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Assessment of Knowledge, Attitude and Practices for Women's toward Family Planning in Primary Health Care Centers at Al-Amara city/ Iraq

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Abstract

Objectives: *To assess knowledge, attitude and practices (KAP) related to family planning among women and to find out association with their socio-demographic variables.*
Methodology: *A descriptive study conducted on the random selection of five primary healthcare centers during the period from November 11, 2019 and February 27, 2020. A convenient sampling technique was used to select (270) women attending health care services in the city of Al-Amara.*
Result: *The study showed that women's knowledge, attitudes and practices regarding family planning were at an moderate level of 58.2%, 67% and 55.1%, respectively. The results indicated a high significant relationship between the awareness, beliefs and practices of women toward family planning with some variables under study at (P<0.000), except number of children, it demonstrated that there was non-significant correlation at (P>0.05).*
Conclusion: *In this study, the knowledge level, attitude, and practices toward family planning were relatively moderate when compared to many studies. Each nurse must teach women about family planning as a whole to increase awareness and maintain health.*

Key words*: Family Planning, Women, Knowledge, Attitude, Practice,*

Introduction:

Women's health is extremely important in many researches, as its ability to determine the time periods of each pregnancy has a direct impact on her health and well-being as well as on having healthy children. Therefore, family planning is an evolutionary step in many societies by controlling morbidity and mortality [(1)].

Family planning (FP) represents any comprehensive educational, social or medical activities that enable individuals in the community to freely determine the number of their children by separating births or choosing methods that enable them to achieve their ambition [(2)].

The use of contraceptives in many countries of the world is not only a way to regulate distances between births and reduce the size of the family, but it can also be used as evidence to protect women and maintain the health of families more broadly [(3)]. More than 200 million women in developing countries are unwilling to become pregnant and fail to use modern contraceptive methods [(4)]. Moreover, to maintain the health of both the mother and the child in the event of the desire to have another child after birth, it is preferable to wait at least two years from the date of the last birth. It is also a good idea to have a fetus or miscarriage waiting at least 6 months [(2)].

In Iraq, which is considered one of the Islamic countries where the use of contraceptive methods is still low, this can be attributed to following the traditions and social customs in having many children for one family [(1)]. In the same context, the World Health Organization clarified several reasons for the lack of motivation among most women to apply family planning methods that include: lack of access to contraceptives, fear of side effects, social, religious beliefs, attitudes and lack of awareness about types of contraceptives [(5)(6)].

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Despite the importance of the topic, no previous comprehensive study has been conducted on the knowledge, attitudes and practices of family planning methods in the city of Al-Amara. Consequently, this study confirmed the development of the reproductive health program by increasing information about contraceptive use among married women between the ages of 15 and 49 years. **Objective:**

1. To assess the woman knowledge among family planning
2. To assess the woman attitude concerning family health planning
3. To assess woman practices for family planning tools.
3. To found out association between the participants knowledge, attitude and practices with their socio-demographic data.

Methodology

Quantitative design (A descriptive study) was applied in the study during the period 11th November 2019 at 30th March 2020. A convenient sampling technique was used to recruit 270 married women between the reproductive age groups (15-49 years) as inclusion criteria, these women were collected from the five primary health care centers at first sector at Al-Amara city by random method. While the excluded criteria which include menopause, widowed and non married women. The researchers used the interview technique to collect data from the sample through the use of a developed questionnaire to achieve the goals of this study through the use of the Arabic version, which contains three parts: The first part related to socio-demographic information which comprised of (9) items, and the second part to assess of the women knowledge toward FP it consists of (14) items. The third part includes questions about women's attitudes that it contains (11) items. While the fourth part contains (7) questions related to women's practices regarding family planning. The content validity of the tool was established by (10) experts.

Items were rated according to the three likert scale (Knowledge, attitude, and practices). While measurement was scored by using cut-of-point intervals (1.00 - 1.66) low; moderate (1.67 – 2.33), and (2.34 – 3.00) high, as well as (L), (M), and (H) respectively. Data were analyzed through the use of the Statistical Package for Social Sciences version 20. Then the results were calculated using descriptive statistics such as percentage, frequency, and Mean of Score, standard deviation, and inferential statistics through ANOVA test to find out correlation between women KAP regarding family planning. The value of $P \leq 0.05$ was considered significant.

