THAN 1 YR</b>	<b>11</b>	<b>10.9</b>	<b>10.9</b>
<b>1 YR</b>	<b>35</b>	<b>34.7</b>	<b>45.5</b>
<b>2 YRS</b>	<b>51</b>	<b>50.5</b>	<b>96.0</b>
<b>3 YRS</b>	<b>3</b>	<b>3.0</b>	<b>99.0</b>
<b>OTHER</b>	<b>1</b>	<b>1.0</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	

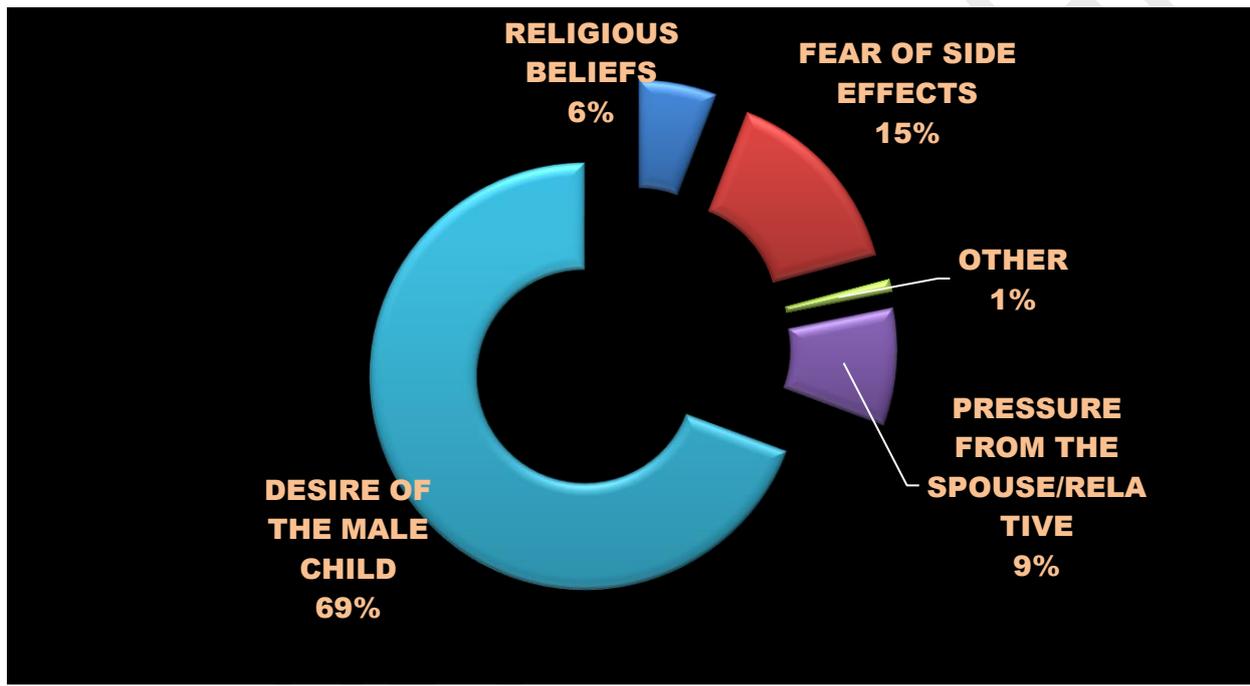


**50.5 % FEELS THAT THE GAP BETWEEN 2 CHILDREN SHOULD BE 2 YRS WHILE 34.7% FEELS THAT IT SHOULD IN 1 YR.**

**QUESTION 5:WHY HAV'T YOU APPLIED FAMILY PLANNING SO FAR**

	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
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<b>RELIGIOUS BELIEFS</b>	<b>6</b>	<b>5.9</b>	<b>5.9</b>
<b>FEAR OF SIDE EFFECTS</b>	<b>15</b>	<b>14.9</b>	<b>20.8</b>
<b>DESIRE OF MALE CHILD</b>	<b>70</b>	<b>69.3</b>	<b>90.1</b>
<b>PRESSURE FROM THE SPOUSE/RELATIVE</b>	<b>9</b>	<b>8.9</b>	<b>99.0</b>
<b>OTHER</b>	<b>1</b>	<b>1.0</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	

