

Assessment of Women's Knowledge and Practices toward Family Planning at Maternity Hospitals in Baghdad City

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Abstract

Family planning is the decision that couples make about if they want to have children, when, how many children, and how they are spaced. Knowledge is necessary to make decisions and know how to avoid conception. Some couple needs counseling because contraception has failed.

Objectives: To assess women's knowledge and practices about family planning and find out the association between women's knowledge and practices with some study variables.

Method: Descriptive study was conducted from October 2019 to March 2020 at maternity hospitals in Baghdad city. Non probability (purposive sample) was used to collect the data from (79) women who attending outpatient clinics at maternity hospitals in Baghdad city. A questionnaire was designed by the researcher. A pilot-test is conducted in order to determine the reliability of the questionnaire in a sample of (20) women who were excluded from the study sample. Data was analyzed through the use of SPSS version 20.

Results: The results revealed that the highest percentage (49.4%) of women's age was (30-39) years. More than two third of them (69.6%) are graduated from college. The higher percentages (63.3) have knowledge and (58.2%) used a family planning method. There are no statistical significant differences between women's knowledge and practice.

Conclusion: This study finds that the women have knowledge and used a family planning method, but there are no significant differences between women's knowledge and practices.

Recommendations: Based on study findings the source of knowledge from the internet and they choose a type of family planning based on family and friends advice so the researcher recommend to activate the role of health care professional especially doctors and nurses to provide scientific knowledge and counseling to couples to choose the most appropriate method.

Keywords: *Knowledge, Practices, Family Planning Method, Women.*

Introduction

Family planning is so important that many national health goals speak directly to this area of care. Intentional pregnancy is important for a child's health, because unintended or misused pregnancy leads to short-term and long-term consequences such as a low rate of antenatal care visit, breastfeeding, and may be less eager to protect her fetus from harmful substances. A child of unintended pregnancy is at greater risk of low birth weight, dies in the first year, being abused, and

does not receive sufficient resources for healthy growth and development^[1].

Having children is one of the most important roles and performance of a woman, however, for a physiological process; pregnancy is an unexpected, unpleasant, unplanned and high risk and can cause disability and death^[2].

Family planning deals with the woman's reproductive health, adequate birth spacing, avoiding

unwanted pregnancies and abortions, preventing sexually transmitted diseases, and improving the quality of life of the mother, fetus and family as a whole^[3].

A woman's decision to use family planning method and choosing the method are affected by several complex psychosocial and structural factors, including contraceptive beliefs, negotiation ability with partner about using a contraceptive method, and access to services of reproductive health. Knowledge is an important factor that affects decision making for using a contraceptive method^[4].

Globally, perinatal mortality about (40%) of infant mortality yearly, resulting in about three million stillbirths and four million neonatal deaths. Perinatal mortality rate is high in low-income countries, with an average (50 deaths/1000 live births), compared with (ten deaths/1000 live births) in high-income countries. Family planning has been shown that reduce maternal and infant mortality, however contraceptive use in many resource-limited countries ^[5].

Family Planning services in Iraq need more efforts to be improved, as the indicators include: Modern Contraceptive Prevalence Rate (28%), unmet needs (22%), Adolescents Birth Rate (60%), and unwanted pregnancies (12%). Total Fertility Rate is (4.6) live births per woman and population growth Rate three percent. From above, it's clear that indicators negatively affecting the women and family health and also the development plans^[6].

Materials and Method

Descriptive analytic study design was conducted among women attending outpatient clinics at maternity hospitals to assess their knowledge and practices about family planning. The study was performed from October 2019 to March 2020 at maternity hospitals in Baghdad city. Non probability (purposive sample) used to collect the data from (79) women. A questionnaire was designed by the researcher to assess women's knowledge and practices about family planning. A pilot study conducted in order to determine the reliability of the questionnaire in a sample of (20) women who excluded from the study sample ($r=0.85$). Content validity was determined through a panel of (8) experts their experience mean and SD was 26.6 ± 5.5 . The data was collected after obtaining the agreement from women to participant in this study. The study instrument was consisted of three parts which include: Socio demographic characteristics, women's

knowledge about family planning and women's practices about family planning. Data are analyzed through the use of SPSS (Statistical Process for Social Sciences) version 20.

Results

Table (1): Distribution of Study Sample According to Socio-demographic Characteristics

Socio Demographic Characteristics	F	%
Age/years		
< 20	1	1.3
20-29	21	26.6
30-39	39	49.4
40-49	18	22.8
Total	79	100
Mean=33.94 SD=6.2		
Duration of marriage/years		
1-5	23	29.1
6-10	34	43.0
11-15	11	13.9
16-20	7	8.9
> 21	4	5.1
Total	79	100
Mean=8.7 SD=5.7		
Age of last child/years		
1-4	63	79.7
5-8	11	13.9
9-12	5	6.3
Total	79	100
Mean=4.3 SD=7.1		
Educational level		
Secondary School	6	7.6
Institute graduate	17	21.5
College graduate	55	69.6
Master and higher	1	1.3
Total	79	100

This table illustrates that the highest percentage (49.4%) of women's age were (30-39) years. Regarding duration of marriage the higher percentage (43%) of them were (6-10) years. Regarding educational level more than half of them (69.6%) were graduated from college.

