

IMPROVING KNOWLEDGE AND ATTITUDES OF WOMEN ATTENDING FAMILY PLANNING UNITE AT AL-BATOOL HOSPITAL\MOSUL

*¹Alaa Abd-Al-Ghany Younis, ²Amenah Qasim Yehya and ³Nahlah Wadullah Hasan

¹Doctor Specialist M.Sc. Community Medicine Directorate of Health Nineveh.

²Doctor Specialist Iraqi Board Community Medicine Directorate of Health Nineveh.

³Doctor Specialist Diploma Community Medicine Directorate of Health Nineveh.

Received date: 24 March 2020

Revised date: 14 April 2020

Accepted date: 04 May 2020

*Corresponding author: Alaa Abd-Al-Ghany Younis

Doctor Specialist M.Sc. Community Medicine Directorate of Health Nineveh.

INTRODUCTION

Family planning (FP) refers to limiting or spacing childbirth so one can enjoy a healthy family. Family planning makes benefit for the health and wellbeing of women, children, families and communities and is key component to sexual and reproductive health services. Family planning means deciding when is the right time to have children and what is the appropriate number for couples to have. The right time to have children is: when a woman is between 20-30 years old, when has not been pregnant for the last 2-3 years, when a woman has 2-3 children, when a woman has no illness that would place her or her baby in danger and when a couple wants to have a child.

Closely spaced children (less than two years apart), children with many siblings, and children born to younger or older mothers and all more common at higher levels of fertility, and all face higher mortality risks.

Family planning improves family well-being. Couples with fewer children are better able to provide them with enough food, clothing, housing and schooling. If couples have fewer children in the future, the world current population of 6.1 billion people will avoid doubling in less than 50 years. Future demands on natural resources such as water and fertile soil will be less. Everyone will have a better opportunity for a good life.

In most relevant studies, it was found that education is the prime influential factor. It may have a direct influence on fertility, since education affects the attitudinal and behavioral patterns of the individuals. A number of surveys about knowledge, attitude and practice (KAP) have been carried out covering different population groups.

In a culture with long-standing traditions of early marriage and childbearing, to promote knowledge and understanding of the dangers of adolescent childbirth, the personal health benefits of delaying the first birth until a woman reaches age 21, and spacing subsequent children by at least 3 years, FP programs help developing countries address these issues. India a study found that raise in education level beside providing knowledge and

the contraceptive methods helps in improving acceptance of family control devices.

Aim and specific objectives

This work has been designed to assess the effectiveness of FP educational program to improve woman knowledge, attitude and practices of clients attending FP unit. This aim can be achieved through the following specific objectives.

1. To describe the background characteristics of the study sample including: socio-demographic characteristics of the (intervention and control groups), in term of age, social class, educational attainment, employment outside the home, duration of marriage, number of children and fertility experience: including gravidity, parity, abortion, still births, and FP status.
2. To assess the knowledge of clients about:
 - Definition of FP
 - Benefit of FP in relation to child health, maternal health, family welfare and the community
 - The ideal maternal age for pregnancy
 - The ideal inter – birth interval
 - The ideal number of children
 - Method of FP
 - The advantages and disadvantages of various contraceptives
3. To assess attitude of clients toward FP
4. To assess their practice while using any method
5. To plan an educational program for the study sample

6. To implement the planned educational program on intervention group
7. To assess the improvement in FP knowledge attitude and practice of intervention group after implementation of the program

SUBJECTS AND METHOD

Approval and official permissions were obtained from the directorate of health in Nineveh Governorate to conduct the present study.

Study Setting

The present study at FP unit affiliated to Al-Batool Maternity hospital in Mosul.

It tenders FP services to a population of various socio-economic and educational standards from a wide geographical area and it is easily reached by most of clients.

Questionnaire Form

Review of available scale, literature and standard questionnaires about knowledge, attitudes and practices toward FP and related variables was done to determine the format and content of the questionnaire form and to modify it to suit the local society, culture and religions

Questionnaire

The first section contained the personal and obstetric information and the second section contain 15 questions to assess the clients knowledge about FP which involve :

1. Definition of FP
2. Benefit of FP in relation to child health
3. Benefit of FP in relation to maternal health
4. Benefit of FP in relation to family welfare
5. Benefit of FP in relation to community.

The third section a twelve item likert type scale were used to assess the participants attitude towards FP. Researcher asked participants to listen to each attitude statement, responses were coded for each item such that favorable attitude toward FP was coded as 1. Consequently, scores on measure could range from 1 to 36, with high scores indicating a more favorable attitude towards FP.

The fourth section contains questions regarding participants practices while using FP method. The right answer was scored 3, uncertain answer was scored 2, and wrong answer took 1. The score value will range from 1 to 9. Higher score indicates a right practice, while lower one mean bad or incorrect practice.

Assessment of validity of the questionnaire form

In order to insure validity of questionnaire a modified Angoff approach was estimated as percentage score, which is the average of subjective assessment score of the ten judges and indicates that the knowledge, attitudes and practice areas were 85% covered by the questionnaire, clarity of questionnaire were 90% and the

relevance of these item were 85%. So, the overall percent agreement among the ten judges was 86.66%.

