http://dx.doi.org/10.15218/zjms.2014.0022

Knowledge, attitudes, and practices regarding family planning among two groups of women in Erbil

Received: 14/1/2013 Accepted: 22/7/2013

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Abstract

Background and objective: Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Insufficient knowledge, attitudes, and practices about the family planning and, more important, methods for family planning lead to increased number of unwanted pregnancies. The study aims at finding out the knowledge, attitudes and practices regarding family planning among two groups of women residing in two different areas (urban and rural) in Erbil city, Iraqi Kurdistan region.

Methods: A cross-sectional survey was carried out during the period from November 1, 2009 and August 31, 2010. A convenience sample of 700 married women was taken from two different areas of Erbil.

Results: A considerable proportion of women were unfamiliar with the term family planning, while high level of knowledge was found regarding types of contraceptives, ideal period between consecutive pregnancies, and the ideal age of pregnancy and labor. Most of the women had a positive attitude toward family planning, and knew at least one benefit of family planning to mothers and/or children. The study revealed limited effect of health education channels on the knowledge of women about family planning. The intra-uterine device and the withdrawal methods were the most popular family planning methods used among the study sample. Majority of families in both groups are currently using family planning.

Conclusion: A considerable proportion of women were unfamiliar with the term family planning. Most of the women had a positive attitude toward family planning. Appropriate approaches to be used to convince the policy makers about the importance of family planning.

Keywords: Knowledge, Attitudes, Practice, Family Planning.

Introduction

Family planning (FP) involves cognitive decisions and behavioral practices that enable a woman to conceive a wanted pregnancy and avoid unwanted or a badly timed pregnancy. Family planning decisions are complex and may be made by the woman, her partner, or the couple together.[1] It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.[2]

Women's ability to practice contraception is essential to protecting their health and rights. Reproductive health care, including contraceptive services, enables women and their partners to make choices about pregnancy, have healthy babies and protect themselves from infections.[3] Family planning can improve women's health in child bearing years. Regulating fertility is as important as controlling morbidity and mortality. It is an essential component of personal, social and economic development. The international conference of population and development

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http://dx.doi.org/10.15218/zjms.2014.0022

(ICPD) estimated that 350 million couples worldwide lack access to the full range of modern FP methods.[4] Insufficient knowledge about the FP and, methods for FP lead to increased number of unwanted pregnancies. Millions of women are using FP to avoid pregnancy but fail, for a variety of reasons. They may not have received clear instructions on how to use the method properly, could not get a method better suited to them, were not properly prepared for side effects, or supplies ran out.[2] Many external factors influence this choice, including cultural practices, religious beliefs, attitudes and personal preferences, cost, effectiveness, misinformation, practicality of method, and self-esteem.[5] In spite of the importance of the subject, no previous comprehensive study about knowledge, attitudes and practices of FP methods was carried out in Erbil. This study will hopefully help in the development of FP services and FP program in the area by estimating the prevalence of contraceptive use among currently married women aged 15 - 49 years in Erbil city and in a rural area located near Erbil city. The study aimed at assessing the knowledge, attitude and practices regarding FP in women in the reproductive period; and studying the prevalence of utilization of FP in two areas of Erbil.

