

A STUDY OF KNOWLEDGE, PRACTIC AND ATTITUDE OF WOMEN TOWARDS FAMILY PLANNING METHODS IN BASRAH

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ABSTRACT

This is a cross-sectional study, involved married women between 15-45 years old, to study their knowledge, practice and attitude toward family planning methods. It was found that 83.5% had used contraception at any time previously, and 30.84% were currently using it (at the time of study). Women had considerable knowledge and attitude toward contraception method. Contraceptive pills were the most known method (90.50%) and mostly used (41.75%), followed by intra-uterine device (46.50% and 16.50%) respectively. Younger women who were less educated and having three children or less preferred contraceptive pills and the reverse was true for intra-uterine device. The aim of using contraception was for spacing of births and the cause of stopping it was to achieve pregnancy. Mean duration of use was 2.34 ± 1.44 years. Only one third of women got their contraception from family planning centres. It was recommended that a continue health education in the field of family planning is necessary, counselling, provision and increase availability of different methods in primary health care centers.

INTRODUCTION

Fertility control has been used for thousands of years in different forms. Coitus interruptus is the oldest known method^[1]. Many recipes and instructions about contraception were prescribed by the early Greek, Egyptian and Islamic physician. Among them were Al-Razi who died about AD 923 (313 H) and Avicenna (AD 980-1037, 370-428H). Islamic views on contraception and islamic medicine came to Europe with muslims movement and consequent bringing some enlightenment particularly regarding medical reasons for avoiding child bearing^[1]. Population policies to provide the policy and legislative framework for the provision of family planning are essential and by 1990, 96% of governments had policies directly supportive of the provision of family planning care, compared to 55% in 1974^[2]. Demographic surveys indicate that at least 120 million couples like to limit their family size but are not currently using any form of contraception because they are lacking the information and means to do so in manners which they regard as satisfactory to their needs^[3]. One mean of examining the potential demand for contraception is to identify the respondents who are at risk of an undesired pregnancy. A women is defined as being "at risk" of unplanned pregnancy if she is fecund, not currently pregnant, does not desire to become

pregnant, is not using a contraceptive method and exposed to the risk of pregnancy. It has been estimated that 20% of women were at risk of unplanned pregnancy and could be considered in need for family planning^[4]. Also many women now express regrets when told that their pregnancy test is positive, indicating an unplanned pregnancy^[5]. Knowledge and use of contraceptives are the indicators most frequently used by the national and international organization to assess family planning^[3,4]. Women bear nearly all the responsibility for regulation of fertility, that could be due to lack of effective technological options for men, where only condom, withdrawal method and vasectomy. The ability of men to respond to this demand is difficult^[3]. It is important to understand male attitude and practices, as well as communication between partners in determining male involvement in reproductive behaviour^[3]. Changes in both men and women knowledge, attitude and practice (KAP) are necessary for achieving the harmonious partnership of men and women^[6]. KAP studies started in Asian in 1950, followed by U.S.A in 1955 and then 3-5 years interval. KAP studies focused on current contraception use and knowledge^[6]. The extent of contraception use varies according to cultural factors, age, parity, education and occupation (of wives and

husbands), family attitude and motivation and availability and acceptability of contraception^[6]. The prevalence of contraception is a widely used measure in the analysis of the proximate determinants of fertility. Several world fertility survey “ WFS ” and contraception prevalence survey “ CPS ” have been under taken since 1960, for example the prevalence of contraception in Saudi Arabia was varied between 26%-39% of married women in 1999^[4,5]. The proportion of couples use some contraception method in developing countries vary between 20-60%^[7]. In Basrah there in no previous study on KAP of contraception, so this study was carried out with the following objectives: -

- ❖ *To study KAP of women toward family planning methods.*
- ❖ *To estimate the prevalence of different methods of family planning among married women aged 15-45 year.*
- ❖ *To study the factors that could affect the use of family planning methods such as age, parity, occupation and education (of wives and husbands) family attitude and motives.*

METHODOLOGY

This is a cross-sectional household study, where a cluster sample of houses were chosen randomly in Hay-Al-Khalige, and 400 married women between the age 15-45 years were interviewed by the author. Standardized question form was planned for the study including the following information: women’s age, parity, occupation, education, contraception knowledge and use, attitude towards contraception, husband’s education and attitude, husbands and family approval, duration of usage and cause of preference of special type of contraception and cause of stopping contraception (if applicable). The duration of interview was 15 minutes. χ^2 -test was used as a test of significance.

