

Knowledge, Attitude and Perception of Married Women Toward Family Planning in Shekhan City

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ABSTRACT

The current study represents a cross sectional study and included 350 married women with ages range between 15 to 45 years from Shekhan city to study their information, attitude and practice concerning contraceptive methods and family planning (FP). The current work revealed presence of high percentage of parity of participant married women (5 and more) which record 107(30.6%), and nearly 63 (18%) of participants were pregnant at study time. Majority of participants think that FP is useful and 162(46.3%) of the enrolled females employed one of FP methods at study time. The most common cause of non-using FP methods is one or both parents want more children. The most common methods used are male condom, IUCDs and contraceptive pills .

The level of awareness was not optimal in regards to FP and contraceptive methods. Modified educational and counselling interferences among child bearing age females messages concerning FP were focused on males mainly so more short courses and seminars in various populations are recommended .

Keywords : Knowledge , Attitude , Perception , Family Planning .

المعرفة والموقف والتصور للنساء المتزوجات نحو تنظيم الأسرة في مدينة شيخان

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الكلية التقنية في شيخان ، جامعة شيخان التقنية ، دهوك ، العراق

الخلاصة

دراسة مقطعية أجريت على ٣٥٠ امرأة متزوجة تتراوح أعمارهن بين ١٥ و ٤٥ سنة من مدينة شيخان لدراسة معرفتهن وموقفهن وممارستهم لتنظيم الأسرة.

وكشفت الدراسة الحالية عن وجود نسبة عالية من الانجاب بين النساء المتزوجات المشاركات (٥ وأكثر) التي تسجل ١٠٧ (٣٠.٦ في المائة)، وحوالي ٦٣ (١٨ في المائة) من المشاركات كن حوامل في وقت الدراسة.

ويعتقد غالبية المشاركين أن تنظيم الأسرة مفيد، وأن ١٦٢ (٤٦.٣ في المائة) من المشاركين استخدموا بالفعل إحدى أساليب تنظيم الأسرة في وقت الدراسة. السبب الأكثر شيوعاً لعدم استخدام وسائل تنظيم الأسرة هو واحد أو كلا الوالدين يريدون المزيد من الأطفال. وأكثر الطرق شيوعاً هي الواقي الذكري، لولب داخل الرحم، وحبوب منع الحمل.

ولم يكن مستوى الوعي الأمثل فيما يتعلق بتنظيم الأسرة ووسائل منع الحمل، وذلك لتوجيه دورات و ندوات تعليمية واستشارات مكيفة للنساء فيما يتعلق برسائل تنظيم الأسرة إلى الرجال، ولذلك يوصى أساساً بعقد دورات وحلقات دراسية قصيرة في مختلف الفئات السكانية.

الكلمات المفتاحية : المعرفة ، الموقف ، الإدراك ، تنظيم الأسرة .

INTRODUCTION

Family planning (FP) offers couples at the child-bearing age; the ability to predate, achieve their anticipated figure of offspring and finally the period and timing of their births. FP may comprise apprehension of the total number of offspring couples desires to have, the age at which they desire to have them, and the period and space between offspring¹.

These considerations are usually governed by many external factors in different countries such as the cultural background of the community, religious aspects, vocation reflections, economic state, marital situation, and incapacities that may interfere with couple's skill to grow and raise their children².

The term FP is usually denoted or used as an alternative word for the use of contraception. Though, it usually includes techniques and practices in addition to contraception, and in the developed and western countries, females utilize contraception but are not essentially arranging FP as for examples, newly married couples building their career and unmarried adolescents³.

Different methods and techniques used for FP including hormonal method (contraceptive pills, progesterone injection), barrier method (male and female condoms), natural method (lactation amenorrhea or natural FP), permanent methods (Tubal ligation and vasectomy), intrauterine device, contraceptive patch, and emergency contraception, with a variable percentage in different communities reflecting the variability in the attitude, knowledge and educational level of the studied population⁴.

