

## Women's Knowledge, Practices And Attitude Regarding Family Planning

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### Abstract:

**Aim of the study:** The study aimed to assess women's knowledge, practices and attitude regarding family planning. **Setting:** The study was conducted at Makkah primary health care centers, Saudi Arabia. **Design:** Descriptive study design. **Sampling:** A purposive sample included 400 women were recruited in the current study. **Tools:** Two tools were used to collect data, an interviewing questionnaire to collect data related to women's knowledge and practices regarding family planning and Modified Likert scale was used to assess women's attitude regarding family planning. **Results:** The present study revealed that, the majority of studied women had inadequate knowledge regarding family planning, while the majority of them had positive attitude regarding family planning. More than half of studied women had satisfactory level of practices regarding current using method of family planning. **Conclusion:** There was a highly positive correlation between studied women's knowledge and their practices of family planning ( $p < 0.001^{**}$ ). There was a significant negative correlation between studied women's knowledge and their attitude regarding family planning ( $p = 0.05^{*}$ ). **Recommendations:** Periodic educational program for women to increase their knowledge and to improve their practices. Counseling women about the importance of periodic follow up.

**Key words:** Family planning, knowledge, practices, attitude.

### Introduction:

Family planning consists of two complementary components; planning pregnancy and preventing pregnancy. Family planning gives the woman control over the number of children that wishes to have and allows the woman to determine when births will occur in relation to each other and in relation to the age of the couples. Women can avoid unwanted pregnancies, bring about wanted births and control the intervals between births (Hatfield, 2014).

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Family planning is considered as one of the most cost effective interventions and has an imperative function to reduce maternal, infant and child health related morbidity and mortality as such that it has the potential to prevent around 30% of maternal deaths and 10% of child deaths. Furthermore the benefits of family planning are not limited just to promoting maternal or child health but it can significantly influences enhanced opportunities for higher socioeconomic status, education, employment and empowerment especially for girls and women. Likewise, family planning/ contraception use also to reduce the rates of unskilled and unsafe abortions by preventing the mistimed or unwanted pregnancies (**Ali et al., 2014**).

Millions of women want to use safe and effective family planning methods, but are unable to do so due to lack of access to knowledge and services as well as support from their husbands and communities. Knowing the women's knowledge and attitude towards family planning may help us to intervene so that the practice can be increased. This might ensure the right of women to have child as they wish. This will later reduce unwanted pregnancies and abortions (**Shafei et al., 2012**).

The nurses' roles are to educate couples on what methods are available and how to use methods, understanding how various methods of contraception work and how they compare in terms of benefits and disadvantages is necessary for successful counseling. The nurses also review the signs of potential complications associated with the use of methods. In addition to completing a history and assessing for any contraindications to specific methods, nurse must be comfortable discussing contraception and be sensitive to the women's concerns and feelings. It is important that nurses don't introduce their own biases for or against specific methods (**McKinney & James, 2013**).

Lack of knowledge about contraceptive methods and concerns about health side effects and effectiveness are also major barriers to adoption of family planning services. These factors may also argue against increased continuity of contraceptive use. Cultural beliefs, fear of side effects, disapproval by couples and inadequate knowledge about contraceptive methods and their benefits are major barriers to contraceptive uptake. Women with knowledge about contraceptives and the benefits of family planning are more likely to use contraceptives. Knowledge enables women to make informed decisions about what contraceptives to use and when to use them (**Nangendo, 2012**).

**Aim of the study:**

To assess women's knowledge, practices and attitude regarding family planning.

**Research Questions**

- What is the level of women's knowledge regarding family planning?
- What is the level of women's practices for current using family planning method?
- What is the level of women's attitude regarding family planning?

**Subjects & Method Research design:**

A descriptive design.

**Research setting:**

The study was conducted at Makkah primary health care centers, Saudi Arabia

**Sample type:**

Purposive sample

A total number of 400 women who were attended Makkah primary health care centers. The number of the subjects were calculated based on the flow rate of women at studied setting for a year (2021-2022), the flow rate was 4000 client. The sample size was 10% from the total women attended to previous mentioned setting.

