

## Women's Knowledge About Family Planning.

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### المستخلص:

**الهدف:** الهدف من هذه الدراسة لتحديد معرفة النساء تجاه الصحة الانجابية، وتحديد العلاقة بين مستوى معرفة النساء وبعض الخصائص الاجتماعية والديموغرافية (العمر، المستوى التعليمي، والسكن والعمل).

**المنهجية:** تم تصميم دراسة وصفية من أجل تحقيق هدف هذه الدراسة. وأجريت الدراسة في وحدة رعاية الأم والطفل/ مركز القدس للرعاية الصحية الأولية في مدينة الموصل / العراق. وتم اختيار عينة عشوائية مؤلفة من (٦٢) امرأة تتراوح أعمارهن بين (١٥ - ٤٤) سنة. وجمعت المعلومات بواسطة استمارة استبائية وبطريقة المقابلة.

**النتائج:** أظهرت نتائج الدراسة بأن اغلب عينة الدراسة كانت تستخدم الطرق الطبية في عملية تنظيم الأسرة وبنسبة (٥١.٦١%) وان معارف النساء كانت جيدة تجاه برنامج تنظيم الأسرة وبمعدل (٩.٣٥%). وكانت النتائج ذات دلالة غير معنوية مع بعض الخصائص الاجتماعية ما عدا المستوى الثقافي.

**التوصيات:** التركيز على قنوات التثقيف غير اللفظي، مثل المنشورات والمواد السمعية والبصرية. كما في البلدان أخرى، وهذا يمكن أن يكون لها تأثير كبير في تعزيز معرفة النساء ببرنامج تنظيم الأسرة، وتشجيع استخدام وسائل منع الحمل، وتبديد المخاوف والمفاهيم الخاطئة حولها.

### Abstract:

**Objective:** The aim of the study to determining the women's knowledge regarding contraceptive, and to identify the relationship between women's knowledge and sociodemographic characteristics( Age, educational level, residence and employment).

**Methodology:** A descriptive study design was applied in order to aim of this study. The study was carried out in the antenatal care unit of Al-Quads primary health care center in the Mosul City/ Iraq. A random sampling consisted (62) women who aged between (15-44)years. Data were collected by using questionnaire through out interview technique.

**Results:** The results shows that the most of the study sample was used medical methods in the process of family planning (51.61%), and women's knowledge are good towered the family planning program (9.35%). The results revaeld that there are non –significant deference between women's knowledge and some demographic characteristics except the educational level.

**Recommendation:** Attention to communication channels other than verbal exchange, such as publications and audiovisual material. As experienced in other countries, this can have a great impact in enhancing client knowledge, promoting contraceptive use, and dispelling fears and misconceptions

**Key words:** Knowledge, Family Planning, contraceptive.

## Introduction

The widespread adoption of family planning represents one of the most dramatic changes of the 20th century. The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has had tremendous lifesaving benefits. Yet despite these impressive gains, contraceptive use is still low and the need for contraception high in some of the world's poorest and most populous places.<sup>(1)</sup>

There is a safe and effective family planning method for every woman that can enable her to protect her health and that of her children. More than half of all couples in the developing world are using family planning to delay, space, or limit future pregnancies, yet the need for family planning keeps increasing as the number of women of reproductive age continues to grow. An estimated 137 million women worldwide have an unmet need for family planning they are not using any method and report that they want to avoid a pregnancy.<sup>(2)</sup>

Most women welcome pregnancy and childbirth, yet the risks of illness and death associated with these events are very high in some parts of the world. In developing countries, a woman's lifetime risk of dying due to pregnancy and childbirth is 1 in 75, or almost 100 times higher than the 1 in 7,300 risk in developed countries.<sup>(3)</sup>

Women may have an unmet need for family planning for a variety of reasons: lack of knowledge about the risk of becoming pregnant; fear of side effects of contraceptives; perceptions that their husbands, other family members, or their religion opposes family planning; or lack of access to family planning services. Many of these barriers could be overcome through better information and counseling for both women and men.<sup>(4)</sup>

The objectives of this study to determine the women's knowledge regarding contraceptive, and to identify the relationship between women's knowledge and social characters (Age, educational level, residence and job).

There is now a broad consensus among researchers, health educators and health care managers that provision of good quality family planning services encourages acceptance or continuation of contraceptive use.<sup>(5)</sup> The family planning programs helped pave the way for many subsequent health, social, and economic programs. They helped establish the feasibility and legitimacy of mounting large-scale interventions aimed at such objectives as improving maternal and child health, eradicating disease, improving nutrition, enhancing educational opportunities, and undertaking village economic development.<sup>(6)</sup>

## Methodology

Prior to the actual collection of the data, formal administration approval was obtained from the Department of Health Nineveh province to conduct the study.