Methods

A cross-sectional survey was carried out during the period that started on November 1, 2009 and ended in August 31, 2010. A convenience method of sampling was used to recruit 700 married women in their reproductive age group (15-49 years old). This sample was divided into two equal groups; group one (G.1) was collected from women attending the Azady Primary Health Care Center located in Erbil city, and group two (G. 2) was collected from the Qushtappa Primary Health Care Center located in Qushtappa sub-district which is considered as an example of a rural area. Official permission was obtained from Erbil Directorate of Health and from both primary health care centers. An interview was done by one of the researchers with all the women using a questionnaire designed by the researchers and translated into Kurdish language. Data collection was done by the researcher, who kept the confidentiality and anonymity of the data. The questionnaire consisted of four parts. Part one included questions about socio-demographic characteristics of women. Part two consisted of questions about women's knowledge about FP, their knowledge about the concept of FP, its benefits for mother and child, knowledge about types of FP methods, the best FP method, women's opinion about the desired number of children in the family and the ideal period between pregnancies. Part three included questions about women's attitude toward FP and husband's attitude toward FP. Part four included questions about women's FP practices (past and present practices). Women were asked about spacing of their children, and lastly sources of FP methods. A pilot study was conducted on 60 women (30 from Erbil city and 30 from Qushtappa) during November 2009. Data were analyzed using the statistical package for social sciences (SPSS, version 15). Chi square test of association was used to compare between the proportions of the two study groups. A 'P' value of ≤ 0.05 was considered as statistically significant.

Results

The majority of women were not aware of the proper definition of FP. Only 7.7% of women in G.1 and 14.0% of women in G.2 had given accepted answers (Table 1). Regarding knowledge of nature of benefits of FP to mothers, the result shows that 99.4% of G.1 and 94.9% of G. 2 answered that FP lead to less physical and emotional strain ($P < 0.001$). Table 2 shows the distribution of sample by knowledge of nature of benefits of FP to the mother and the child. The majority of the sample (92.1%) said that personal experience was the main source of information related to the benefits of FP. It is evident in Table 3 that the role of doctors and health workers is x

http://dx.doi.org/10.15218/zjms.2014.0022

limited. Women were asked to enumerate the types of FP methods. The majority (more than 90%) of both groups had knowledge about oral pills and intra-uterine device (IUD), while the minority (3%) had knowledge about safe period as a FP method (Table 4). Over one third (40.7%) of the sample agreed that the withdrawal is the best FP method. The second highest number of respondents believes that IUD is the best method (32.6%). No significant difference between G.1 and G. 2 were detected (Table 5). No significant differences between G.1 and G. 2 were detected and shows that around half (47.6%) of the sample desire a family composed of four children (Table 6). The vast majority (83.1%) of husbands in G. 1 and (76.0%) of husbands in G. 2 had a positive attitude toward FP. Regarding the reasons behind positive attitude, 71.9% of fathers in G. 1 had a positive attitude for better health of mother and better care for children, while in G. 2, 68.7% had positive attitude for the same reason (Table 7). The prevalence of utilization of FP methods (traditional and modern) was 88.1%. The was no significant difference between the rates in G. 1 and G. 2 (89.4 and 86.9%, P = 0.29) as shown in Table 8.

Table 1: Distribution of sample by knowledge about definition of FP mothers' opinions about FP and about benefits of FP.

	Group						p value
	Hawler N = 350		Qushtappa N = 350		Total N = 700		
	No.	%	No.	%	No.	%	
Definition of FP.							
Accepted answer	27	7.7	49	14.0	76	10.9	0.026
Unaccepted Answer	231	66.0	211	60.3	442	63.1	
No reply	92	26.3	90	25.7	182	26.0	
Mothers' opinion about family planning							
Full agreement	225	64.2	257	73.4	482	68.8	0.009
Dis- agreement	6	1.7	10	2.9	16	2.3	
Partial agreement	85	24.3	58	16.6	143	20.4	
Not certain	34	9.7	25	7.1	59	8.4	

Table 2: Distribution of sample by knowledge of nature of benefits of FP to the mother and child.

	Group						p value
	Hawler N = 350		Qushtappa N = 350		Total N = 700		
Benefits to the mother							
Less physical & emotional strain	345	99.4	332	94.9	677	97.1	<0.001
Better health	322	92.8	320	91.4	642	92.1	0.503
Better health& less strain	268	77.2	271	77.4	539	77.3	0.951
Less financial strain	113	32.6	141	40.3	256	36.4	0.034
More time fore social relations	91	26.2	37	10.6	128	18.4	<0.001
Others	4	1.2	0	0	4	0.6	0.044
Benefits to the child							
More emotional support	345	99.4	341	97.4	686	98.4	0.035
More food& less financial strain	312	89.9	319	91.1	631	90.5	0.579
Better health	28	8.1	53	15.1	81	11.6	0.004
Don't know	1	0.3	0	0	1	0.14	0.315

http://dx.doi.org/10.15218/zjms.2014.0022

Table 3: Distribution of sample by source of information about FP methods.

