

## Review Article

## Concept of KAP & Other Modalities by PEO Regarding Family Planning

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**Abstract:** The article discusses the Family Planning (FP) program's wide spread evaluation by the Program Evaluation Organization (PEO) of the planning commission from 1963 to 1969. The article brings out the Knowledge, Attitude & Practices (KAP) concept given by the PEO. The concept is still used by the large scale surveys like National Family Health Surveys since the 1992-93 period. The KAP approach was given by the FP but it is being used regularly to evaluate other programs as well. After the KAP, the concept of Rapid Anthropological Surveys (RAP) also came up to monitor & evaluate programs. Subsequently, the concept of Culture, Attitude & Practices (CAP) also came to be used to assess programs.

**Keywords:** PEO, KAP, RAP, FP.

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## 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 people'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 upto 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 recent independent nation (India) called for a well-planned approach towards population control.

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 (NFP) in the year 1952. The launch of the plan

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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 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 20<sup>th</sup> 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 through the 5<sup>th</sup> 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)-IUD/PPIUD, injectables, and pills.'

### **About the PEO [1]**

It was established by the Government of India in the October of 1952. It was specifically tasked for the evaluation of Community Development Programmes (CDP) and other kinds of development schemes of the GOI. It had 15 field units comprising of seven regional and eight project evaluation offices.

### **Evaluation by the PEO [1]**

The 1960s witnessed several groups putting their efforts into evaluating the Family Planning Programme. Finally, the PEO conducted its first evaluation from 1963 to 1965 as a part of the Planning Commission. During this time, the Ministry of Health and Family Planning also conducted its internal evaluation procedures in the form of projects. During March 1965, the UN and the World Bank conducted external evaluations.

After 1965, the number of acceptors surged with an improvement in the medical resources and facilities. Until 1968, the programme witnessed several developments but its overall impact remained uneven. It had still not achieved a substantial reduction in the birth rate to finally hit the target figure of 25 per thousand populations by 1979.

Hence, the PEO was tasked with another evaluation of the programme during 1968. 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 same population.

### **Objectives & Study Design [1]**

The 1968 evaluation of the PEO had four objectives. The first was to analyse the availability of resources and their usage. The second was to understand the methods used by communicate with the masses and their impact. Next was to detect the presence of prior information and also understand the practices as well as behaviour of the acceptor and non-acceptor couples. The final objective was to assess the acceptance and likability of a certain method and reasons for its rejection.

As per the study design, the evaluation was divided into two separate studies. The first segment was executed between September and October 1968. It was a

general study that was further divided into two parts. The first part focused on evaluating the accomplishments of the programme across states, districts, villages and Family Planning Centres. The second part focused on the KAP survey of the male respondents.

The second segment was carried out during the period between March and May 1969. Conductors of the study interviewed the users of IUDs, tubectomies and vasectomies to gain an insight of their overall user experience.

### **Data Collection [1]**

For the first segment of the study, the evaluation was conducted using a sample of family planning centers of 16 states and one Union Territory. The whole the sample comprised of 69 rural clinics along with 5 dispensaries. The criteria of selection were such: the number of districts to be selected in a particular state was fixed in proportion to the total number of vasectomy, tubectomy and IUCD cases reported in the districts. However, the least number of districts to be selected was one and the maximum was three.

The states were classified on the basis of efficiency and development of healthcare facilities as A comprising of 270 villages and B comprising of 130 villages.

The KAP study, the second part of the first segment involved corresponding with 6,949 respondents on a random basis from a sample of 35 districts. In order to avoid resistance, only males were interviewed given the patriarchal dynamics of that time.

With respect to the second segment of the evaluation, an acceptor study of IUD, tubectomy and vasectomy adopters was done to understand the reasons of the popularity of these methods. About 5,708 adopters were chosen for the sample. They were selected 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 on the basis of their performance. 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 urban settlements, and 1,586 were from the big cities.

The family planning centres provided the names of the adopters of the popular contraceptive methods.

### **Observations [1-7]**

Types of methods available showed that 72 percent of the villages (260), reported the occurrence of vasectomies (2 or 3), 49 percent reported the usage IUDs and the 23 percent reported the adoption of tubectomies.

Further, Condoms were used by 35 percent of the sample villages. The usage of jellies, creams diaphragms and foam tablets were observed to be rare. Couples who adopted any of the contraceptive methods per thousand populations were comparatively less with respect to the total number of family planning workers. Nearly 12 couples per thousand population used condoms and less than 7 per thousand population accepted the other methods of contraception. Out of 28,036 households, 4 percent had used vasectomy, 2 percent went for an IUD and 1.8 percent chose tubectomy.

Level of Awareness showed that Accomplishment was based on the acceptance of the contraceptive methods. Awareness was based on the family planning information delivered through a radio, literacy level etc. Chi square was used to denote the relationship between the various measures of accomplishment and awareness. A zero value denoted no relationship and unity denoted a very strong relationship. Mass meetings showed stronger accomplishment than awareness. The frequency of visits by the family planning workers showed stronger association with awareness. Literacy had a smaller relation with accomplishment and awareness. Mass communication was the most effective way to increase accomplishment and awareness amongst the masses.

Distribution facilities analysis showed that Presence of various types of distribution facilities mobile units, family planning centers etc. influenced the rate of adoption of a particular contraceptive method. Cities displayed higher adoption rates due to better accessibility and a qualified staff. Temporary medical centers or camps or proved to be effective. Most of these camps performed vasectomies and helped increase the number of acceptors.

### **From General Study (part 2) [1-7]**

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 at least 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 year 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 at least 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 (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 couples (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 as per 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.

## CONCLUSION

To conclude, the concept of unmet need has emerged as key component in monitoring & evaluation of public health programs. This KAP approach has helped the SDGs that are until 2030 to be met by the nation. The rate of performance has to be accelerated especially in family planning programs to meet the SDGs. To achieve the SDGs, the focus of KAP approach should now be shifted to identifying the states with higher densities of population who are the mentioned target group. Such states should be given more priority and attention with the further implementation of all the programs at the national level. At the state level, districts with a higher density of the target population should be given more attention through the application of KAP approach. Similarly, at the sub state, sub district level & sub block levels the application of KAP approach given by the PEO should be extrapolated.

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