

KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONG WOMEN IN BASRAH CITY SOUTH OF IRAQ

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ABSTRACT

Objectives: to estimate the prevalence of contraceptive use, and investigate the factors associated with knowledge, attitudes and practices of family planning.

Method: A cross sectional, household multi-stage sampling. A sample of 900 currently married non pregnant women aged 15-49 years were selected from 30 household clusters in Basrah city, south of Iraq.

Results: Current prevalence of contraceptive use (any method) among 900 non-pregnant women was 53.7%, use of modern methods was 37% and traditional methods was 16.7%. The use of traditional methods of contraceptives was significantly associated with older age, higher educational level. The main cause for not using contraceptives was health reasons. Husband's objection and cost of contraceptives also had role in non use of contraception methods.

Conclusions: The rate of use of contraceptives was low for both any method and for modern types. The pill was the most popular method of contraceptives and the next more popular method was the withdrawal method. The study reveals good knowledge about family planning.

Recommendations: Establishment of sensitive and modern family planning services through all primary health care services in all districts of Basrah. Increase Community awareness of family planning and the advantages of child spacing through mass media, Coordination between public and private sector to provide adequate family planning services and supplies and Policy-makers and health providers should target men since they are primary decision-makers in the home.

INTRODUCTION

Large families and rapidly growing populations hold back development at both the household and national level.

[1] In many countries, women's ability to control their fertility is limited. Even where family planning methods are available, a woman may not use them because of financial constraints, personal beliefs, opposition from family members or concerns about the perceived adverse effects on health or future fertility.^[2] Appropriate family planning is essential to the health of women and children by: Preventing pregnancies that are too early or too late, extending the period between births and limiting the number of children.^[3] Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths.^[4] National policy in Iraq on family planning and access to contraception has been in place since 1993 but there has been little or no updating of the policy since then.^[5] Apart from private services, the

current family planning program in Basrah governorate which is the second major governorate in Iraq after the Capital Baghdad is limited to only 2 governmental clinics according to data from public health department. Multiple cluster survey in 2006 showed that the rate of using any method of contraceptives for Basrah governorate was 56.1%, the use of modern methods was 39.3% and 16.8% of women used traditional methods.^[3]

The aim of this study was to help the development of family planning services in the area by estimation of the prevalence of contraceptive use among currently married non pregnant women aged 15-49 years in Basrah city. The study was the first household study in Basrah city since the national multiple cluster survey in 2006, that included an investigation of factors associated with knowledge, attitudes and practices about family planning methods.

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METHODOLOGY

The study was a cross-sectional multi stage “probability proportionate to size” (PPS) cluster sampling, a methodology widely used for health indicators conducted in Basrah city, which is one of the seven administrative districts, located in the center of Basrah governorate/south of Iraq. The study was conducted during April, May and June 2011. The sample was 900 currently married non pregnant women aged 15-49 years were derived from 30 household clusters. Data taken from immunization unit in the public health department about household numbers and total population of target area showed that the number of household was 105457. Basrah city was divided into 34 areas which represent the catchments areas of the 34 health centers. The sample is divided into 30 clusters in order to ensure a valid prevalence estimate. The clusters were selected with probability proportional to size "PPS" (systematic sampling with a random start), each cluster was divided into segments based on roads. Each segment has approximately the same number of households. Once divided, one segment was randomly selected; again the chosen segment was again divided into sub segments of approximately 60 households and then 30 household were systematically selected from each segment by selecting every other household. From each household currently married non pregnant women aged 15-49 years was selected. In the areas selected, the two field teams coordinated closely with female health visitor of local primary health care center to identify, invite and encourage each of 30 females who were participated in the study to the assessments. Prior to field work, each team was trained in interviewing techniques, standardized coding and completion of questionnaire forms. The questionnaire form collected information about Personal particulars, and fertility experience of each woman. All respondents were asked about their knowledge of the socio-economic benefits of family

planning, contraceptive methods and the main source of such information. Currently non-pregnant women were asked about any contraception they were using at the time of the survey, its type and source. Non-users were asked about the reasons for not using contraceptive. All data were expressed as numbers and percentages. SPSS version 16 was used for the statistical analysis. Chi-squared test was used to examine the association between the groups and a probability of less than 0.05 was considered to be significant

RESULTS

Regarding the characteristics of the female respondents. (Table-1), shows that 53.8% of all women had married before the age of 20 years. The ages of 74.9% of respondents were between 20-40 years at the time of the survey, 7.4% of the respondents were incapable of reading and writing. Only 14.3% of the respondents were employed, 51.4% of the women had 4 children and more.