Study results:

Table (1) Distribution of the Women Demographic Data

Variables	(n=270)	Frequency	Percent
Age (years)	< 20	37	13.7
	20- 24	82	30.4
	25-29	74	27.4
	30-34	30	11.1
	35- 39	40	14.8
	≥ 40	7	2.6
Number of Years Marriage (Date of Married)	1-5 years	147	54.4
	6-10 years	79	29.3
	11-15 years	35	13.0
	16-20 years	9	3.3
Level of Education	Illiterate	29	10.7
	Read and write	53	19.6
	Primary school graduate	67	24.8
	Intermediate school	40	14.8
	Secondary school	39	14.4
	Institute & college	42	15.6
Occupational Status	Free business	68	25.2
	Housewife	160	59.3

	Employee	42	15.6
Number of children	**1-3 Child**	176	65.2
	4-6 Child	73	27.0
	7-9 Child	19	7.0
	≥ 10 Child	2	0.7
Types of contraceptives	**Injection**	39	14.4
	IUD	26	9.6
	Pills	41	15.2
	Condoms	47	17.4
	Natural breastfeeding	53	19.6
	Do not used device	64	23.7
Reason for using Contraceptive	**Spacing between births**	98	36.3
	Medical status	12	4.4
	Economic reason	117	43.3
	Decrease of family members	43	15.9
Residency	**Rural**	50	18.5
	Urban	220	81.5
Monthly Income	**< 700000**	197	73.0
	700000 – 1000000	46	17.0
	> 1000000	27	10.0

Table -1- revealed that there is a third of the participants (30.4%) of the study sample who are within the age group 20–24 years. While, 147(54.4%) of women in the study sample were have their (1-5 years) date of married. Concerning to the educational level, it showed that nearly a quarter of women (24.8%) in the sample were primary school graduates. Regarding the subject of occupational status represented the majority of women were housewives (59.3%), and (65.2%) had 1-3 children. Concerning the types of contraceptives showed 64(23.7%) of participants were do not used device, while the main reason for contraceptive use among participants was shown to economic reason 117 (43.3%). In relation to the residency majority of women live in urban (81.5%). While monthly income the majority (73%) have less than (700000 D.I).

Table (2): Assessment of participants' Level toward KAP Concerning to Family Planning

Levels	**Knowledge**		**Attitudes**		**Practices**	
	Frequency	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Low	77	28.5	53	19.6	79	29.3
Moderate	157	58.2	181	67.0	149	55.1
High	36	13.3	36	13.3	42	15.6
Total	**270**	**100.0**	**270**	**100.0**	**270**	**100.0**
$\bar{x} \mp S.D$	0.314	**1.87**	0.277	**1.91**	365	**1.90**

$\bar{x} \mp S.D.$=Arithmetic Mean ($\bar{x}$) and Std. Dev. (S.D.), Participants' Level: (1.00 - 1.66) = Low, (1.67 – 2.33) Moderate, (2.34 – 3.00) = High.

The above table revealed that the majority of participants have a moderate level of awareness, beliefs and practices related to FP with mean and standard deviation (1.87 ± 0.314),(1.91 ± 0.277), & (1.90 ± 0.365) and (n=270; 157(58.2%), 181 (67%), and 149 (55.1%)) respectively.

Table (3): Assessment of Women's Knowledge Related to Family Planning

Items of Knowledge Related to Family Planning	I Know		Uncertain		I don't Know		M. S.	S. D.	Ass.
	F	%	F	%	F	%			
1. Family planning helps to keep mother healthy and vitality	81	30.0	143	53.0	46	17.0	2.13	0.675	**M**
2. Family planning means birth control	86	31.9	99	36.7	85	31.5	2.00	0.797	**M**
3. The use of therapeutic contraceptives increases blood pressure	63	23.3	110	40.7	97	35.9	1.87	0.761	**M**
4. There are several methods of contraception.	23	8.5	162	60.0	85	31.5	1.77	0.590	**M**
5. Birth control pills are effective even if a woman has not taken them for two or three consecutive days	32	11.9	153	56.7	85	31.5	1.80	0.629	**M**
6. One of the reasons for using contraceptives is to increase the period from birth to birth.	79	29.3	73	27.0	118	43.7	1.86	0.843	**M**
7. Health education is important for those who want to use birth control.	62	23.0	189	70.0	19	7.0	2.16	0.525	**M**
8. The pills do not guarantee 100% protection.	42	15.6	104	38.5	124	45.9	1.70	0.724	**M**
9. A condom is a contraceptive method and prevents sexually transmitted diseases.	61	22.6	172	63.7	37	13.7	2.09	0.597	**M**
10. Common side effects of birth control pills include weight gain and a mood disorder.	46	17.0	111	41.1	113	41.9	1.75	0.728	**M**
11. Women become more at risk of developing breast cancer when taking estrogen-containing contraceptives.	48	17.8	109	40.4	113	41.9	1.76	0.735	**M**
12. A woman should use Depo Provera injection every three months.	4	1.5	128	47.4	138	51.1	1.50	0.530	**L**
13. If a woman has side effects of a specific type of birth control pill, it is possible to choose another type.	62	23.0	133	49.3	75	27.8	1.95	0.712	**M**
14. Using both condoms and pills is a very effective method of contraception.	19	7.0	191	70.7	60	22.2	1.85	0.520	**M**

Results of table-2- presents that all items related women knowledge regarding family planning have mean of score were moderate level, based on the answers of women, except item (12) demonstrated mean of score were low level.