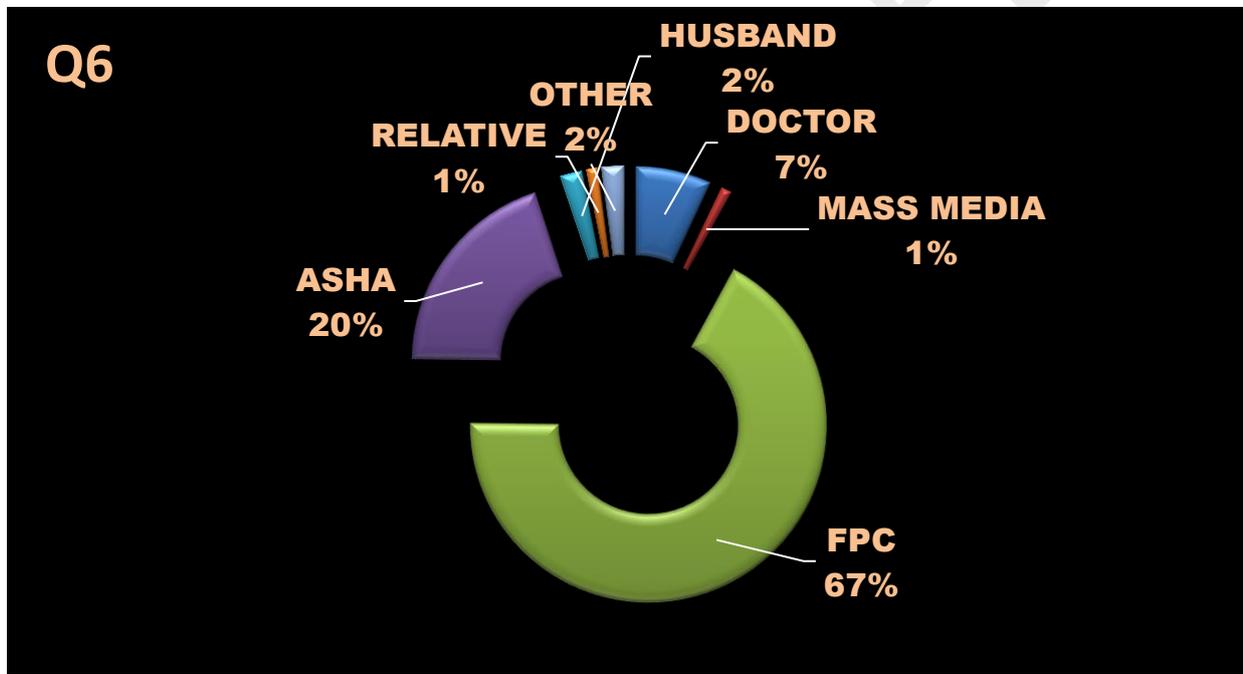


**69% DID NOT APPLY FP DUE TO DESIRE OF MALE CHILD**

**QUESTION 6: WHICH SOURCE IS MOTIVATING/MOTIVATED YOU TO ADOPT PPFP**

	Frequency	Percent	Cumulative
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			Percent
DOCTOR	7	6.9	6.9
MASS MEDIA	1	1.0	7.9
FPC	68	67.3	75.2
ASHA	20	19.8	95.0
HUSBAND	2	2.0	97.0
RELATIVE	1	1.0	98.0
OTHER	2	2.0	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	

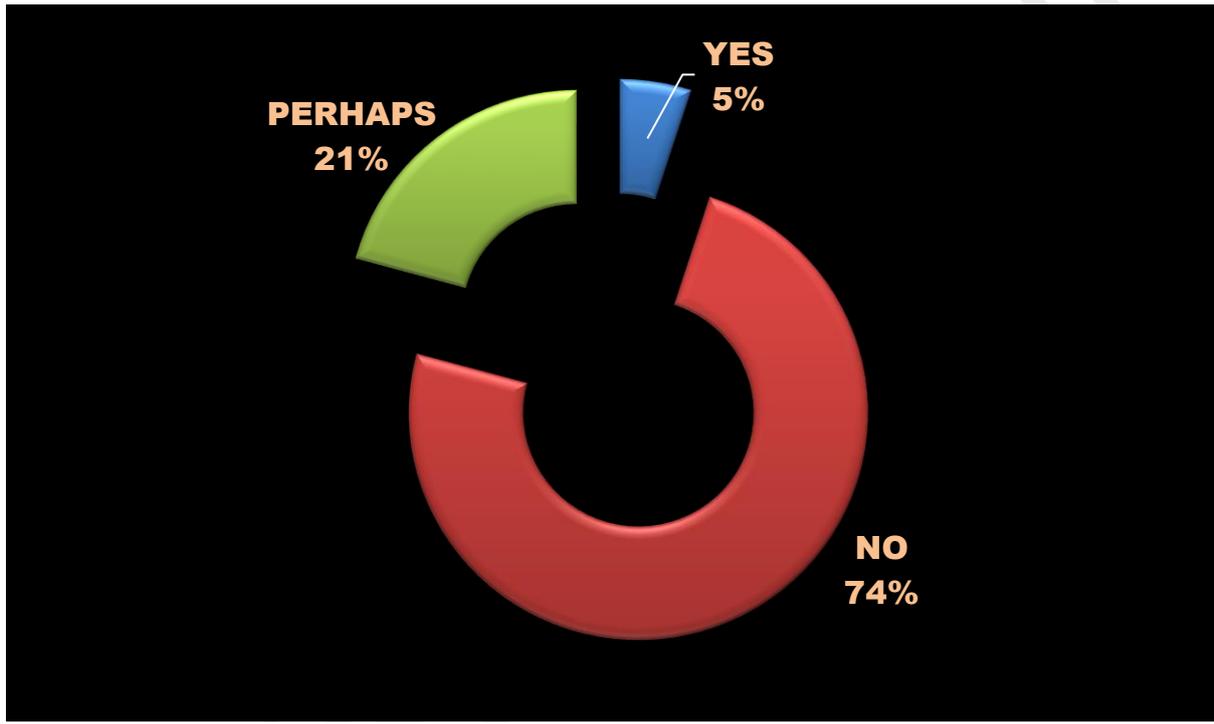


**67.3% OF THE RESPONDER GOT MOTIVATED BY THE FPC.**

**QUESTION 7: IS IT ONLY INCENTIVE THAT ATTRACTED YOU TOWARDS PPFP**

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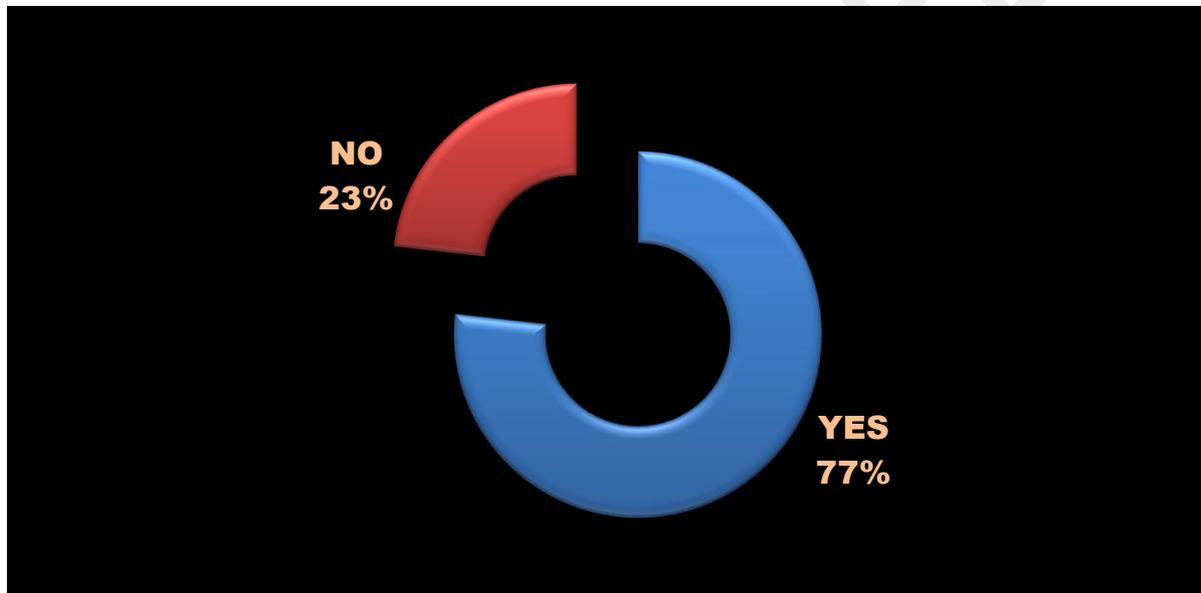
	Frequency	Percent	Cumulative Percent
<b>YES</b>	<b>5</b>	<b>5</b>	<b>5.0</b>
<b>NO</b>	<b>75</b>	<b>74.2</b>	<b>79.2</b>
<b>PERHAPS</b>	<b>21</b>	<b>20.8</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**74.2 % RESPONDING CAN ADOPT FP TECHNIQUES NOT DUE TO INCENTIVES.**