A descriptive study (quantitative design) was applied in order to carry out the study. The study was carried out in the antenatal care unit of Al-Quads primary health care center at the left side of the Mosul City/ Iraq. A random sampling consisted (62) women who aged between (15-44) years visited the primary health care centers.

The variables of the questionnaire and methods used by the investigator were explained briefly with all women in the simple way.

Data were collected by using questionnaire through out interview technique. The collection data tool consist of two parts include:- Part (1) consisted of (6 items) include some demographic data:- age, educational level, job, number of the children, age at marriage, type of contraceptive. Parts (2) consist (16 items) include question about family planning (general knowledge, benefit and side effect of family planning). The period of the study extend from 10/5/2010 end to the 20/8/2010.

Prior to the collection of data, the tool was examined to identify its validity and reliability. The investigators submitted the tool to panel of experts which consists of (7) experts in different fields of knowledge (Nursing, Medicine and Statistics). they agreed on the items of the tool.

**Result:-****Table (1) shows demographic characteristics of the study subject (No.=62)**

<b>Variables</b>	<b>No.</b>	<b>%</b>
<b>Age.</b>		
(15-24) years	4	6.45%
(25-34) years	26	41.94%
(35-44)	24	38.71%
(45) years or more	8	12.9%
<b>Total</b>	62	100%
<b>Job.</b>		
Employee	11	17.74%
Housewives	51	82.26%
<b>Total</b>	62	100%
<b>Educational level.</b>		
Unable to read & write	3	4.84%
Able to read & write	0	0%
Primary school graduate	22	35.48%
Intermediate school graduate	13	20.97%
Secondary school graduate	7	11.29%
University or more	17	27.42%
<b>Total</b>	62	100%
<b>No of children.</b>		
None	2	3.23%
Less than (5) children	48	77.42%
(5)Children or more	12	19.35%
<b>Total</b>	62	100%
<b>Age at marriage.</b>		
Less (16) years	15	24.19%
(16) years or more	47	75.81%
<b>Total</b>	62	100%
<b>Method of contraceptive.</b>		
None	23	37.1%
Natural method	7	11.29%
Medical method	32	51.61%
<b>Total</b>	62	100%

This table showed that the high percentage of women who aged between(25-34) years, (41.94%), and the most of them housewives (82.26%), and there are the highest percentage of them are intermediate school graduate (35.48%), and women who less than (5) children are more used the contraceptive methods than others (77.42%), and the most of the subjects are married at (16) years or more(75.81%), and the higher percentage of them used medical methods (51.61%).

**Table (2) One-Sample t-test for women's knowledge about family planning.**

	No.	Mean	S.D	SD. Error Mean	t	D F	
Benefit	62	8.3387	1.10057	.13977	59.659	61	S
Side effect	62	9.9516	1.32353	.16809	59.205	61	S
General knowledge	62	9.3548	.74870	.09508	98.384	61	S

This table shows that the women's knowledge about family planning is good.

**Table (3) one-way analysis of variance for the difference between women's knowledge and their age.**

S.O.V	D F	S.S	MS	F.	P. value
Between group	3	4.01	1.34	0.37	0.05 N.S
Within group	58	210.33	3.63		
Total	61	214.34			

F critical= 2.76

This table indicated that there is no significant deference between women's knowledge and their age.

**Table (4) one-way analysis of variance for the difference between women's knowledge and their educational level.**

S.O.V	D F	S.S	MS	F.	P. value
Between group	4	34.16	8.54	2.70	0.05 S
Within group	57	180.18	3.16		
Total	61	214.34			

F critical= 2.45

This table shows that there is significant deference between women's knowledge and their educational levels.

**Table (5) one-way analysis of variance for the difference between women's knowledge and their job.**

S.O.V	D F	S.S	MS	F.	P. value
Between group	1	7.04	7.04	2.04	0.05 N.S
Within group	60	207.29	3.45		
Total	61	214.34			

F critical=4

This table shows that there is no deference between women's knowledge and their job.

**Table (6) one-way analysis of variance for the difference between women's knowledge and their number of children.**

S.O.V	D F	S.S	MS	F.	P. value
Between group	2	7.30	3.65	1.04	0.05 N.S
Within group	59	207.04	3.51		
Total	61	214.34			

F critical=3.15

This table shows that there is no deference between women's knowledge and their number of the children.

**Table (7) one-way analysis of variance for the difference between women's knowledge and their age at marriage.**

S.O.V	D F	S.S	MS	F.	P. value
Between group	1	0.85	0.85	0.24	0.05 N.S
Within group	60	213.49	3.56		
Total	61	214.34			

F critical=4

This table shows that there is no deference between women's knowledge and their age at marriage.

**Table (8) one-way analysis of variance for the difference between women's knowledge and their type of contraceptive used.**

S.O.V	D F	S.S	MS	F.	P. value
Between group	2	6.19	3.10	0.88	0.05 N.S
Within group	59	208.15	3.53		
Total	61	214.34			

F critical=3.15

This table shows that there is no deference between women's knowledge and their types of contraceptive used.