Source of information	Group Hawler N = 350		Qushtappa N = 350		Total N = 700		P
	No.	%	No.	%	No.	%	
Radio& Television	48	13.7	58	16.6	106	15.1	0.292
Books	13	3.7	6	1.7	19	2.7	0.103
Magazines& newspapers	11	3.1	4	1.1	15	2.1	0.068
Neighbors	19	5.4	31	8.9	50	7.1	0.078
Relatives & friends	86	24.6	91	26	177	23.3	0.664
Personal experience	338	96.6	307	87.7	645	92.1	<0.001
Doctor	30	8.6	49	14	79	11.3	0.023
Health worker	9	2.6	16	4.6	25	3.6	0.154

Table 4: Distribution of sample by knowledge about types of FP methods.

Types of FP.	Group Hawler N = 350		Qushtappa N = 350		Total N = 700		P
	No.	%	No.	%	No.	%	
Oral pills	329	94.0	337	96.3	666	95.1	0.160
intra-uterine device (IUD)	335	95.7	337	96.3	672	96.0	0.700
Condom	253	72.3	236	67.4	489	69.9	0.161
Withdrawal	301	86.0	297	84.9	598	85.4	0.668
Sterilization	20	5.7	23	6.6	43	6.1	0.637
Injection	147	42.0	176	50.0	323	46.0	0.028
Safe period	10	2.9	11	3.1	21	3.0	0.825
Lactational amenorrhea	72	20.6	47	13.4	119	17.0	0.012

Table 5: Distribution of sample by opinion about the best FP method.

Best method	Group Hawler		Qushtappa		Total		P
	No.	%	No.	%	No.	%	
Oral pills	20	5.7	24	6.9	44	6.3	0.077
intra-uterine device (IUD)	106	30.3	122	34.9	228	32.6	
Condom	34	9.7	39	11.1	73	10.4	
Withdrawal	147	42.0	138	39.4	285	40.7	
Sterilization	1	3.0	5	1.4	6	9.0	
Injection	2	6.0	4	1.1	6	9.0	
Safe period	3	9.0	1	3.0	4	6.0	
Lactational amenorrhea	29	8.3	12	3.4	41	5.9	
Others	8	2.3	5	1.4	13	1.9	
Total	350	100	350	100	700	100	

http://dx.doi.org/10.15218/zjms.2014.0022

Table 6: Distribution of sample by opinion about desired no. of children in the Family.

Desired No. of children	Group Hawler		Qushtappa		Total		p value
	No.	%	No.	%	No.	%	
1	2	.6	0	0	2	3.0	0.084
2	104	29.7	78	22.3	182	26	
3	55	15.7	77	22	132	18.9	
4	163	46.6	170	48.6	333	47.6	
5	11	3.1	15	4.3	26	3.7	
6	9	2.6	6	1.7	15	2.1	
7	6	1.7	4	1.1	10	1.4	
Total	350	100	350	100	700	100	

Table 7: Distribution of sample by their husbands' attitude toward FP.