Table (4): Assessment of Women's Attitudes Related to Family Planning

Items of Attitudes Related to Family Planning	Agree		Not Sure		Disagree		M. S.	S. D.	Ass.
	F	%	F	%	F	%			
1. Contraceptives should be used to limit the number of children	70	25.9	159	58.9	41	15.2	2.11	0.633	**M**
2. Contraceptives should be used to increase the time interval from birth to birth	47	17.4	164	60.7	59	21.9	1.96	0.626	**M**
3. Spacing will allow the child to be healthier.	44	16.3	109	40.4	117	43.3	1.73	0.725	**M**
4. Contraceptives should be avoided for women under 20 and women over 35	30	11.1	176	65.2	64	23.7	1.87	0.578	**M**
5. The economic aspect can negatively affect the selection of a suitable contraceptive	49	18.1	153	56.7	68	25.2	1.93	0.656	**M**
6. The economic aspect can negatively affect the selection of a suitable contraceptive	73	27.0	109	40.4	88	32.6	1.94	0.772	**M**
7. Family planning helps in family planning and reduces maternal and child diseases and deaths	11	4.1	166	61.5	93	34.4	1.70	0.542	**M**
8. The appropriate age for a mother to have a first child is between 30-20 years	79	29.3	124	45.9	67	24.8	2.04	0.735	**M**
9. The available contraceptive is easy to use	23	8.5	184	68.1	63	23.3	1.85	0.546	**M**
10. Knowledge of the husband can affect the use of contraceptives	63	23.3	75	27.8	132	48.9	1.74	0.812	**M**
11. The mother must wait for at least 6 months to become pregnant again after the abortion and 2 years to become pregnant again after the birth of the first child	55	20.4	193	71.5	22	8.1	2.12	0.521	**M**

Results of above table demonstrated that overall items related women attitudes regarding family planning have mean of score were moderate level, based on the responses of women.

Table (5): Assessment of Practices Related to Family Planning

Items of Women's behaviors during the current pregnancy	Always		Sometime		Never		M. S.	S. D.	Ass.
	F	%	F	%	F	%			
1. I visit health centers for the purpose of	34	12.6	160	59.3	76	28.1	1.84	0.620	**M**

obtaining family planning services									
2. Use contraceptives for the purpose of not having unplanned children	105	38.9	98	36.3	67	24.8	2.14	0.787	**M**
3. Use more than one type of contraceptive method	44	16.3	177	65.6	49	18.1	1.98	0.588	**M**
4. An unplanned pregnancy occurs as a result of not using contraceptives	62	23.0	127	47.0	81	30.0	1.93	0.726	**M**
5. Education and medical advice are necessary for the purpose of knowing the appropriate contraceptive and how to use it in addition to knowing the contraindication and side effects	31	11.5	142	52.6	97	35.9	1.76	0.645	**M**
6. Use traditional or natural contraceptives such as breastfeeding, external ejaculation or herbs when not using artificial contraceptives	58	21.5	110	40.7	102	37.8	1.84	0.754	**M**
7. Use a suitable contraceptive that is safer and more effective than other types.	16	5.9	182	67.4	72	26.7	1.79	0.533	**M**

Table (4) shows that all of the items related to practices of family planning have mean of score were moderate level, depending on the responses of women

Table (6): Association between KAP of the women with their demographic characteristics

ANOVA / Variables	d.f.	Knowledge		Attitudes		Practices	
		F	Sig.	F	Sig.	F	Sig.
Age (years)	**264**	9.344	0.000	16.614	0.000	13.244	0.000
Number of Years Marriage	**266**	5.534	0.001	1.816	0.145	3.047	0.029
Level of Education	**264**	61.813	0.000	68.323	0.000	77.962	0.000
Occupational Status	**267**	182.655	0.000	155.724	0.000	226.830	0.000
Number of children	**266**	1.789	0.150	0.270	0.847	2.087	0.102
Types of contraceptives	**264**	27.509	0.000	19.268	0.000	22.530	0.000
Reason for using Contraceptive	**266**	17.659	0.000	1.434	0.233	17.223	0.000
Residency	**268**	4.427	0.036	12.954	0.000	4.834	0.029
Monthly Income	**267**	122.477	0.000	113.472	0.000	129.458	0.000

ANOVA=Analysis of Variance, d.f.= degree of freedom , F= f-test, Sig.=Significant.