Table (2) Women's Knowledge about Family Planning Method

No.	Item	Know		Don't know		MS	RS	Ass
		F	%	F	%			
A	Family planning method							
1	Complex Contraceptive Pills	62	78.5	17	21.5	1.78	89	H
2	Mini Pills	33	41.8	46	58.2	1.41	70.5	L
3	Types of Contraceptive Injection	34	43	45	57	1.43	71.5	L
4	Intrauterine devices	44	55.7	35	44.3	1.55	77.5	M
5	Male Condom	52	65.8	27	34.2	1.65	82.5	M
6	Female condom	45	57	34	43	1.56	78	L
7	Tubal Ligation	54	68.4	25	31.6	1.68	84	M
8	Vasectomy	52	65.8	27	34.2	1.65	82.5	M
B	Ideal pregnancies spacing	36	45.6	43	54.4	1.45	72.5	L
	Total	50	63.3	29	36.7	1.63	81.5	M

(M.S) mean score (R.S) relative sufficiency (Ass.) assessment (Low= ≥ 75), (Moderate= 75.1-87.5), (High= 87.6-100)

This table shows that there are a low level of relative sufficiency and mean score regarding items No.(2,3), while there are a high level of relative sufficiency and mean score regarding items No. (1). Also there are a low level of relative sufficiency and mean score regarding items No. (B). Also the total knowledge relative sufficiency and mean score is moderate level.

Table (3) Women's Sources of Knowledge about Family Planning Method

No.	Item	F	%
1	Doctor	16	20.3
2	Nurse	2	2.5
3	Internet media	27	34.2
4	Experience	4	5
5	Reading	12	15.2
6	Friend and Family	18	22.8
	Total	79	100

This table illustrates that the highest percentage (34.2%) of women's sources of knowledge were from the internet and media.

Table (4) Women's Practices toward Family Planning Method

No.	Item	F	%
A	Type of family planning		
1	Natural Family planning method	4	5.1
2	Contraceptive Pills	7	8.9
4	Injection	1	1.3
5	Intrauterine devices	19	24.1
6	Male Condom	13	16.5
7	Female condom	1	1.3
8	Tubal Ligation	1	1.3
	Didn't use	33	41.8
B	Women choose type based on		
1	Doctor	11	10.1
2	Couple	7	8.9
3	Experience	1	1.3
5	Family and Friends	27	34.2
6	Didn't use	33	41.8
	Total	79	100

This table shows the highest percentage (24.2%) of women who used a family planning chooses Intrauterine devices, and their choice was based on Family and Friends.

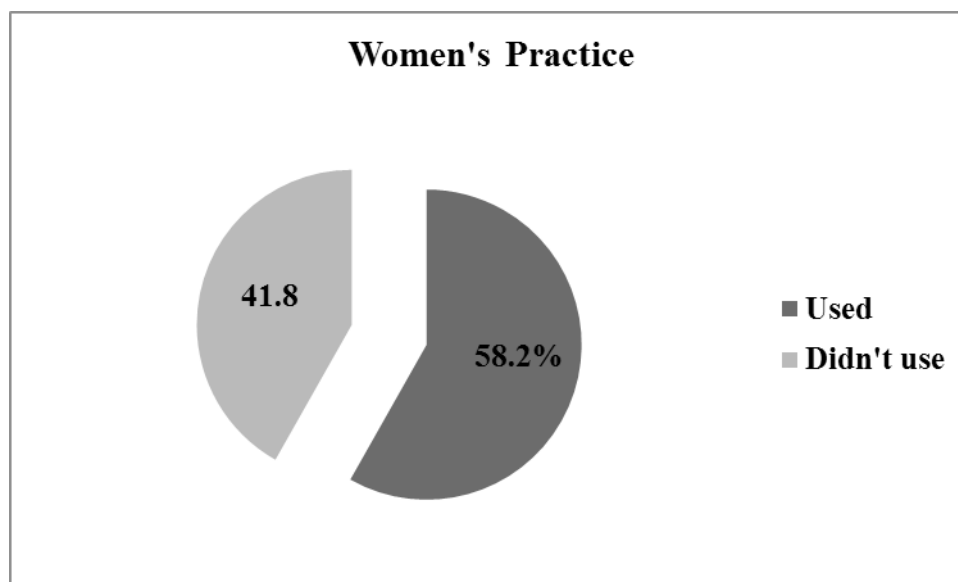


Figure (1) Women's Practice toward Family Planning Method

Table (5): Association between Women's Knowledge and Practices with Socio-Demographic Variables