**QUESTION 8: ARE YOU WILLING TO CAMPAIGN ABOUT FP IN YOUR LOCALITY**

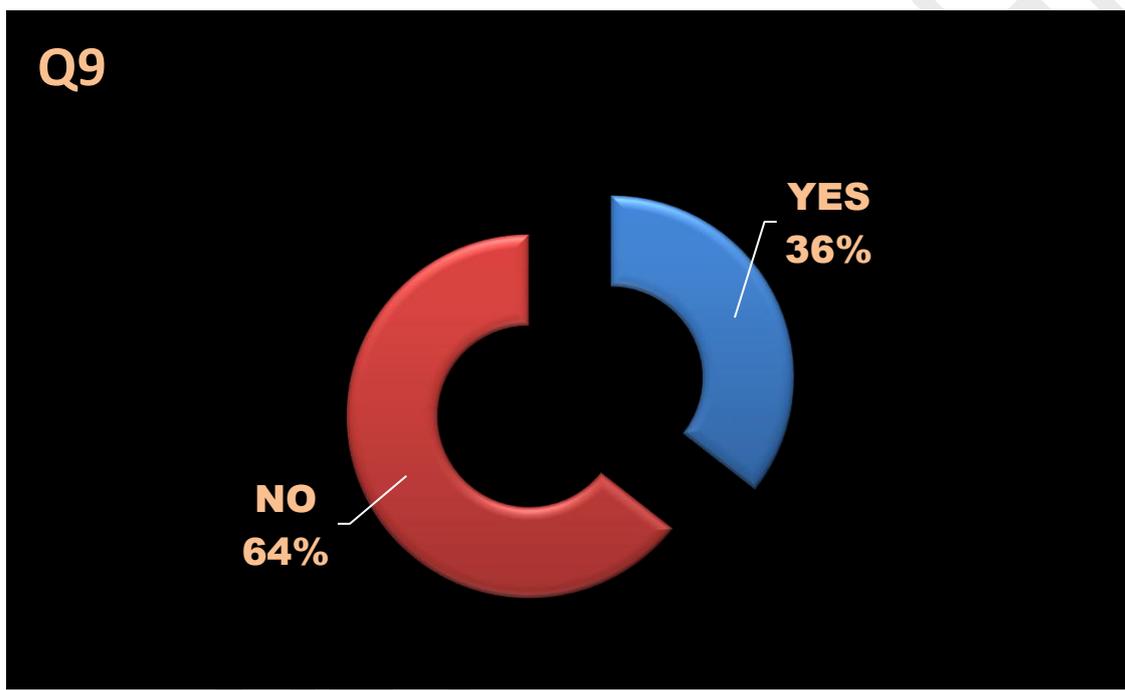
	Frequency	Percent	Cumulative Percent
YES	53	76.8	76.8
NO	16	23.2	100.0
Total	69	100.0	



**77% RESPONDER AGREES TO CAMPAIGN ABOUT PPFP AT THEIR LOCAL LEVEL.**

**Question 9: DO YOU HAVE ANY IDEA ABOUT MALE CONTRACEPTION**

	Frequency	Percent	Cumulative Percent
YES	36	35.6	35.6
NO	65	64.4	100.0
<b>Total</b>	<b>101</b>	<b>100.0</b>	