**Inclusion criteria:**

Women who were using different family planning methods and attending Makkah primary health care centers according to the following criteria:

- Women regardless ages and educations.
- Women already used one of family planning method for at least 1year.
- Women without any medical diseases.

**Tools of data collection:** Two tools were used to collect data

**Tool I: Structured interviewing questionnaire:** consist of 5 parts to assess the following:

- (1): General characteristics of women as age, education, occupation, age at marriage, marital duration in years, and current number of living children.
- (2) : Obstetric and gynecological history as number of pregnancy, number of labor, previous delivery, duration of menstruation by days, regularity of menstruation and the amount of menstrual blood flow.
- (2): Family planning history as previous family planning knowledge before married, selection of method, planning for the last pregnancy and bad experiences about using of contraception.
- (3) : women's knowledge about different family Planning methods.
- (4) : women reported practices regarding current using of family planning methods.

**Tool II:** Modified Likert Scale was used to assess women's attitude regarding different family planning methods.

**Content Validity:** Data collection tools was tested for validity

Ethical consideration:

- The aim of the study was explained to each woman before applying the tools to gain woman's confidence and trust.
- An oral consent was obtained from each woman to participate in the study and she can freely withdraw at any time.

- The data was collected and treated confidentially.
- Each woman was informed about time throughout the study.

**Pilot study:** It was carried out on 40 women (10% of total sample) to evaluate reliability of study sample and clarity of the study tool. No modification was done.

**Field work:**

- Data were collected from the beginning of September, 2022 till the end of February, 2023 covering six months.
- The researcher was utilized suitable method of communication and she was explained the aim of the study and the questionnaire to each woman individually.

The sheet was filled by the researcher through an interview ranged from 20 to 25 minutes with each woman, which 5-6 sheets were filled each day until the predetermined number was obtained.

- As regarding interviewing questionnaire for women's general characteristics; the questionnaire was administrated by the researcher to assess the general characteristics of women. Knowledge of the studied women regarding family planning methods was evaluated by using knowledge questionnaire (tool I).
- In relation to women's practice, it was reported by women regarding precaution of utilization of each family planning method (IUD, injection contraceptive, pills contraceptive, implant, barriers, or safe period).
- Attitude of the studied women regarding family planning was assessed using a modified likert scale that was tested for reliability (tool II).

**Results:**

**Table (1)** reveals that, 42.0% of the studied women's age ranged from 30 to less than 40 years with mean age of  $32.65 \pm 5.08$  years, 48.3% of women were married at the age of 20-23 years, 51.2% had a secondary level of education, 62.2% of them were not working and 51.8% of women had children from 3 to 4 living children

Variable	Total subjects (n=400)	
	No.	%
<b>Age in years</b>		
20-	135	33.8
30-	168	42.0
40-	97	24.2
Mean $\pm$ SD	32.65 $\pm$ 5.08	
<b>Marital duration in years</b>		
1-5	99	24.8
6-15	288	72.0
16-18	13	3.2
Mean $\pm$ SD	14.63 $\pm$ 3.07	

<b>Age at marriage</b>		
16-19	129	32.2
20-23	193	48.3
24-27	78	19.5
Mean $\pm$ SD	21.78 $\pm$ 5.03	
<b>Educational qualification</b>		
Illiterate	12	3.0
Primary	48	12.0
Secondary	205	51.2
University	135	33.8
<b>Occupational status</b>		
Work	151	37.8
Not work	249	62.2
<b>Current number of living children</b>		
1-2	160	40.0
3-4	207	51.8
5-6	33	8.2
Mean $\pm$ SD	4.36 $\pm$ 1.76	

**Table (2)** illustrates that, 93.0% of studied women knew the answer regarding definition of family planning as regular period between pregnancies, 99.0% of the studied women knew the answer regarding child spacing as a reason for using contraceptive, On the other hand 76.0% of women didn't know the answer regarding emergency contraception can cause nausea, vomiting and breast tenderness of the use of that pill.