Pilot study

Before starting data collection, a pilot study was done on a randomly selected 20 clients attending the FP unit who were interviewed by using test and retest approach, the time between the two occasions was two weeks to the same clients.

Study design and sampling

The study sample was selected by non-randomized inclusion / exclusion criteria from clients attending FP unit affiliated to Albatule maternity hospital . the adopted sample size was 180 client distributed over three month period. The client was considered eligible for participating in the educational program if the following criteria were fulfilled

1. She is regular attendant to the selected unit
2. Married and at their reproductive age (15-45)
3. She is currently using contraceptive for family planning purposes

Backgrounds of study participants

The study sample consist of 168 client attending to family planning units who fulfilled the study inclusion criteria and agreed to participate in this work. the included clients were assigned to either intervention or comparison groups according to their order of attendance to the study setting with equal number of participants i.e 84 clients in each group

RESULTS

Socio-demographic characteristics of study sample

More than one third (14.3%) of the study sample was in the age over 40 years and the mean duration of marriage was 12.65 ± 4.42 years, no significant difference regarding the age distribution strata between the two study groups is observed. the study sample was 91.1% urban residents. also 68.3% of study sample were housewives, 42.9% of the sample had primary education and 19% were illiterate while a minority 4.2% have university degree.

Family planning related issues

This study reveals that in two thirds of client 61.9% the source of information on family planning was from their relatives , while one fifth 21.4% acquired information from health centers .the same study indicate that the main cause of using family planning was the large number of children that the clients have, two thirds of study sample 71.4% did not use traditional family planning while modern methods was used by almost all of the client in both study groups two thirds of them 64.2% using oral contraceptive

Table 1 shoes the final assessment results of both groups. Both of them scored poorly on the initial assessment of knowledge. No significant difference is observed between the mean score of both groups.

Table 1: Result of initial assessment of study group knowledge regarding family planning.

Knowledge score %	Intervention group (n=84)		Comparison group (n=84)		p-value
	Initial assessment		Initial assessment		
	No.	%	No.	%	
<60	81	96%	82	97.6%	N.S.*
60-80	3	3.6%	2	2.4%	
>80	0	0.0%	0	0.0%	
Mean ±SD	40.24 ± 11.34		42.02 ± 9.48		

Table 2 presents resume of initial assessment of the study parameters of both intervention and comparison groups.

No significant difference is computed between the mean score of knowledge, attitudes and practices.

Table 2: Result of initial assessment of participants family planning knowledge attitude and practice.

Domains	Intervention group (n=84)	Comparison group (n=84)	p-value	95% CI of difference
	Mean score % ± SD	Mean score % ± SD		
Knowledge	40.24±11.34	42.1±9.50	N.S	-5.55,0.55
Attitude	79.4±13.6	81.05±9.65	N.S	-5.23,1.96
Practice	65.3±24.8	66.07±20.3	N.S	-6.12,7.70

Table 3: pre – post program assessment of family planning related knowledge among participants in the intervention group.

Knowledge score %	Intervention group (n=84)				p-value*
	Pre – education		Post education		
	No.	%	No.	%	
<60	81	96.4%	2	2.4%	0.000
60-80	3	3.6%	61	72.6%	
>80	0	0	21	25%	
Mean ± SD	40.24±11.34		73.67±7.82		
Mean improvement	33.43				
Improvement rate %	83.1%				

Table 4 summarizes the effect of the educational program on KAP of participants in the intervention group through the difference between the initial and final

assessment of participants mean scores. Highly significant difference is observed between the mean scores of KAP variables (P=.000each).

Table 4: Initial and final assessment of family planning related knowledge, attitude and practice among participants in the intervention group.

Domains	Pre-education	Post-education	Pvalue	95% C.I of Mean improvement
	Mean score % ± SD	Mean score % ± SD		
Knowledge	40.24±11.34	73.67±7.82	0.000	-35.463,-31.879
Attitude	79.41±13.59	93.85±6.01	0.000	-17.40,-11.47
Practice	66.07±20.28	93.45±13.20	0.000	-32.73,-22.04

Table 5: Initial and final assessment of family planning related knowledge, attitude and practice among participants in the comparison group.

Domains	Pre-education	Post-education	Pvalue	95% C.I of Mean improvement
	Mean score % ± SD	Mean score % ± SD		
Knowledge	42.1±9.50	42.18±6.46	N.S	-0.285,0.047
Attitude	81.05±9.65	82.59±9.26	N.S	-2.162,-0.913
Practice	65.3±24.8	65.87±24.39	N.S	-1.779,0.589

Table 6: final assessment of family planning related knowledge , attitude and practice among participants in both intervention and comparison group.