Table 1. Characteristics of respondents.

Characteristics	No.	%
Marital age		
12-15	127	14.1
16-19	357	39.7
20-24	275	30.6
25+	141	15.7
Present age		
15-19	64	7.1
20-29	352	39.1
30-39	322	35.8
40+	162	18
Education		
Illiterate	68	7.4
Primary school	283	31.4
Secondary school	235	26.1
Higher education	314	34.9
Employment		
Not employed	771	85.7
Employed	129	14.3
Number of children		
0	11	1.2
1-3	427	47.4
4-6	322	35.8
7-9	114	12.7
10+	26	2.9
Total	900	100

Overall 72.2% knew about some of the social and health benefits of family planning and that all the respondents were aware of at least one method of contraception (Table-2).

It was noticed that the main source of knowledge, about different contraceptive methods was from health personnel as reported by 54% of the respondents. Relatives were the source of knowledge in 41.2% of the respondents and 4.8% knew about these methods from friends. Current prevalence of contraceptive use (any method) among 900 non-pregnant women was 53.7%, the use of modern methods was 37% and traditional methods was 16.7% (Table-2).

Table 2. The use of contraceptives and source of information.

Characteristics	No.	%
Know the benefit of family planning	650	72.2
Know at least one type of contraceptive method	900	100
Source of information		
Health personnel	351	54
Relatives	267	41.2
Friends	32	4.8
Current use of contraceptive methods		
Use traditional methods	150	16.7
Use modern methods	333	37
Non user	417	46.3
Total	900	100

Non-public sources in form of private pharmacies, represented the major source (74.7%) of family planning services, followed by private clinics and local markets (9.5% & 8% respectively). The role of public institutions was limited as shown in (Table-3).

Table 3. Source of services among current users of family planning

Source of family planning services	No.	%
Private pharmacies	361	74.7
Private clinics	45	9.5
Local markets	39	8
Public health centers	21	4.3
Public hospitals	17	3.5
Total	483	100

Contraceptive pills was the main type of family planning method used followed by the withdrawal method (30.2% and 12.3% respectively) as shown in (Table-4).

Table 4. Types of family planning methods currently used by the respondents.

Type	No. 900	%
Modern methods		
Oral contraceptive pills	272	30.2
IUD (intrauterine device)	34	3.8
Other methods	17	1.9
Male Condom	10	1.1
Traditional methods		
Withdrawal	111	12.3
Lactation	33	3.7
Abstinence	6	0.7

The rate of using contraceptives increased significantly after the age of 20 then dropped again at the age of 40 years and above. Women with higher educational level significantly use contraceptive methods lower than those with lower education while as shown in (Table-5), there was no significant effect of women employment on the rate of use of contraceptives.

Table 5. Contraceptive used according to age, education and respondent's employment.

Indicator	Use any type of contraceptives	Non user	P-value
Age			
12-19 n=64	21 (32.8%)	43 (67.2%)	0.001
20-29 n=252	201 (57.1%)	151 (42.9%)	
30-39 n=322	182 (56.5%)	140 (43.5%)	
40+ n=162	79 (48.8%)	83 (51.2%)	
Education			
Illiterate n=68	41 (60.3%)	27 (39.7%)	0.007
Primary school n=283	150 (53%)	133 (47%)	
Secondary school n=235	144 (61.3%)	91 (38.7%)	
Higher education n=314	148 (47.1%)	166 (52.9%)	
Employment			
Not employed n=771	423 (54.9%)	348 (45.1%)	0.078
Employed n=129	60 (46.5%)	69 (53.5%)	
Total n=900	483 (53.7%)	417 (46.3%)	

Out of (483) respondents with current use of family planning 68.9% were using modern methods and 31.1% were using traditional methods, namely, lactation amenorrhea, periodic abstinence and withdrawal. The use

of traditional methods of contraceptives significantly associated with older age, higher educational level and women employment as shown in (Table-6).