What is your husband's attitude toward FP.	Group Hawler N = 350		Qushtappa N = 350		Total N = 700		p value
	No.	%	No.	%	No.	%	
Positive	291	83.1	266	76.0	557	79.6	0.052
Negative	58	16.6	81	23.1	139	19.9	
Not certain	1	0.3	3	0.9	4	0.6	
Reasons behind positive attitude of husbands toward FP.							
Less economic strain	125	42.8	174	65.4	299	53.6	<0.001
Better health for mother& better care for children	210	71.9	184	68.7	394	70.4	0.399
Complete family size	121	41.4	128	47.8	249	44.5	0.133
Don't know	3	1.0	0	0	3	0.5	0.096
Total	291	100	266	100	557	700	

Table 8: Distribution of sample by their current usage of FP methods.

current use of FP.	Group Hawler N = 350		Qushtappa N = 350		Total N = 700		p value
	No.	%	No.	%	No.	%	
No	37	10.6	46	13.1	83	11.9	0.29
Yes	313	89.4	304	86.9	617	88.1	
Total	350	100	350	100	700	100	

http://dx.doi.org/10.15218/zjms.2014.0022

Figure 1 shows that 44% of users of FP methods were using the traditional methods like (withdrawal, breast feeding and others)

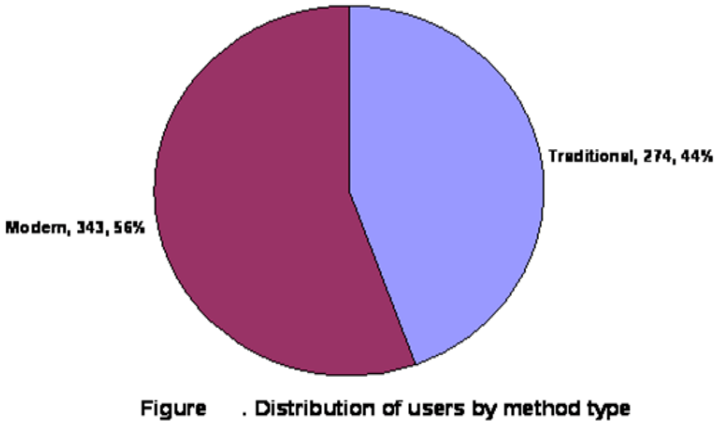

Figure 1: Distribution of users by method type.

Discussion

The study showed that a considerable proportion of women in the two groups were unfamiliar with the term FP, but at the same time they were aware of types of contraceptive measures. This indicates that FP is a new terminology in the Iraqi dictionary whereas -contraception- is a well known term. A study conducted in Nais, showed that there is less knowledge about FP. Complete definition of the idea of FP was familiar only to 6.1% of interviewees, while 14.6% of them were unfamiliar with the FP, 79.3% partly familiar.[6] The majority of women in the sample (97.1%) thought that FP will decrease physical and emotional strain on them and 92.1% thought that FP will lead to better health on them ignoring other benefits like less financial strain and more time for social relations. This reflects a defect in health education of the community. Results of a study that was conducted in Baghdad showed that 61.8% of women in the sample thought that FP will decrease physical or emotional strain on them.[7] Results of a study done in Duhok showed that 82.4% of women knew some of FP benefits.[8] Similar results were found in the study comprising interviewees from Nigeria which showed that most of the respondents had good knowledge about the benefits of FP.[9] Results showed that the majority of the sample (92.1%) said that personal experience is the main source of information related to benefits of FP methods reflecting a minimum effect of the health education channels. Results showed that radio and television had a limited contribution in provision of information on FP. A study conducted in Baghdad also showed that radio and television had a limited contribution in provision of information on FP.[7] This could be attributed to the introduction of satellite channels in Iraq. Similar result showed that most of women (85%) obtained their information from acquaintances rather than from health practitioners.[8] Different results were found in the study comprising interviewees from Nis. Most of the interviewees reported that their source of information about contraception was newspapers and media (28.6%).[6] A different result was obtained from a study conducted in Nnewi, south-east Nigeria which showed that the major sources of information on FP were health workers and radio.[9] Different results were found in the study comprising interviewees from Tezu village that showed that the main source of knowledge is