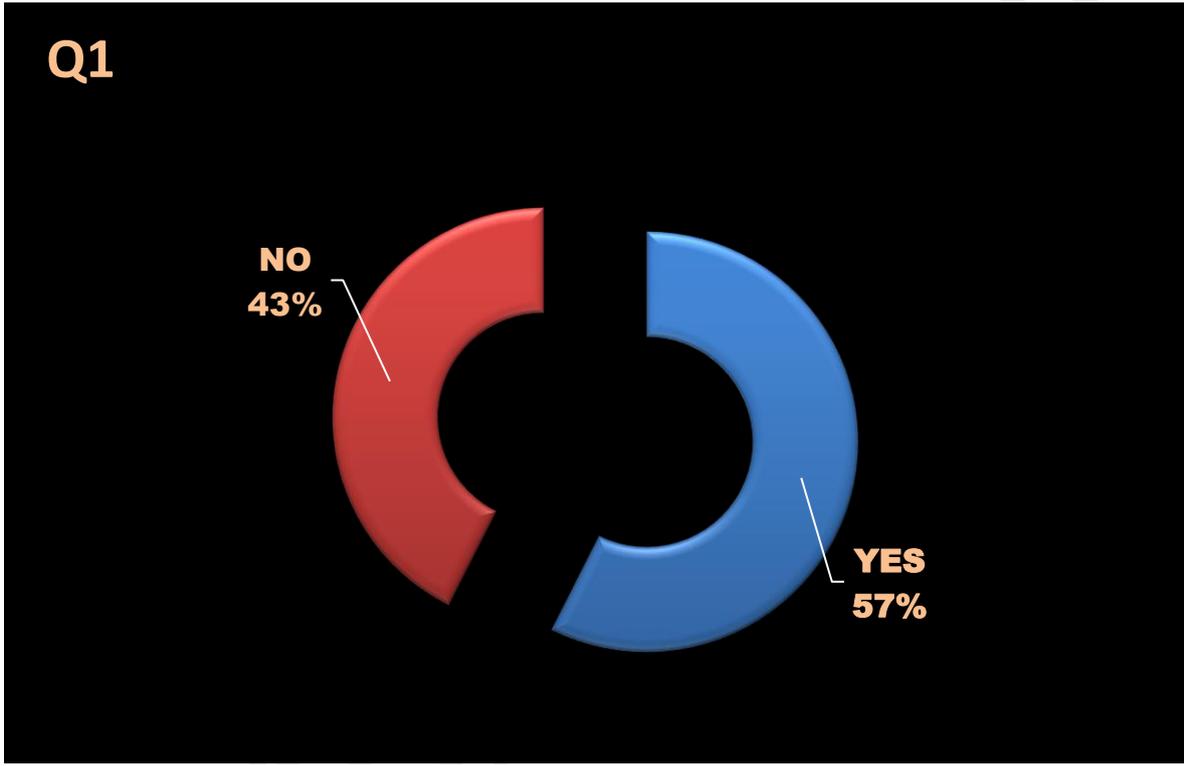
**64.4% PEOPLE IS UNAWARE OF MALE CONTRACEPTION.**

**Section 4: Practice**

**Question 1: DO YOU PRACTISE FP**

	Frequency	Percent	Cumulative
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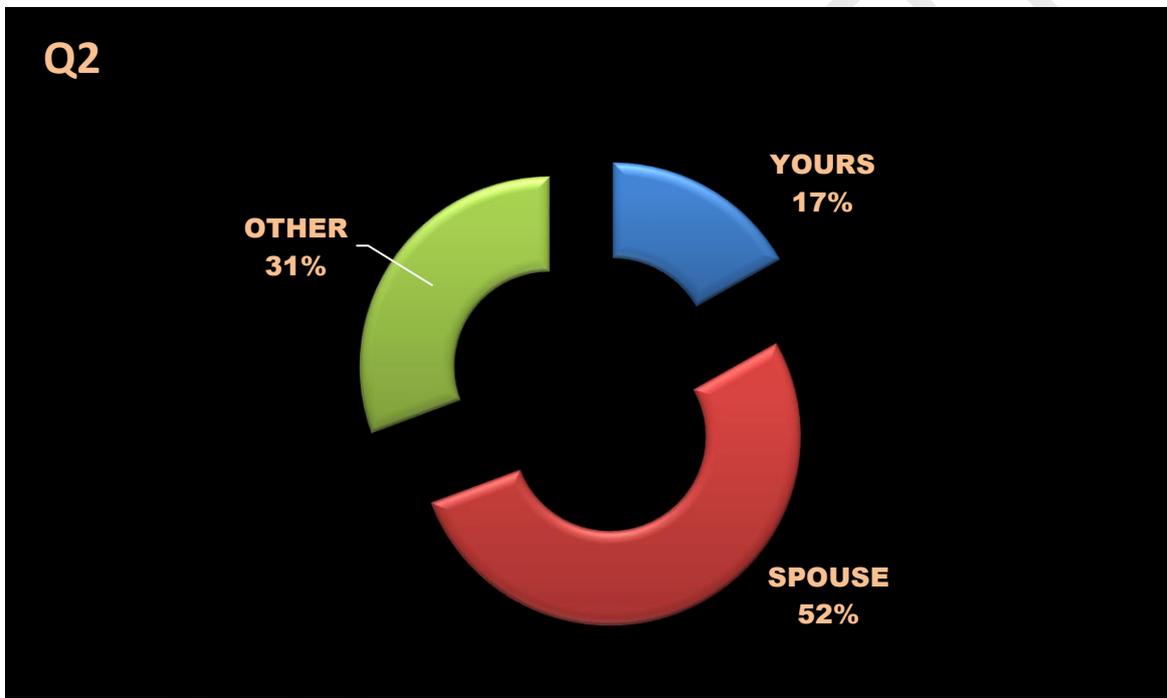
			Percent
YES	58	57.4	57.4
NO	43	42.6	100.0
Total	101	100.0	



**57.4% ACTUALLY PRACTICE FP METHODS**

**Question 2: WHO DETERMINED THE DECISION TO ADOPT FP**

	Frequency	Percent	Cumulative Percent
<b>YOURS</b>	<b>17</b>	<b>16.8</b>	<b>16.8</b>
<b>SPOUSE</b>	<b>53</b>	<b>52.5</b>	<b>69.3</b>
<b>OTHER</b>	<b>31</b>	<b>30.7</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	