Table 6. Type of family planning methods used by the respondents according to age, education and respondent's employment.

	Traditional methods	Modern methods	P-value
Age			
12-19 n=21	2 (9.5%)	19 (90.5%)	0.001
20-29 n=201	56 (27.9%)	145 (72.1%)	
30-39 n=182	52 (28.6%)	130 (71.4%)	
40+ n=79	40 (50.6%)	39 (49.4%)	
Education			
Illiterate n=41	6 (14.6%)	35 (85.4%)	0.001
Primary school n=150	28 (18.7%)	122 (81.3%)	
Secondary school n=144	48 (33.3%)	96 (66.7%)	
Higher education n=148	68 (45.9%)	80 (54.1%)	
Employment			
Not employed n=423	116 (27.4%)	307 (72.6%)	0.001
Employed n=60	34 (56.7%)	26 (43.3%)	
Total n=483	150 (31.1%)	333 (68.9%)	

Out of 417 non-users of contraceptives, the main stated reasons for not using contraceptives was health reasons and side effects (44.4%), followed by the desire to have more children as stated by 23.2% of the

respondents. While the other stated reasons were husband objection, cost of contraceptives and religious believes respectively (Table-7).

Table 7. Reasons for not using family planning methods.

Reasons	No.	%
Health reasons and side effects	185	44.4
Want more children	97	23.2
Husband objection	68	16.3
High price of contraceptives	40	9.6
Religious beliefs	17	4.1
More than one reason	10	2.4
Total	417	100

DISCUSSION

In many parts of the developing world, girls marry shortly after puberty. Because of societal pressures to prove their fertility and the increased status that motherhood brings, many young women become pregnant soon after marriage.^[6] Additionally, the previous Iraqi government, particularly in the 1980s, encouraged high fertility to compensate for human loss during its wars. Until the middle of the last decade, therefore, the Iraqi Ministry of Health neglected family planning in the country. This explains why Iraq's crude birth rate was among the highest in the world.^[4,7,8] At the time of the survey, health services in Iraq, including family planning, were almost free of charge at government clinics, when these were accessible, but expensive at private clinics and pharmacies. The socio-demographic and fertility characteristics of our study population are consistent with the above. The notable features include high teenage marriage, and fertility rates and low employment rate of mothers. The rate of practicing family planning in the present study was similar to that for rural population in Pakistan (53%), higher than for Urban population of North India (37.6%), and lower than what was reported for Dohuk district North of Iraq (60.6%).^[8-10] In this study, Knowledge about family planning was good (72.2%), which was higher than what was reported in Urban population of North India (55.2%), but lower than what was reported for rural population in

Pakistan (81%) and Dohuk (82.4%).^[8-10] Information was mainly derived from health personnel and relatives but there was no role for mass media. This may be related that the government didn't play role in mass education of the population about the importance of family planning. While in other countries Mass media plays an important role in promotion and acceptability of contraception.^[10] For many mothers, sources of family planning services was mainly from private pharmacies and clinics and, due to the limited and centralized nature of related public services. Similar finding reported in Egypt and Turkey.^[4] Current use of modern contraception in this study (37%) was low compared with countries such the Islamic Republic of Iran (56%) and Egypt (53.9%), but was higher than that for Yemen (9.8%), Azerbaijan (11.9%) and Sudan (7%) as mentioned in WHO references.^[11,12] As in some other developing countries, people in Basrah still value early marriage, large families and a role for woman inside the house. Adolescent mothers got a long fertile life to spend, at the same time they want to complete their families or most of it within the first five years of marriage. This could explain the lower rate of using contraceptives in this age group as shown in the present study. While the lower rate of using contraceptives among women of 40 years and older could be explained by that they had low perceived risk of pregnancy. However, in the study population, women were using traditional methods of contraceptives almost similar to south and center governorates (16.1%) and lower than in Kurdistan region governorates (23.6%) in the north of Iraq.^[3] Worldwide, levels of use of traditional contraception are generally much lower than that of modern methods.^[13]