Programs to promote FP in undeveloped nations, began more than 60 years ago, with as the proportion of married women in developing regions using contraception of was <10% and raise gradually to 60 % in 2000, with great heterogeneity and discrepancy among different regions. Despite this, high fertility is encountered in many deprived countries as a consequence, their populations expected to be duplicated in the subsequent ten to twenty years. Moreover, in such evolving countries, high fertility and fast evolution represent a larger risk to the attainment of the Millennium Development Goals⁵.

The current study aimed to discover and study information, attitude, and training among married women at the child bearing ages toward FP in Shekhan city with a mosaic population from many religious backgrounds such as (Muslim, Christian, Yazidi). And also, to estimate the prevalence and methods of contraceptive usage among married women from different families in the city.

SUBJECTS AND METHODS

The present work represents a cross-sectional study held in Shekhan city located in the northern part of Iraq, between Duhok and Ninawa governorates, that involve populations from different ethnicity and religions with approximately 50 thousand people living in the city center (from which 23% were female at child bearing age 15-49 years females making approximately 11500 females)⁶. The study period extended from December 2018 to June 2019.

The study was permitted and accepted by the scientific committee of Shekhan health College as well as the health authority in the city. The study was explained to all enrolled females and verbal consent was taken at first from all. The sample size (n) was calculated according to the formula $n = [z^2 * p * (1 - p) / e^2] / [1 + (z^2 * p * (1 - p) / (e^2 * N))]$

Where: z = 1.96 for a confidence level (α) of 95%, p = proportion (expressed as a decimal), N = population size, e = margin of error. [<https://goodcalculators.com/sample-size-calculator/>]:

$$z = 1.96, p = 0.5, N = 11500, e = 0.05$$

$$n = [1.962 * 0.5 * (1 - 0.5) / 0.052] / [1 + (1.962 * 0.5 * (1 - 0.5) / (0.052 * 11500))]$$

$$n = 384.16 / 1.0334 = 371.742$$

$$n \approx 372$$

The study included 350 married women of ages between 15 to 49 years irrespective of their level of education, residing in the Shekhan city currently, and accepted to participate in the study selected by systematic random sampling method. The strategic planning of sample collection was based on partitioning of Shekhan city center into eight sections (parts) regardless of nationality and religion and each section or part had covered within one day. Choosing any of each of those eight sections was relied on doing lot (toss). Moreover, within a selected section and in a neighborhood the starting of the survey of houses either on the left or right side was based randomly on lot of currency, and data collection was started from the first house followed by leaving the next one and so on. Unmarried single women, widowed women, separated women and, females refused to contribute in the study were excluded.

The method of collection of data was based on direct interviewing with included women. The study questionnaire was included the following information: Demographic characteristics include age, religion, educational level, and occupation, and marriage age; Obstetric history including the parity, knowledge on FP methods; Attitude and practicing towards using FP methods; and causes of non-unmet needs.

After data collection, analysis was done using SPSS package version 20. Results offered as a mean \pm standard deviation (SD) for measurable variables, and a percentage for qualitative variables.

RESULTS

The main demographic features of the enrolled women are shown in table 1 and reveal that the median age of enrolled females was 32.5 years (15-49 years) with the most encountered age group being 25–29 years. Religion of respondents were 194 (55.4%) Muslims, 53(43.7%) Yazidi and 3(0.9%) Christians. One hundred eighty-three women (52.3%) had educational level of primary school, and 332 (94.9 %) were household's wives. The high percentage of parity of participant married women was (5 and more) which record 107(30.6%), and only 63 (18%) of participants were pregnant at study time.

Knowledge of Participants About Family Planning

According to the knowledge of participants about FP as shown in table 2, the large majority of respondent's women 285 (81.4 %) had already say that FP is useful, 291(83.1%) of them have a knowledge of lactation amenorrhea, 254(72.6 %) oral contraceptive pill, 225(64.3 %) IUDs, 189(54.0%) male condom, 134(38.3%) progesterone injection, 12(3.4%) female condom, 25(7.1%) patch, and 7(2%) emergency contraception.