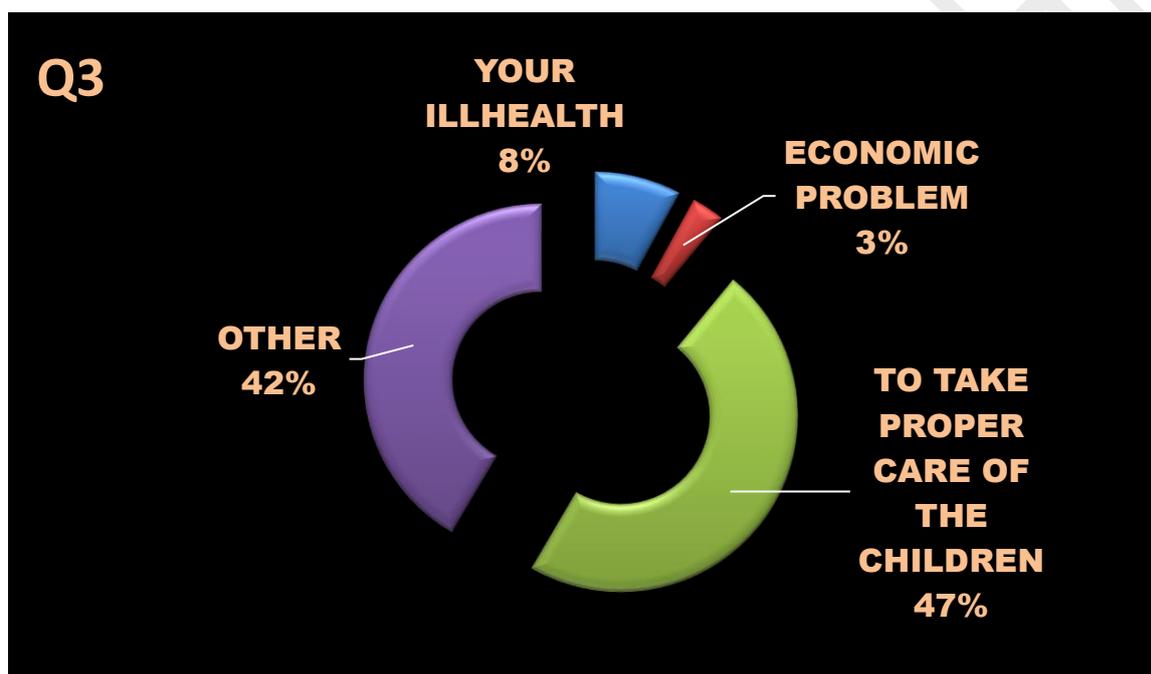


**MOSTLY (52.5%) SPOUSE DECIDES ABOUT THE FP METHOD.**

**QUESTION 3: WHAT ARE THE REASON TO ADOPT FP**

	Frequency	Percent	Cumulative Percent
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<b>YOUR ILLHEALTH</b>	<b>8</b>	<b>7.9</b>	<b>7.9</b>
<b>ECONOMIC PROBLEM</b>	<b>3</b>	<b>3.0</b>	<b>10.9</b>
<b>TO TAKE PROPER CARE OF THE CHILDREN</b>	<b>48</b>	<b>47.5</b>	<b>58.4</b>
<b>OTHER</b>	<b>42</b>	<b>41.6</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	

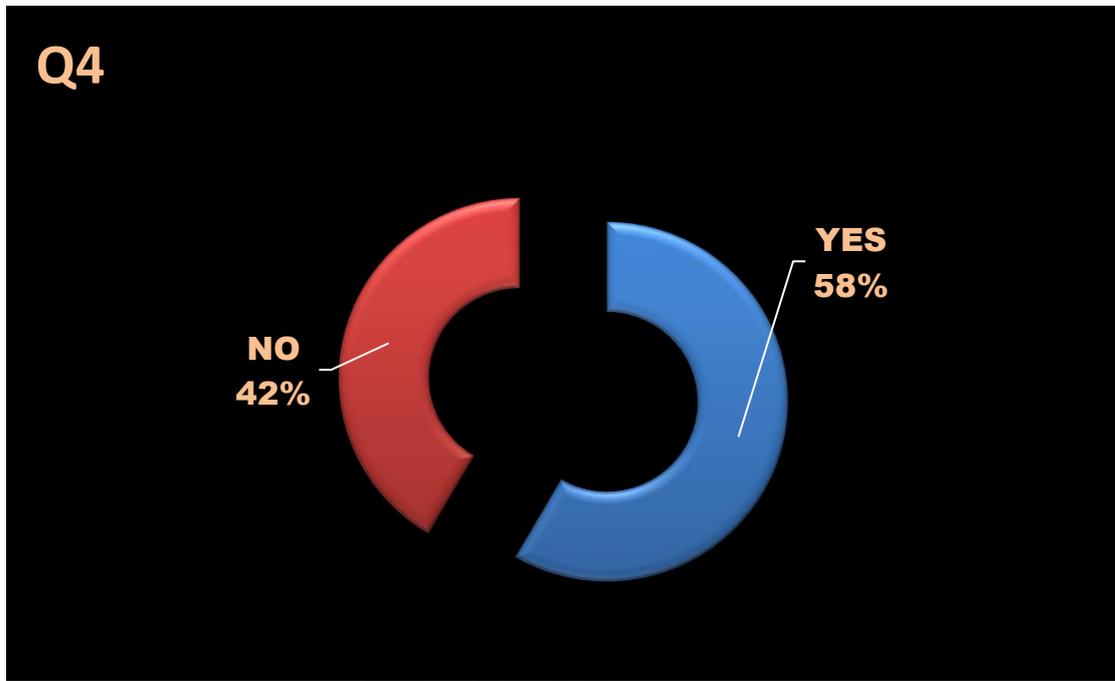


**47.5% PEOPLE ARE ADOPTING FP TO TAKE PROPER CARE OF THE CHILDREN**

**QUESTION 4: ARE YOU USING ANY CONTRACEPTIVE METHOD**

	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
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<b>YES</b>	<b>59</b>	<b>58.4</b>	<b>58.4</b>
<b>NO</b>	<b>42</b>	<b>41.6</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	