In this study, the use of traditional methods of contraceptives increased with women age, education and employment. This could be explained by that older women may be more familiar with traditional methods when they were young and they still prefer to use them, or

new users may forgo use of traditional methods because modern methods are more readily available than in past years.^[14] Educated women are frequently conservative, think about side effects of modern contraceptives more seriously than those with lower education,^[15] and most of the employed women were educated. Apart from the desire to have more children, non-use of contraception among the studied population reflected local norms and religious beliefs similar to what was found for other areas of Iraq.^[3] Health reasons and side effects were on the top of the list of non use of family planning methods which reach 44.4%, similar finding was found in a cross sectional study done in Mosul city north of Iraq. This may be explained by the fact that Iraqi women may become easily affected from side effects of the modern contraceptives regardless of the types which may be due to circumstances that they have been living with during the last decades such as low standards of living as results of successive wars in addition to the sanction which affected all aspects of life particularly of women of child bearing age, children as well as elderly.^[15]

In this study, big proportion of women with unmet need are forced by the husband and his family to follow their commands and bring as many children as they want. So unmet need from this reason, is considered as an indicator of violation of the women rights to participate in decision of the desired size of her family.^[16] Religious cause formed 4.1% of not using contraceptives as indicated by the present study, almost similar figures were reported in other countries in south Asia.^[17]

Conclusions

The rate of use contraceptives was low for both any method and for modern types. However, the study revealed good knowledge about family planning. The main cause for not using contraceptives was health reasons. Husbands objection and cost of contraceptives also had role in non use of contraception methods.

Recommendations

- Establishment of sensitive and modern family planning services through all primary health care services in all districts of Basrah.
- Increase Community awareness of family planning and the advantages of child spacing through mass media
- Coordination between public and private sector to provide adequate family planning services and supplies
- Policy-makers and health providers should target men since they are primary decision-makers in the home.

REFERENCES

1. State of world population 2002. People, poverty and possibilities. New York, United Nations Population Fund, 2002.
2. Safe motherhood: World Health Day information kit, 7 April 1998. Geneva, World Health Organization 1998.
<http://www.who.int/docstore/world-health-day/en/whday1998.html>
3. Iraq multiple indicator cluster survey final published report 2006.
4. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *The Lancet* 2006; 368 (9549): 1810 - 1827.
5. Iraq Reproductive Health Assessment Prepared by UNFPA/Baghdad, 2003.
www.unfpa.org/rh/docs/iraq-rept04-08-03.doc
6. Abdou Sallam S, Mahfouz A, Dabbous N. Reproductive Health of Adolescent Married Women in Squatter Areas in Alexandria. *Fhi 360 the science of improving lives*, U.S, 2011.
7. <http://www.fhi.org/en/> Iraqi Family Planning Association: bibliography and history. Baghdad, Iraqi Family Planning Association 2001.
8. Agha SY, Rasheed BO. Family planning and unmet need among Iraqi Kurds. *East Mediterr Health J.* 2007; 13(6): 1382-91
9. Mustafa R, Afreen U, Hashmi HA. Contraceptive Knowledge, Attitude and Practice among Rural Women. *Journal of the college of Physicians and Surgeons Pakistan* 2008; 18(9): 542-545.
10. Mao J. Knowledge, Attitude and Practice of Family Planning: A Study of Tezu Village, Manipur (India). *The Internet Journal of Biological Anthropology* 2007; 1(1).
www.ispub.com/journal/the_internet_journal_of_biological
11. State of world population 2002. People, poverty and possibilities. New York, United Nations Population Fund 2002.

12. World fertility report 2003. New York, Population Division, Department of Economic and Social Affairs, United Nations 2003.
13. Zlidar VM, Gardner R, Rutstein SO, Morris L, Goldberg H, Johnson K. New survey findings: The reproductive revolution continues. Population Reports 2003, Series M, No.17:1-42.
14. Donaldson P, Tsui AO. The international family planning movement. Population Bulletin 1990; 45(3): 3-44.
15. Al-Jawadi A, Albakry D. Family planning unmet need profile in Mosul City, North of Iraq: A cross sectional study. Duhok Medical Journal 2010; 4(1): 41-48.
16. Ahmadi A, Iranmahboob J. Unmet need for family planning in Iran. Poster presented at xxv International Population Conference, Tours, France; 18-23 July 2005.
17. <http://iusp> 2005. princeton.edu / Chaudhury RH. Unmet need for contraception in south Asia: levels, trends and determinants. Asia-Pacific Pop J. 2001; 16(3): 1-22.