Causes of Not Using Family Planning Methods

The current study as shown in table 3, revealed that that nearly half of the participant 198(56.6%) use one of FP methods, while 152 (43.4%) did not use any one. In some families more than one cause existed and the vast majority of the cause of not using FP methods was the desire of one parent or both for having more children 148 (42.3%), followed by fear from side effects 16 (4.6%); Lack of access 16 (4.6%); Economic reasons 11 (3.1%); religious beliefs 10 (2.9%); Lack of knowledge 7 (2.0%); Mother-in-law objections 6 (1.7%) and Husband's objections 3 (0.9%)

Types of Family Planning Methods Used by Participants at Present Time

The study results as shown in table 4, indicate that 197(56.3%) of the enrolled women used one of FP methods at study time. Male condom was the commonest method utilized by 135(38.6%), followed by IUCDs 27 (7.7%); Contraceptive pills by 18(5.1%); Natural spacing 6(1.7%); Emergency contraception 5(1.4%); progesterone injection 3(0.9%), female condom 2(0.6%) and lactation amenorrhea 1(0.4%).

Table 1: Socio-demographic characteristics of the study population

Characteristics	No. (%)
Age	
15-19	10 (2.9%)
20-24	55 (15.7%)
25-29	76 (21.7%)
30-34	71 (20.3%)
35-39	61 (17.4%)
40-44	40 (11.4%)
45-49	37 (10.6%)
Educational Level	
Illiterate	55 (15.7%)
Read and write	15 (4.3%)
Primary school	183(52.3%)
Secondary school	58 (16.6%)
University +	39 (11.1%)
Occupation	
Household wife	332 (94.9%)
Employment	13 (3.7%)
Other	5 (1.4%)
Parity	
0	33 (9.4%)
1	57 (16.3%)
2	58 (16.6%)
3	50 (14.3%)
4	45 (12.9%)
≥ 5	107 (30.6%)
Total	350 (100.0 %)

Table 2: Knowledge of participants about family planning.

Options	Yes		No	
	No.	%	No.	%
Do you think that Family planning is useful	285	81.4	65	18.6
Lactational amenorrhea	291	83.1	59	16.9
Oral contraceptive pill	254	72.6	96	27.4
IUDs	225	64.3	125	35.7
Male condom	189	54.0	161	46.0
Progesterone injection	134	38.3	216	61.7
Female condom	12	3.4	338	96.6
Patch	25	7.1	325	92.9
Emergency contraception	7	2.0	343	98.0

Table 3: Causes of not using family planning methods.

Options	Yes		No	
	No.	%	No.	%
One or both parents want more children	148	42.3	202	57.7
Fear from side effects	16	4.6	334	95.4
Lack of access	16	4.6	334	95.4
Economic reasons	11	3.1	339	96.9
Religious beliefs	10	2.9	340	97.1
Lack of knowledge	7	2.0	343	98.0
Mother-in-law objections	6	1.7	344	98.3
Husband's objections	3	0.9	347	99.1

Table 4: Types of family planning methods used by participants at present time.

Option	Yes		No	
	No.	%	No.	%
Male condom	135	38.6	215	61.4
IUCD	27	7.7	323	92.3
Contraceptive pills	18	5.1	332	94.9
Natural spacing	6	1.7	344	98.3
Emergency contraception	5	1.4	345	98.6
Progesterone injection	3	0.9	347	99.1
Female condom	2	0.6	348	99.4
Lactational amenorrhea	1	0.3	349	99.7

DISCUSSION

Over the last few decades many modern contraceptive techniques become available that characterized by increasing safety and efficacy for preventing pregnancy and allowed couples around the world to change their choice and appreciate the assistances of FP methods. contraceptive methods employment varies in different communities and reaches up to 60% worldwide, though it's lower in underdeveloped countries at 53 %. The current study revealed values approximate to that of underdeveloped countries as only 197 (56.3%) of the participants used one of FP ^{7,8}.

Despite the widely used contraceptive methods in the region, it does not change over the last decade, questioning the efficacy of measures taken to bring about popularization of such practice in the region in the last ten years. Thus, accordingly, great efforts demanded to be done in this respect. For illustration, additional informative and counseling interventions have to be commenced everywhere (schools, health centers, media, mosques, churches, among others), with a particular emphasis on the profits of new modern contraceptives ⁹.