Variable	Don't know		know	
	No.	%	No.	%
<b>Definition of family planning</b>				
Regular period between pregnancy	28	7.0	372	93.0
Avoid pregnancy permanently.	262	65.5	138	34.5
Avoid pregnancy temporarily	195	48.7	205	51.3
<b>Reasons for using contraceptives</b>				
Child spacing	4	1.0	396	99.0
Have enough children	62	15.5	338	84.5
Economic reason	190	47.5	210	52.5
<b>Definition of emergency contraceptive</b>				
Take after intercourse when non-use of contraceptives	220	55.0	180	45.0
It is used within 72 hours of sexual intercourse	280	70.0	120	30.0
It can cause nausea-vomiting–breast tenderness of the use of that pill.	304	76.0	96	24.0

figure (1) shows that, 84.8% of the studied women had inadequate level of knowledge

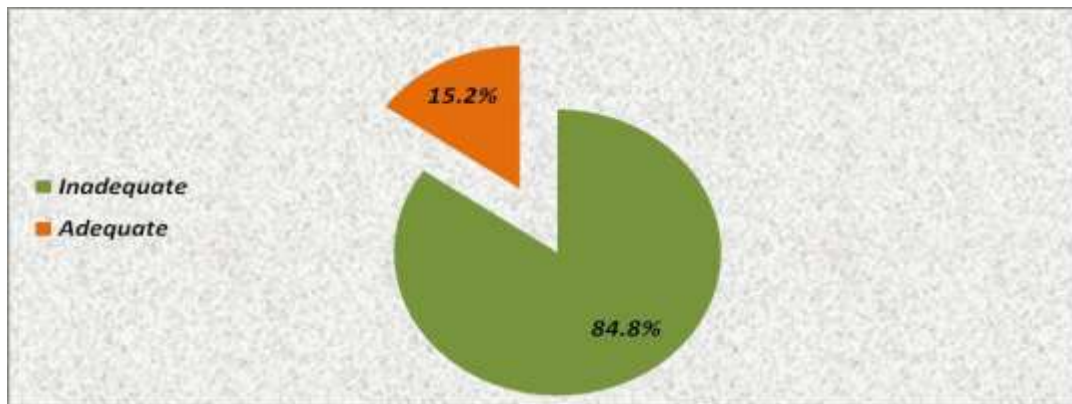


figure (2) indicates that 53.8% of studied women had a satisfactory level of practice regarding current using family planning method.

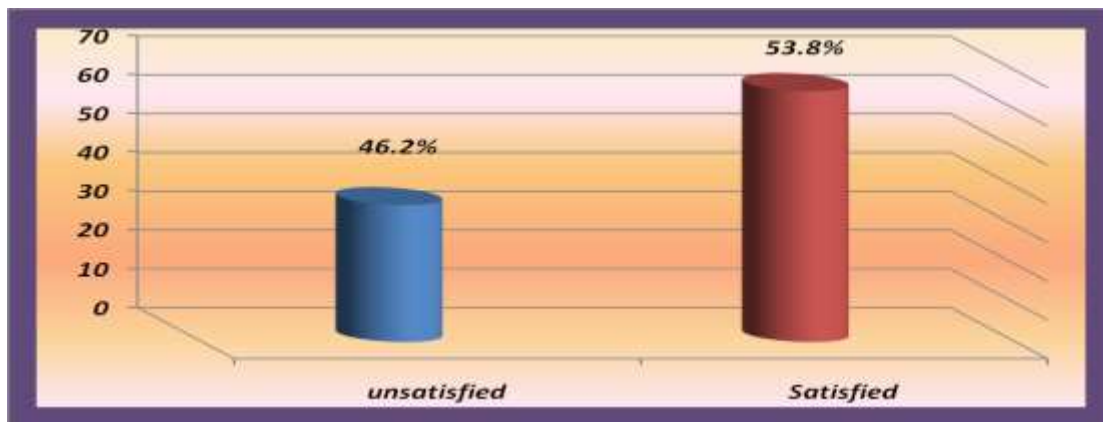
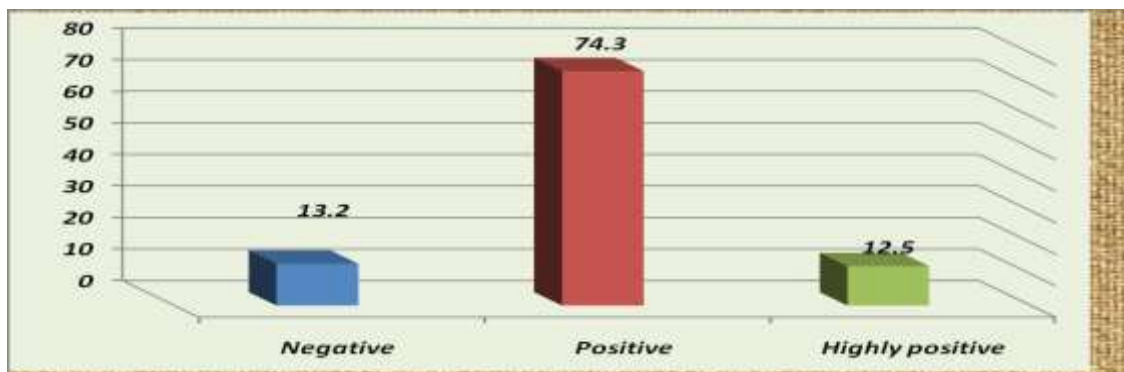