## Discussion

Too many mothers in the world are dying or suffering from the effects of ill-health, poor nutrition and inadequate health care. Each year more than half a million mothers die in childbirth and around (4) million babies do not survive past the first (4) weeks of life. A significant proportion of these deaths take place in the Eastern Mediterranean Region(EMR) of the World Health Organization. In fact, several centuries of the region, pregnancy and childbirth are one of the leading causes of death for women of reproductive age. The latest estimates show that in terms of the level of maternal mortality, EMR falls directly below the African Region. Every year in the region, approximately (35000) mothers die as a result of pregnancy-related complications. Many more become ill or are left disabled. Yet, the fate of these women is often not fully recognized.<sup>(7)</sup>

Table(1) reveled that the most of the women were aged between (25-34 years) (41.93%), and the most of women's job were housewives (82.26%), and most of them were primary school graduate (35.48%), and the most of them had less than five children (49.03%), and the highest percentage were married at age more than (16) years, and highest percentage of them used medical contraceptive (51.61%).

Table(2) shows that women have good knowledge about family planning program.

The women at older age had better knowledge and behaviors than younger women.<sup>(8)</sup> Table(3) shows that there are no significant difference between women's knowledge and their age at P value=0.05.

Table(4) shows that there are significant difference between women's knowledge and their educational level at P value=0.05.

Table (5) shows that there are no significant difference between women's knowledge and their occupation at P value=0.05. In United Nation found that the employed mothers had a significantly

higher score of knowledge about family planning ( $P < 0.001$ ).<sup>(9)</sup> similar finding was recorded by Fantahun et al, where he found that employed women had better knowledge about contraception.<sup>(10)</sup>

Table(6) shows that there are no significant difference between women's knowledge and their number of children at  $P$  value=0.05.

Table (7) shows that there are no significant difference between women's knowledge and their age at married at  $P$  value=0.05. Previous study indicated that the younger women who have been married at (less 20 years) may have a tendency to use contraception for child spacing as they are still in the phase of family formation and they are a good knowledge about contraception use.<sup>(9)</sup>

Table (8) shows that there are no significant difference between women's knowledge and their type of contraceptive at  $P$  value=0.05.

Previous study indicated that the women's knowledge regarding traditional methods of contraceptive (practiced the rhythm method, withdrawal) are good, and most women poor knowledge regarding modern methods (Pills, Injectables, IUDs Condom...ect).<sup>(11)</sup>

The demographic characteristics (Age, residence and employment) except educational level, dose not correlated and effected with women knowledge.

#### **Recommendations:-**

Attention to communication channels other than verbal exchange, such as publications and audiovisual material. As experienced in other countries, this can have a great impact in enhancing client knowledge, promoting contraceptive use, and dispelling fears and misconceptions. Further studies is needed in large sample and in different region to generalize the finding in this study.

#### **References**

1. Elaine, M. "Diffusion of Innovations. Family Planning in Developing Countries. Journal of Health Communication. 2004; 9(1):123-129.
2. Guttmacher Institute, "Family Planning Can Reduce High Infant Mortality Levels; Issues in Brief (New York: Guttmacher Institute, 2002), accessed at [www.guttmacher.org](http://www.guttmacher.org), on Dec. 6, 2008.
3. WHO, Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003, 5<sup>th</sup> ed. (Geneva: World Health Organization, 2007).
4. Rhonda, S., Lori, A., Jay, G., Donna, C., Family Planning Saves Lives., 4<sup>ed</sup>, Washington, DC 2009 :1-21.
5. Ali, S., Sepideh, O., Hamid, R., and Seyyed, A., Factors affecting quality of care in family planning clinics: A study from Iran, International Journal for Quality in Health Care; 2008; 20(4):284–290.
6. Warren C. and Robinson. A., The Global Family Planning Revolution: Three Decades of Population Policies and Programs. The World Bank, Washington, DC, 2007.
7. Mahaini, R. and Mahmoud, H., maternal health in the Eastern Mediterranean Region of the World Health Organization, Eastern Mediterranean Health Journal, 2005; 11(4):532-538.
8. Phasouk, V., Siriku, I., Sutham, N. and Nipunporn, V., Compliance of Pregnant Women Regarding Iron Supplementation in Vientiane Municipality, Lao P.D.R., Journal of Public Health and Development, 2003;11(1):41-52.
9. Youssef, R., Duration and determinants of interbirth interval: community-based survey of women in southern Jordan, Eastern Mediterranean Health Journal, 2005; 11(4):559-572.
10. United Nation, Womens education and fertility behaviour: a cause study, of rural Mahorashhtra India. New York, Lippincott. 2003;:1-15.
11. Norsa.A., Abdul Razak. B, Noorliza. M., Acceptance and Knowledge of Family Planning Among Muslim Women in Rural Villages of Kelantan JIMA; 2007;39(7):109-114.