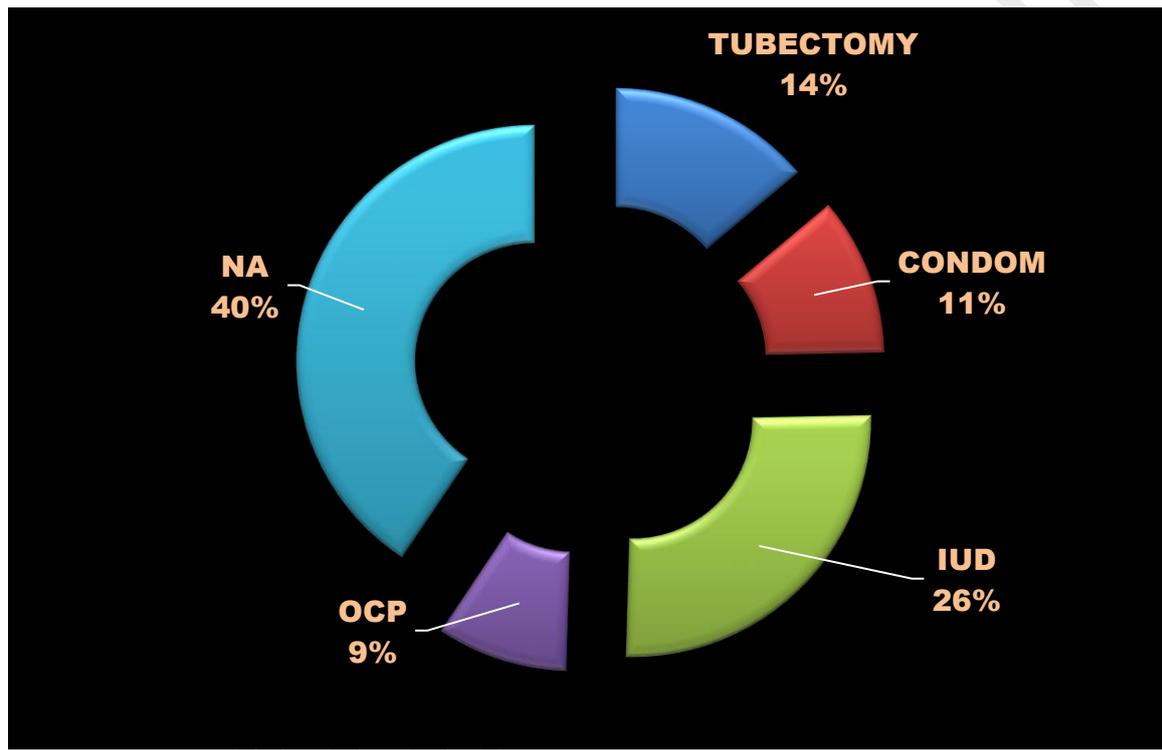


**58.4% PEOPLE ARE USING THE CONTRACEPTIVE METHODS.**

**QUESTION 5: IF YES, WHICH METHOD**

	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
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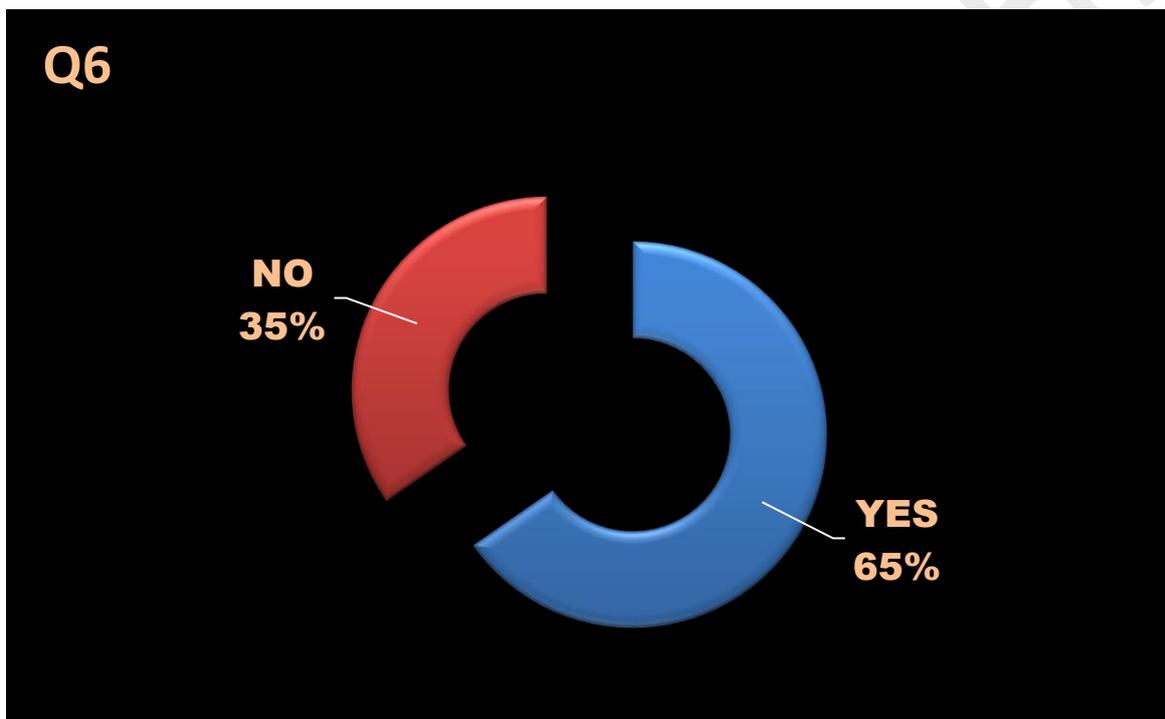
<b>TUBECTOMY</b>	<b>14</b>	<b>13.8</b>	<b>13.8</b>
<b>CONDOM</b>	<b>11</b>	<b>10.8</b>	<b>24.6</b>
<b>IUD</b>	<b>26</b>	<b>25.7</b>	<b>50.3</b>
<b>OCP</b>	<b>9</b>	<b>8.9</b>	<b>59.2</b>
<b>NA</b>	<b>41</b>	<b>40.5</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**26% ARE USING THE IUD TECHNIQUE, WHILE 14% IS GOING FOR PERMANENT STERILIZATION**

**QUESTION 6: ARE YOU HAPPY WITH THE SERVICE THAT IS PROVIDED IN THIS HOSPITAL**

	Frequency	Percent	Cumulative Percent
<b>YES</b>	<b>66</b>	<b>65.3</b>	<b>65.3</b>
<b>NO</b>	<b>35</b>	<b>34.7</b>	<b>100.0</b>
<b>Total</b>	<b>101</b>	<b>100.0</b>	