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friends as reported by 44% of the respondents, and 22% of the respondents' knowledge came from mass media.[10] Women from underdeveloped countries such as Malawi, receive the basic information about the contraception from health professionals when they come to hospital for any reason.[11] The study showed high rates of knowledge of FP methods. Similar results were found in the study comprising interviewees from Baghdad that showed that the knowledge about FP methods was good with 99.7% of women having knowledge about pills and IUDs[7]. Similar results were found in the study comprising interviewees from Duhok that showed that the knowledge about FP was good; two thirds knew at least 4-6 methods.[8] Different results were obtained from a study done by World Health Organization (WHO) which showed that women in many underdeveloped countries do not have enough knowledge about contraception, for instance, women in Tanzania know almost nothing about contraception and in Nigeria only 34% of women have ever heard about contraception.[12] Similar results were obtained in a study undertaken in the Tezu village by Mao in 2007 which showed that the knowledge of FP is widespread among the respondents and they were aware of at least one method of contraception.[9] In contrast to these result, a different study comprising interviewees from Belgrade showed that there is less knowledge about FP than about contraception.[13] Results showed that 40.7% of respondents believe that withdrawal represents the most efficient method and 32.6% of respondent believe that IUD represents the most efficient method of contraception. This could be attributed to the fear from modern methods and to lack of health education. Different results were found in the study comprising interviewees from Nis that showed that 39.2% of interviewees think that condom presents the most efficient method of contraception.[6] Knowledge about the efficiency and effect of contraceptive means is very poor in some countries.[14] In contrast to our results a study conducted in Nis by Radulovic and others in 2006 showed that 74.3% of women older than the age of 35 think that modern methods of contraception are more efficient than traditional ones[6]. The study showed that the majority of women (urban and rural) desire four or less children. Similar results were found in the study comprising interviewees from Baghdad showed that the majority (86%) of women desire four or less children.[7] Finding from another study argues that couples who have an abiding preference for son will continue bearing children despite having reached their ideal family size.[15] The study showed that a high proportion of husbands (83.1% in G. 1 and 76.0% in G. 2) had positive attitude toward FP as reported by their wives. It must be mentioned that some of those men reacted positively toward FP only after having five or more children. Similar results were found in the study comprising interviewees from Baghdad showed that a high proportion of husbands (87.7% in Group 1 and 76.7% in Group 2) had positive attitude toward FP as reported by their wives.[7] Results showed that 88.1% of respondents do practice (current usage) FP methods, 56% were using modern method and 44% were using traditional methods. In spite of this high percentage of use of FP methods, the growth rate is still high. This could be due to the use of traditional methods (44%) which have high failure rates.[16] A study conducted in Jordan showed that the prevalence of modern contraception use was 37.5%, and 8.4% were using traditional methods.[17] The use of modern methods in Bangladesh, Kenya and Pakistan was 47%, 32% and 20%, respectively. In a number of West African countries, such as Niger and Nigeria, fewer than 10% of married women practice modern contraception.[18] A study conducted in India during 2005–2006, showed that 58% of married women of reproductive age in the highest wealth quintile used modern methods, compared with 35% in the lowest quintile.[14] According to the WHO report,

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in Turkey, there is a minimal use of oral hormonal contraception due to a belief that such contraception causes damage to liver and kidney and provokes cancer.[19] Modern contraceptive uses in Nigeria remains low (8%) as compared with Kazakhstan where 54% of women use a modern method. Kazakhstan aspires to small families an average of 2.5 children, while in Nigeria, as in most countries of the Sub-Saharan African region, women want five children on average.

Conclusion

High level of knowledge was found regarding types of contraceptives, ideal period between consecutive pregnancies and the ideal age of pregnancy and labor. Most of the women had a positive attitude toward FP and knew at least one benefit of FP to mothers and/or children. The study revealed limited effect of health education channels on the knowledge of women about FP. The IUD and the withdrawal methods were the most popular.

Conflicts of interest

The authors report no conflicts of interest.

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