Women's Knowledge Women's Practice		Know		Don't know		Chi square statistics			Sig.
		F	%	F	%	Value	df	P-value	
Used		30	60	16	55.2	.176	1	.67	Ns
Didn't use		20	40	13	44.8				
Women's Knowledge Socio-demographic variables		Know		Don't know		Chi square statistics			Sig.
		F	%	F	%	Value	df	P-value	
Age/years	< 20	1	2	0	0	2.8	3	.41	Ns
	20-29	12	24	9	31				
	30-39	23	46	16	55.2				
	40-49	14	28	4	13.8				
Educational level	Secondary School	2	4	4	13.8	4.4	3	.21	Ns
	Institute graduate	11	22	6	20.7				
	College graduate	37	74	18	62.1				
	Master and higher	0	0	1	3.4				
Women's Knowledge Socio-demographic variables		Used		Didn't use		Chi square statistics			Sig.
		F	%	F	%	Value	df	P-value	
Age/years	< 20	0	0	1	3	4.6	3	.2	Ns
	20-29	9	19.6	12	36.4				
	30-39	26	56.5	13	39.4				
	40-49	11	23.9	7	21.2				
Educational level	Secondary School	5	10.9	1	3	3.1	3	.37	Ns
	Institute graduate	9	19.6	8	24.2				
	College graduate	32	69.6	23	69.7				
	Master and higher	0	0	1	3				

(df) degree of freedom, (Sig) significant Probability value ($P < 0.05$), (NS) Non Significant, (s) significant.

This table shows that there are no statistical significant between women's knowledge and practice with socio-demographic variables toward family planning method

Discussion

The findings of current study show about half of women's age were (30-39) years, more than one third married for (6-10) years, their last child's age was (1-4 years). Regarding educational level more than two third was graduated from college.

Agha and Rasheed stated that Iraq, like some other developing countries, people have still appreciates early marriage, large families and a role for woman in the home. In addition, the previous Iraqi government, especially in the 1980s, encouraged high fertility to compensate for casualties during its wars. Until the middle of the past decade, the Iraqi Ministry of Health neglected family planning in the country. This explains why the crude birth rate in Iraq was one of the highest in the world in the late 1980s and early 1990s. At the time of their study, health services in Iraq, including family planning, were almost free in government clinics, when these were available, but not all family planning method were available in family planning clinics. Therefore, for many mothers, the sources of family planning services were private clinics and pharmacies due to the limited services^[7].

The current study found more than half of study sample have knowledge about family planning method, while they didn't know the ideal pregnancies spacing. This might be due to most of the study sample were graduate from college so they think in family planning are useful to be economically, self-sufficient and more likely to acquire greater confidence and personal control in marital relationships including the discussion of family size and contraceptive use. More than third of their source of knowledge were from the internet, and second higher percent from family and friends. This finding supported with a study who found more than third (42.3%) of study participants had good knowledge, and (50.4%) had good practice towards family planning^[3]. another study reported that the higher percentage (45%) of the women's source of information was from media, followed by (15%) from internet/friends and relatives and ten percent from health professionals. This study finding also is consistent with a study who found (70%) had gained knowledge of contraception from friends and

relatives and (39%) from TV and radio^[9-10].

Women's decision making to use contraceptive method is affected by many factors including knowledge gained from various sources. Blackstock and colleagues found that the role of the social network regarding family planning generally to provide women contraceptive information and particularly to guide women to a specific contraceptive method. They found that the knowledge gained from health care providers especially social network members often enhanced or clarified their knowledge gained from other informal sources, ^[4].

This study found more than half of study participant were use a family planning method, they choose intrauterine device and male condom as a higher percent. They choose the method based on advice from their family and friends.

The condom use was high rate compared to neighboring countries; this may be due to the free availability of condoms in Dohuk. However, similar rates of condom use have been reported in Iraq and the Islamic Republic of Iran and among Palestinian refugees^[7].

Many women want to delay pregnancy and avoid STIs, as options are difficult. There are many method available today, and more will be offered in the near future. The ideal method of contraception for many women should have the following characteristics: ease of use, safety, efficacy, minimal side effects, "nature", non-hormonal method, and immediate reversal. Currently, no single method of contraception offers everything ^[8].

Conclusion

This study revealed that more than half of study sample have knowledge about family planning method and they used a family planning method. The most common type of family planning was intra uterine device. There are no statistical significant differences between level of knowledge and women's age or educational level. There are no statistical significant differences between women's knowledge and practice; also there are no statistical significant differences between women's knowledge and practice with socio-demographical variables.

Recommendation: This study findings shows the most women's source of knowledge from the internet and most of them choose a type of family planning based on

family and friends advice so the researcher recommend to activate the role of health care professional especially doctors and nurses to provide scientific knowledge and counseling to couples to choose the most appropriate method.

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Conflict of Interest: None declared

Ethical Approval: Not required

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