Figure (3) indicates that 74.3% of studied women had a positive attitude regarding using family planning methods.



**Table (3)** reveals that there was a highly positive correlation between studied women's

knowledge and practice score that means that their knowledge increase in consequence with their practice. On the other hand there was a significant negative correlation between studied women's knowledge and attitude score .

Variable	Tot practice		Total attitude	
	r	p-value	r	p-value
knowledge	0.142**	<0.001**	-0.103*	0.05*

**Table (4)** reveals that there was a significant relation between studied women's total knowledge score and their age, marital duration, occupational status, and number of their live children. On the other hand there was no statistical significant relation regarding their age at marriage and their educational qualification.

Variable	adequate N=339		dequate N=61		Chi square	p-value
	No	%	No	%		
<b>Age in years</b>					9.07	<0.05*
20-	105	31.0	30	49.2		
30-	145	42.8	23	37.7		
40-	89	26.3	8	13.1		
<b>Marital duration</b>					10.30	<0.05*
≤ 5 years	74	21.8	25	41.0		
6-15 years	254	74.9	34	55.7		
≥ 16 years	11	3.2	2	3.3		
<b>Age at marriage</b>					0.041	>0.05
16-	110	32.4	19	31.1		
20-	163	48.1	30	49.2		
≥24	66	19.5	12	19.7		
<b>Educational qualification</b>					5.63	>0.05
Illiterate	10	2.9	2	3.3		
Primary	44	13.0	4	6.6		
Secondary	178	52.5	27	44.3		
University	107	31.6	28	45.9		
<b>Occupational status</b>					6.62	<0.05*
Work	119	35.1	32	52.5		
Not work	220	64.9	29	47.5		
<b>Number of live children</b>					9.14	<0.05*
1	125	36.9	35	57.4		
3	184	54.3	23	37.7		
5	30	8.8	3	4.9		

### Discussion:

The present study revealed that, less than half of studied women their age ranged from 30 to less than 40 years old with main age (32.65±5.08), this finding came in accordance with **Handady & Naseralla (2015)** who assessed the knowledge, attitude and practice on family planning among women attending primary health care center in Khartoum, Sudan; across-

sectional and facility based study, who found that the mean± SD of age was (30.7±7.2) years. The accordance of the result may be due to the size of the sample was similar to the size of the sample of the current study which, a total of 400 women of child bearing age were interviewed regarding their knowledge, attitude and practices of contraception.

Regarding level of education of the studied women, the present study showed that more than half of women had secondary school education followed by one third of them had university education, this finding is in the same line with **Egede et al., (2015)** who studied the prevalence, choices, and sources of contraceptive options among market women of reproductive age in Ebonyi State, Nigeria, and determined the awareness and use of contraception among these women, that who revealed that more than half of participant had secondary school education, and (27.6%) had tertiary education.