RESULTS

Out of 400 married women between the age of 15-45 years interviewed, 334 (83.50%) had used one or more method of contraception at any time (table-1). More than half of users were between the age of 25-34

years (26.65% and 27.54%), and having 4 or more children (25.15% and 28.74%) (table-1). There is clear difference in level of education of couples, where the majority of wives were illiterate (25.95%) compared to their husbands (13.47%), and (22.46%) of husbands were highly educated compared to only (13.47%) of wives. In spite of that difference in education, wives were motivated more than husbands toward contraception use (38.32% and 27.25%) respectively (Table-3). Husbands approved the use of contraception and their families in (66.77%) and (61.08%) respectively, and nearly one quarter didn’t approve its use (25.75%) and (20.24%) respectively (Table-4). One quarter of users was working mothers (25.5%) (Table-1). Oral contraceptive pill (OCP) was the commonly used method (41.75%) followed by intra-uterine contraceptive device (IUCD) (16.50%), and only 1% had tubal ligation (Table-2). Most of women used the method that they think it is easy or safe (52.69%), and all those who had tubal ligation was because of doctor’s advice (Table-5). About (70.66%) of women used contraception for spacing and (23.35%) don’t want more children and only (5.99%) was for medical reasons (Table-6). Nearly one third of users (33.54%) had used contraception for two years and only (8.68%) was for five or more with a mean of 2.39 ± 1.44 years (Table 7). Women stopped contraception because they wanted to achieve pregnancy (61.04%), or because of it’s complication (38.96%), while 103 were still using it giving a prevalence of 30.84% (Table-8). Regarding knowledge of contraceptive methods, 370 (92.50%) of currently married women recognized at least one method of family planning, (70.25%) knew two methods and only (43.25%) knew three or more methods. (Table-9). OCP was the most frequently mentioned method (90.5%) followed by IUCD (46.50%) and injection (32.25%), sterilization (34.25%), the least mentioned methods were coitus interruptus, safe period and condom (Table-2). Younger women preferred OCP (44.44%) and it’s use was increasing with age reaching the peak at 30-34 years (59.55%), while IUCD was the less likely to be used by younger or older women (14.81% and 12.07%) and it’s peak was at (20-24) years (29.04%), and the difference was statistically significant ($p < 0.05$) as shown

in (Table 10). Mothers having three children or less preferred OCP, and its use was decreasing with increase in number of children (60.0%) at para one compared to (46.87%) at para five or more, while the use of IUCD was increasing with increasing of parity, but the difference was statistically not significant ($p > 0.05$) as shown in (Table-11). OCP was preferred by less educated women and the reverse was true for IUCD, the same was for condom, but the difference was statistically not significant ($p > 0.05$) as shown in (Table-12). Nearly one third of users got their contraception from the family planning center, while the majority (68.05%) had got it from the market.

DISCUSSION

In Islam, abortion and sterilization are prohibited except on medical grounds. However, the use of contraception is allowed for child spacing to preserve the health of the mother and child rather than to restrict the family size^[1]. The desire of Iraqi community for a large family is clear in this study, where quarter of studied women (28.74%) had five or more children and only 1% were sterilized, (61.04%) were stopped contraception to achieve pregnancy, which is similar to other studies^[1]. Women were aware of the different methods of contraception, and were using it for spacing, this fact is well supported by the observation that (83.50%) of studied women had used contraception, which is slightly higher than women in other countries ie: Saudi Arabia (78.24%)⁽¹⁾ which may be due to the economic hardship as a result of the sanction. Nearly two thirds of users received contraception from the market because of the overload in the family planning center and long time of waiting. The preference for a particular type of contraception used by women varies from country to country^[2]. In this study, OCP was the most commonly used method followed by IUCD, injection, safe period and other method, which is similar to that in other studies^[5]. Their preference was based on their belief that it is safe and easy method. On the other hand nearly (6.0%) of our sample are using natural method ie: safe period or coitus interruptus, which was only (0.4%) in Aved's study^[8]. More than one third (38.96%) of users stopped contraceptive use because of complication which is slightly

lower than that in other studies^[1], there is a need for further study to establish the relative incidence of various complications due to the use of different methods. In this study, the prevalence of contraception use was (30.80%) which is nearly equal to that found in Baghdad (28.40%)^[9]. Our study shows that the use of family planning method was generally highest among women in the central child bearing years (25-34 year) which is similar to that found in other studies^[4,5]. A difference in the contraceptive use by age reflects changes in the need for contraception over life cycle. A woman's need for contraception changes as she passes from her initial child bearing years, during which she may welcome a pregnancy in to her 30's when she is still fertile but may wish to prevent or space additional pregnancies, and then to her 40's, when her fecundity declines and she has less need of contraception^[4]. In this study, women with five or more children are most likely to use contraception, while in North African, Latin American and Asian countries use generally peaks among women with 2 or 3 children reflecting a preference for smaller families^[6]. The difference in contraception prevalence between women with the different level of education are large, well educated, women are more likely to use IUCD compared to the less educated women who preferred the use of pills, because they may be more aware of the complications of pills, similar pattern was found in other studies^[4]. It is clear from this study, that health education is needed in the field of family planning. Primary health care centers can play a major role in health education, counselling and service for family planning and give advice on contraception and provision and increase availability of different methods. No primary care service can claim to be comprehensive if it does not provide adequate family planning^[5]. It is our hope that the finding will help in planning a strategy for improving services, making contraception more acceptable, reducing the number of unplanned pregnancies and also form a bases for future trends in contraception practice in our community. There is a need to increase the awareness of the people regarding all aspects of family planning, which can be achieved by antenatal, postnatal, and well baby clinics.

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