Findings of the table -6- showed that there are highly significant correlation between women's knowledge, attitudes, and practices about family planning with their demographic characteristics at (p value < 0.01), except number of children showed a non-significant association with their awareness, attitudes, and practices at (p value > 0.05).

Discussion:

During the course of literature review many articles, newspapers, books, and journals were searched. The literature about FP in the context of Al-Amara city was limited. On the other hand, increasing coverage of family planning programs will not be sufficient unless all women have sufficient awareness, positive beliefs and appropriate practices on contraceptive use [7].

Our study showed that women who completed primary and secondary education followed more family planning methods than were illiterate (54.0% and 10.7%), respectively. This finding was consistent with a study done in Jimma, Ethiopia [8]. Perhaps this result is due to the fact that women who can read and write have more control over their marital relationships by discussing contraceptive use and family size.

However, our results showed that 58.2% of the participants had moderate knowledge of family planning. This result is supported by AL-Tawil in Baghdad / Iraq, which showed that 61.8% of the sample knows that family planning will reduce physical or emotional pressure on them in the future [9]. Also, Kasa et al., [7] in study conducted in Ethiopia who found (57.7%) had poor knowledge regarding FP methods. In a study conducted by the World Health Organization (WHO) showed that women participating from underdeveloped countries do not have enough knowledge about contraceptive methods, for example, women in Nigeria had poor knowledge of contraceptives by 34%. While in Tanzania most women do not have sufficient knowledge about modern methods used. [10].

However, barriers to knowledge were clear in the way contraceptives are used. For example, the results of the study showed the lowest awareness by arithmetic mean & standard deviation (1.50 ± 0.530) regarding the use of the (Depo Provera) injection that was must have intake every three months, possibly the reason for this result is that most women are afraid to use the syringe as a method of contraception or because they do not make a periodic visit to health centers in order to regulate the number of family members.

On the other hand, the barriers that prevent the use of contraceptive methods among the respondents in this study were related to bad attitudes (1.91 ± 0.277). This result was supported by Lincoln et al., [2] in study which conducted in Fiji who found that the majority of women were (52.9% agreed) and (30.5% strongly agreed) about using FP in their lives. Consequently, cultural beliefs have great potential in motivating women to use contraceptives in particular.

Importantly, it was found that 55.1% with (1.90 ± 0.365) of women practiced FP through many types of contraceptives such as pills (15.2%), condoms (17.4%), injection (14.4%), IUD (9.6%), natural breastfeeding (19.6%), while the do not used device (23.7%). This percentage may be due to the low response of women to regular visits to PHC centers, which are the main source of knowledge and in-depth awareness regarding contraceptive use in contrast to advertisements or may be due to economic reason (43.3%). One the same point of view, the results of this study was supported by Haggaz et al., [11] in a study conducted in Darfur, western Sudan, which found that women use FP services (34.2%), contraceptive pills represented 74.4% as the most used method.

The current study showed that a woman's knowledge, attitude, and practices related to family planning were highly significant association with their demographic data ($p < 0.01$). This may be due to the fact that when the age increases, the awareness of mothers improves, so the attitude and practice towards family planning are more positive. Also, the study revealed that residency in urban areas with little monthly income for families has a major impact on family planning practices. Participants whose monthly income was more than 1,000,000 Iraqi dinars use FP better than those whose income is less than 7,000,000. This may be because those who have a low income may not want to have many children, while those with a higher monthly income relatively want more children. This finding was consistent with a study in Ethiopia among women of childbearing age, which showed strong associated between knowledge, attitude and practice with their demographic data that is includes age, education status, residence, occupation, number of children, marital status, and monthly income with FP practice in $P < 0.001$ [7]. In regarding to education, AlAbedi et., al [12] They stated that the educational level is closely related to knowledge of women through use of modern developments in technology that prevent the risk of pregnancy in the future, such as watching health programs on TV, Facebook or You Tube.

Today, Iraq is affected, as other countries in the region, by the global economic weakness, which in turn affects the living conditions of families and use of FP methods to maintain on health of society in general.

Conclusion:

The results of the study showed that the majority of participants had a moderate level of knowledge, attitudes, and practices related to family planning. Also, there was a high significant correlation between all demographic variables except for the number of children, while the results showed that there was no significant relationship.

Recommendation:

In line of the study results, each health worker should educate women who review primary health care centers about family planning methods well to increase their awareness of the various benefits. In addition, more studies are needed to find out the reasons why family planning is not being used and how to address it.

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