Concerning age at married of studied women the present study revealed that the highest percent of women were between (20-24) years old at the age of their marriage, this finding supported with **Kazy,(2008)**who analyzed the level of knowledge, attitude and practice of family planning among the currently married women in their reproductive age in Gadap town, that who pointed out that the majority age at marriage time was between 20 to 24 years. It may be due to culture of early marriages of girls are very common in our Saudi society especially in rural area.

As regard definition of family planning most of women knew about meaning of family planning, with the main reason for using family planning was child spacing, the finding agrees with **Ahmed et al.,(2014)** who studied the knowledge, attitude, and practice of Somali women regarding family planning as a measure to improve maternal and child health, which showed that, most of the participants knew about the concept of family planning, with better knowledge among the university-educated group.

Moreover, the present study indicated that, the vast majority of the study women had lack the knowledge about emergency contraception. This finding come in accordance with **El-Sabaa et al., (2013)**who studied the awareness and use of emergency contraception methods among women of childbearing age at the family health care centers in Alexandria, Egypt, which revealed that many participants had lack knowledge about emergency contraception.

Concerning studied women's knowledge regarding family planning methods. The finding of the study found that the majority of studied women had inadequate level of knowledge regarding different family planning methods. The finding was supported by **Verran et al., (2014)** who examined how their experiences and decisions about family planning in the UK are shaped by their cultural background; found that women who were childless when they came from China appeared to have a very limited knowledge of family planning. Lack of studied women's knowledge may be due to women didn't receive knowledge of family planning before married and may be due to the main source of information was relatives and friends.

Concerning women's practices regarding family planning methods, the present study revealed that, more than half of studied women were aware about contraceptive practices. This result is in the same line with **Prateek & Saurabh,( 2012)**who studied the extent of awareness regarding contraception among married women; a cross sectional descriptive study of four months duration among 180 married women were selected as study participants, and pointed out that, more than half of women were aware about contraceptive practices.



Regarding women's attitude of family planning, the present study revealed that three quarter of studied women had positive attitude regarding family planning this result is in the same line with **Abedin, (2010)** who studied the family planning knowledge, attitudes, and practices among the South Asian immigrants women (13-45 years) in Oslo, Norway; a cross-sectional study using a quantitative approach was carried out from August 2010 to December 2010 among 309 women which showed that, nearly two-thirds of the Indian origin women (66.7 %) showed positive attitudes towards family planning. On the other hand this finding is disagreement with **Pego et al., (2014)** who assessed the knowledge, attitude & practices of contraceptives among married women of reproductive age group, and the result reported that more than half of participant were showing negative attitude towards family planning. The difference in the two studies probably due to large family norm, religious myth, cultural and political barrier.

In addition, the present study revealed that, there was a highly positive correlation between studied women's knowledge and their practice of family planning methods this means that their knowledge was increased in consequence with their practice. This finding similar to **Beekle&McCabe, (2008)** who determined the level of family planning knowledge, practices and determinants among women of childbearing age who live in Jimma town, the capital city of Jimma Zone of Oromia administrative region of Ethiopia; a quantitative study using a descriptive survey design was conducted in Jimma University Hospital. The survey results showed a significant association between the number of family planning methods known and current contraceptive practices.

The current study revealed that there was a significant relation between studied women's knowledge and the age this finding is supported by **Dominic&Carmen (2011)** who determined the level of knowledge and attitude of contraception and their relationships among Chinese migrant woman workers, the study stated that respondents' age was significantly positively correlated with the contraceptive knowledge.

### **Conclusion:**

Inadequate knowledge of women was reported regarding family planning. Despite using the different types of family planning methods, the practices of women toward each using method was unsatisfactory. The majority of women had positive attitude regarding family planning. There was highly positive correlation between studied women's knowledge and their practices of family planning . There was a significant negative correlation between studied women's knowledge and their attitude regarding family planning

### **Recommendations:**

- Developing periodic educational program for the women to increase their knowledge and to improve their practice must be conducted at all centers of maternal and child health.
- Counseling for the women about the importance of periodic follow up.

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