Almost eighty-one percentages of enrolled women previously have perceived information about FP, and their knowledge about FP include one method only. Thus, prime health professional workers have to show a great role in refining the females' information of FP and consciousness of diverse contraceptive methods offered together with their respective pros and cons. In this regard, knowledge and skills of health care worker have to be continuously boosted and refined to transport the correct and comprehensive instruction about contraception ¹⁰.

Despite large majority of women had previous perception of FP, only (56.6%) of the participant's use one of FP methods. This result raises the question of the role of health worker and the content of information transmitted to women on FP and contraceptive usage, thus emphasizing possibly the necessity to adjust the letter to be agreed, perhaps by carrying it in suitable confrontations and in the women's mother tongues. We have seen certainly that majority of enrolled women had low level of education (about 89%), probably impeding their capacity of understanding if logical, scientific or thorny words are used.

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Comparing our results from the region, knowledge seem to be lower than that reported from urban region from Anbar city at 97% and this mandate more educational campaign to be carried in the region to fasten and enhance population information regarding FP in the region. Perception of the FP methods seem to be similar to other part of Iraq including Anbar and Basra^{11,12}

Besides, the existence of large mass of media, globalization, excess to internet, social media, still some enrolled women had not perceived about contraception (19.6 %) and the current study revealed from the data analysis that (56.6%) of participants were aware of at least one contraceptive method, though (30.6 %) of the respondents indicate that the status of their parity of married women were refer to (5 and more).

The furthestmost widely used method were the ones contraceptive pills revealed that 42.3% of enrolled women were talented to use one or more contraceptive method. Likewise, However, this evolution contrasts with that of the practice of contraception which remains very low in our region. There is thus a huge breach between knowledge and approval of contraceptive and practice in our background. In the current, about (57.7 %) one or both parents want more children this mean they were not currently practicing contraception.

During any campaign, education programs or communication, obstacles should be beard into consideration to improve contraception uptake and usage in our locations. This led us to say that issues linked to low practice of contraceptive methods in our region include low level of practicing, unsuccessful transmission of appropriate evidence to women by health staffs, low level of education, anxiety from adverse effects, higher reproductive age, high parity, absence of knowledge and nonexistence of accessibility of contraceptives. Other important issues include religious belief, cultural background and socioeconomic status¹³.

The most commonly FP methods used were the traditional one's safe period, followed by modern methods (contraceptive pills). Therefore, we can explain why the respondents depend on traditional methods in rural areas, because of low educational and socioeconomic levels, cultural and religious beliefs, and lack of roads, modern contraceptives

are perhaps unavailable, inaccessible or unaffordable. Previous studies directing the cost benefits and acceptance of each of the contraceptive methods should be directed to study the correct memorandum during educative sessions in our settings. The educational sessions have to emphasis the advantages of newly developed contraceptives techniques to clarify them and enhance thereby their uptake¹⁴.

Previous studies had strengthened, those women who lack appropriate discussion regarding FP with their male partner tend to have a 2.8-fold higher risk for an unexpected gestation¹⁴. There is a large bulk of evidence that couple communication about FP is linked with higher surge levels of knowledge, improve attitudes, and enhance the use of FP methods^{15,16}. Therefore, to broaden the scope of FP programs by including FP messages directed to men is highly recommended and urgently required.

Conclusions

The degree of alertness, consciousness and perception about FP and contraceptive approaches are fairly reasonable; though the usage of these contraceptive techniques and maneuvers is not satisfactory in rural areas. In this respect, improved educational and counselling manipulations among women regarding FP messages were focused on men mainly and the role of chief health care workers' knowledge and skills to provide the correct and complete guidance about FP and contraception was not satisfactory.

Abbreviations

FP: Family Planning; IUCDs: Intrauterine contraceptive device;

Conflict of Interests

The authors declare that she has no conflict of interests.

Ethics Approval and Consent to Participate

The study was approved by the scientific committee of Shekhan Technical College as well as the health authority in the city. The study was explained to all enrolled females and verbal consent was taken at first from all.

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