Domains	Intervention group (n=84)	Comparison group (n=84)	p-value	95% CI of difference
	Mean score % ± SD	Mean score % ± SD		
Knowledge	73.67±7.82	42.18±9.46	0.000	28.41,33.70
Attitude	93.85±6.01	82.59±9.26	0.000	8.88,13.64
Practice	93.45±13.20	65.87±24.39	0.000	21.59,33.57

DISCUSSION

Impressive global gain have been made in recent decades in improving contraceptive prevalence rate and decreasing fertility rate, at the same time increasing number of men and women in developing countries want to adopt family planning and exercise their right to freely decide the number and spacing of their children the international health and development field is trying to address new priorities including the HIV/AIDS epidemic and in addition to establish concern like reproductive health.

All education about fertility control is based on a firm understanding of the anatomy and physiology of the reproduction and how to utilize this knowledge.

The aim of present study is to improve the level of family planning clients knowledge attitude and practice toward family planning among sample of attendants to family planning unit in mosul city, by increasing awareness about the benefits of family planning and the problems that may arise in the course of life with contraceptives use and their solutions. the constructed program in this intervention cover many areas of client education including knowledge attitudes and practices that would encourage, support and promote accurate contraceptive uses. In the present work the educational materials used were models of each family planning method, colored posters and several pamphlets which contained brief information about each content area in addition to the use of flip charts these educational materials are provided to be effective.

After implementation of the program final assessment of intervention and comparison group KAP was carried out this assessment revealed significant improvement in the level of knowledge in the intervention group , the improvement rate of knowledge was 81.1% , this result is anticipated because most of the participants had strong desire to know more about family planning methods and its benefits and side effects while there were no significant changes in the score percent of the knowledge among the comparison group during the assessment occasion (42.1%,42.18% respectively).

Although the improvement rate in family planning attitude for the intervention group was only 18.2% but there is significant difference in the attitude between pre and post educational program. This result is also anticipated because the study sample was drawn from family planning units were probably most of the clients

had positive attitude toward family planning and have the will to use such practice while the participants in the comparison group had no significant change in their attitude toward family planning this may indicate a good effectiveness of the intervention program.

Moreover the assessment of education program on family planning practice showed an improved rate of 41.4% and most of participants of intervention group 98.8% had right family planning practice during the final assessment while the family planning practice for the comparison group remained around the same rate in the initial and final assessment

CONCLUSION AND RECOMMENDATIONS

The present study tried to assess family planning knowledge , attitudes and practices among clients of FP unit then the effect of application of FP educational program on these domains . the following facts were concluded

1. The majority of clients 74.3% had received their knowledge about FP from relatives neighbors which were not scientific sources of information
2. There was positive attitude toward FP among the participants in both intervention and comparison group
3. The educational program had high effectiveness for participants in the intervention group especially in the knowledge domain
4. women with primary education gained the highest improvement the program was highly effective among housewives

Recommendation

According to the results of the presenting study the following recommendations are put forward to improve knowledge attitude and practice of clients attending FP unit in order to minimize the obstacles responsible for modern contraceptive non-use or discontinuation .

1. Improving the quality of health services by provision of up to date teaching course of the staff working in FP units and conducting ongoing training in order to improve their skills and to put them in contact with the latest development in FP units
2. Giving more emphasis on health education by initiating group discussion with feedback information with the attendants about the advantages and disadvantages and helping them to make accurate decision in contraception choose
3. In order to expand and improve reproductive health care family planning programs should make the

services more “client centered “ that is age residence maternal education and other important factors that should be taken in consideration in dealing with women in need for family planning

4. Targeting family planning programs to couples rather than individuals and improving spousal communication

REFERENCES

1. United Nation Children’s Fund. *Facts for Life: Communication Challenges*. Oxford, United States: UNICEF, 2003; 6-9.
2. World Health Organization. *Introducing WHO’s Sexual and Reproductive Health Guidelines and Tools into National Programs*. Geneva, Switzerland: WHO, 2007; 21-30.
3. Barber s. family planning advice and postpartum contraceptive use among low income women in Mexico . *Int Fam Plann Perespect*, 2007; 33(1): 6-12.
4. Aja GN. Knowledge Attitude and Practice of family planning in rural communities in Nigeria .*Asia Pac J Public Health*, 2005; 8(2): 85-90.
5. Mahaini R, Mahmoud H. Maternal health in the Mediterranean Region of the World Health Organization. *East Med Health J*, 2005; 11(4): 532-538.
6. Robert A, Hatcher M, James D, Judith S. *the Essentials of Contaceptive technology*.4th ed. United States:JHPP, 2003; 42-56.
7. Devanzo J, Abdur Razzaque, Hale L. The effects of birth spacing on infant and child mortality pregnancy outcomes, and maternal morbidity and mortality in Bangladesh. *RAND*, 2004; 198(1): 140-160.
8. Mahaini R, Mahmoud H. Reducing maternal mortality in the Eastern Mediterranean Region 2000. *East Med Health J*, 2005; 11(4): 539-544.
9. World Health Organization. Research on family planning at WHO: What’s new? Progress in Reproductive Health Research. WHO *Bimannual report*, 2004; 66(1): 1-8.
10. Wassihun M. Knowledge, Practice and Impact of Family planning among Women at 23 Health Center. *Ethiopian J of Health Develop*, 2007; 14(12): 207-214.