**65% PEOPLE IS SATISFIED WITH THE SERVICES OF THE HOSPITAL WHEREAS STILL 34.7% IS NOT HAPPY.**

## **8). RESULTS:**

The details of **101female responder** has been recorded over a period of **1 month** from 1th March to 31<sup>st</sup> April,2013 and analysed. The results are as follows:

<b>QUES NO.</b>	<b>CATEGORY</b>	<b>FREQUENCY</b>	<b>%</b>
<b>SECTION 1:DEMOGRAPHIC AND GENERAL INFORMATION</b>			
Q1	AGE	16 -20 YRS 21 – 25 YRS 26 -30 YRS 31 – 35 YRS MORE THAN 35 YRS	12 57 26 4 2 11.9 56.4 25.7 4.0 2.0
Q2	RELIGION	HINDU MUSLIM SIKH	72 26 3 71.3 25.7 3.0
Q3	ACADEMIC QUALIFICATION	NO SCHOOLING- LIT NO SCHOOLING-ILLET LESS THAN PRIMARY PRIMARY SECONDARY HS COLLEGE	3 29 11 15 26 14 3 3.0 28.7 10.9 14.9 25.7 13.9 3.0
Q4	OCCUPATION (RESPONDER)	JOB(PUBLIC/PRIVATE) BUSSINESS HOME ACTIVITY	5 32 64 5.0 31.7 63.4
Q5	OCCUPATION (SPOUSE)	JOB(PUBLIC/PRIVATE) BUSSINESS HOME ACTIVITY	65 35 1 64.3 34.6 0.9
Q6.	MONTHLY FAMILY INCOME	LESS THAN Rs 5000 Rs 5001 - 10,000 Rs 10,001 - 15,000 Rs 15,001 - 20,000	32 48 9 9 31.7 47.5 8.9 8.9

		MORE THAN Rs 20,000	3	3.0
Q7.	NO. OF THE PRESENT ISSUE	1ST ISSUE 2ND ISSUE 3RD ISSUE MORE THAN 4TH ISSUE NA	15 68 14 2 2	14.9 67.3 13.9 2.0 2.0
Q8.	TOTAL NO. OF CHILDREN	1 CHILD 2 CHILDREN 3 CHILDREN MORE THAN 4 CHILDREN NA	47 14 9 12 19	46.5 13.9 8.9 11.9 18.8
Q9	AGE OF THE YOUNGEST CHILD	LESS THAN 6 MONTHS 6 MONTHS TO 2 YRS MORE THAN 2 YRS NA	9 49 24 19	8.9 48.5 23.8 18.8
Q10	AMONG THE CHILDREN,DO YOU HAVE A MALE CHILD	YES NO NA	42 39 19	41.58 38.61 18.8
Q11	DO YOU PLAN TO HAVE MORE CHILDREN IN FUTURE	YES NO PERHAPS	57 39 5	56.4 38.6 5.0
Q12	HOW LONG YOU WANT TO WAIT BEFORE THE BIRTH OF YOUR NEXT CHILD	LESS THAN 1 YR 1 - 2 YRS 3 - 4 YRS OTHER	1 38 23 39	1.0 37.6 22.8 38.6
Q13	NO. OF MEMBERS IN YOUR FAMILY	1 - 4 5 - 9 10 - 14 15 - 19 MORE THAN 19	3 77 6 14 1	3.0 76.2 5.9 13.9 1.0

## SECTION 2:KNOWLEDGE

Q1	HAVE YOU HEARD ABOUT PFP	YES NO	59 42	58.4 41.6
Q2.	IN YOUR WORDS,WHAT IS FAMILY PLANNING	TO PREVENT PREGNANCY BIRTH SPACING TO STOP FURTHER CONCEPTN OTHER	21 42 24 14	20.8 41.6 23.8 13.9
Q3	ARE YOU USING ANY CONTRACEPTIVE METHOD PRESENTLY	YES NO	68 33	67.3 32.7
Q4	NAME ANY METHOD THAT YOU KNOW	MALA -N EMERGY CONTRACEPTN IUD CONDOM BREAST FEEDING CAL THE SAFE PERIOD TUBECTOMY OTHER	10 11 23 20 2 19 14 2	9.9 10.9 22.8 19.8 2.0 18.8 13.9 2.0
Q5	FROM WHICH SOURCE YOU HAVE HEARD ABOUT PFP	TV NEWSPAPER DOCTOR ASHA HEALTH CAMPS FAMILY/FRIENDS OTHER	6 1 35 50 5 1 3	5.9 1.0 34.7 49.5 5.0 1.0 3.0

## SECTION 2:ATTITUDE

Q1	WHAT IS YOUR ATTITUDE TOWARDS PFP	FAVOURABLE UNFAVOURABLE DON'T KNOW	56 4 41	55.4 4.0 40.6
			55	54.5

Q2	WHAT IS YOUR IDEAL NO.OF CHILDREN IN THE FAMILY	1 TO 2 3 TO 4 AS MANY	21 25	20.8 24.7
Q3	IS YOUR HUSBAND/RELATIVE IN FAVOUR OF FP	YES NO	52 49	51.5 48.5
Q4	ACC TO YOU"WHAT IS THE APP GAP BETWEEN BIRTH"	LESS THAN 1 YR 1 YR 2 YR 3 YR OTHER	11 35 51 3 1	10.9 34.7 50.5 3.0 1.0
Q5	WHY HAV'T YOU APPLIED FP SO FAR	RELIGIOUS BELIEFS FEAR OF SIDE EFFECTS DESIRE OF MALE CHILD PRESSURE FROM SPOUSE/RELATIVE OTHER	6 15 70 9 1	5.9 14.9 69.3 8.9 1
Q6	WHICH SOURCE IS MOTIVATING/MOTIVATED YOU TO ADOPT FP	DOCTOR MASS MEDIA FPC ASHA HUSBAND RELATIVE OTHER	7 1 68 20 2 1 2	6.9 1.0 67.3 19.8 2.0 1.0 2.0
Q7	IS IT ONLY INCENTIVE THAT ATTRACTED YOU	YES NO PERHAPS	5 75 21	5 74.2 20.8
Q8	ARE YOU WILLING TO CAMPAIGN FOR FP IN YOUR LOCALITY	YES NO	53 16	76.8 23.2
Q9	DO YOU HAVE ANY IDEA ABOUT MALE STERILIZATION	YES NO	36 65	35.6 64.4

## SECTION 4:PRACTICE

Q1	DO YOU PRACTICE FP	YES NO	58 43	57.4 42.6
Q2	WHO DETERMINES THE DECISION REGARDING PFPF	YOURS SPOUSE OTHERS	17 53 31	16.8 52.5 30.7
Q3	WHAT ARE THE REASONS TO ADOPT FP	YOUR ILL HEALTH ECONOMIC PROBLEM TO TAKE PROPER CARE OF THE CHILDREN OTHER	8 3 48 42	7.9 3.0 47.5 41.6
Q4	ARE YOU USING ANY CONTRACEPTIVE METHOD	YES NO	59 42	58.4 41.6
Q5	IF YES,WHICH METHOD	TUBECTOMY CONDOM IUD OCP NA	14 11 26 9 41	13.8 10.8 25.7 8.9 40.5
Q6	ARE YOU SATISFIED WITH THE SERVICES PROVIDED IN THIS HOSPITAL	YES NO	66 35	65.3 34.7

IHMAR, NEW DELHI

**9). Discussion:**

The study has been done on the “KAP study on PFP in the JPN Hospital, Gaya” with a total sample size of 101 cases for a period of 1 month from 1<sup>st</sup> March till 31<sup>st</sup> April, 2013. The data has been collected under 4 sections: **demographic and general information** (Sec 1) **Knowledge** (Sec 2), **Attitude** (Sec 3) and **Practice** (Sec 4). The collected data then analyzed and are as follows:

The 101 female cases has been recorded where most of the people (56%) are between the age range of 21 to 25 yrs. Hinduism (71%) is the predominating religion and 28.7% are illiterate followed by 15% who had education till the primary level. Only 3% had the opportunity to go to college. Women are into house-activity (64%) while their husbands are in jobs (65%). the people who visit the district hospital are financial challenged as 32% has a monthly income below Rs. 5000 while 47% between the ranges of Rs.5001 to Rs.10, 000. 67% cases have the 2<sup>nd</sup> issue. The people having 1 child is 46% and the age of the youngest child is between 6 months to 2 yrs. 42% already have a male child and 39% have female child and had a crave of male child. 57% agree that they will have more children and maximum said they can wait for a period of 1 to 2 yrs before the birth of their next child. The maximum no. of members in the house is 5 to 9 members (76.2%).

In the **Section 2**, the “**knowledge**” has been evaluated. 59% have heard about the PFP, while 41% feels that it is to create space between two children. 68% knows about the contraceptive techniques (traditional or the modern techniques). as per as the PFP is concern, they are aware of IUD (22%), followed by condom (20%). the source that motivated them is ASHA (50%) and the doctors (35%).

The **Section 3** comprises of the “**Attitude**” of the people related to PFP. 55% people is favourable while 40% is neutral. 54% cases feel that the ideal no. of children in the family should be between 1 to 2, although 24% believes in as many children as possible. 52% family are in favour of PFP while 48% doesn't. 50% cases said that 2 yrs is the ideal gap between 2 babies. 67% didn't apply FP due to the desire of male child. The FPC (67.3) is the main source of inspiration and motivation for PFP. 64% didn't have any idea about the male contraception.

The **Section 4** is the actual “**Practice**” that has been followed. 57% do practice FP. 52% spouse has been the decision maker for the PFP. 59% are using the contraceptive techniques so that they can take proper care of their children (48%). 25% has been motivated to use IUD followed by condom (10%) and tubectomy (13.8%). 65% are satisfied with the services.

#### LIMITATION:

The key limitation of the study was short period of time that was assigned for the project. The longer duration would have made the results more accurate and generalized. There was no previous record in the hospital, so the comparison between the outcomes wasn't possible. Moreover, the present study is an institute based small scaled study (JPN Hospital, Gaya) which doesn't cater the whole population of Gaya. However this study gives some ray of light what is going on and will help to develop better FP care.

## **10). CONCLUSION**

## **10.1) Recommendation:**

### **1. To advocate the decision makers at the different levels of the community:**

To urge and encourage the Policymakers, NGOs, local leaders to pay greater emphasis on the post partum care.

### **2. To enhance the MONITORY INCENTIVE:**

For both male and female sterilization(tubectomy/vasectomy/NSV) upto the 2<sup>nd</sup> child birth. A 40% less monitory incentive should be allotted upto the 3<sup>rd</sup> child birth and to stop thereby.

A monitory incentive may be allocated for the women who are going for the PPIUCD.

A monitory incentive can be allocated; if the couple is maintaining the gap of 3 yrs between the 2 child birth.

To increase and regularize the ASHA incentive for the tubectomy/vasectomy/NSV and to start the incentive for the PPIUCD(ASHA).

### **3. To give special notice in strengthening the community health worker supervision:**

Regularize the meeting with the FPC and Block community mobilize along with ASHA/AWW to train and motivate them on specific interval.

A periodic feedback should be gathered from them to understand the problem area and to take necessary action as the fastest possible way.

### **4. Regular health camps:**

To mobilize and educate the community by activating the health and the non health channels to encourage the men, youth, women, religious, traditional and other leaders to respond to the PPF mission.

### **5. More emphasis on the “Adarsh Dampati Yojana”.**

### **6. To strengthening existing PP services:**

To train the Doctor's and Nursing personnel about the PPF-All the doctors and nursing staff(grade-A nurses and ANM)should have the training as soon as possible.

To motivate and urge the doctors and nurses to propagate the programme and to ensure the preceding.

To build the capacity of the provider(FPC,Doctors,Nurses) to counsel for the other methods(breast-feeding and other former mentioned FP procedure);if the couple is rigid on not adopting the tubectomy/vasectomy/NSV/PPIUCD.

To regularize in updating the provider the knowledge on the optimal birth-spacing interval, newer PPF methods and so on.

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