

RESEARCH ARTICLE

FAMILY PLANNING METHODS PREVALENCE AND CLIENTS KNOWLEDGE IN PHC BAB AL -MOATHAM, 2017

*Sahar A.E. Al Shatari, Khelowd Salih, May A. M. Saeed, Saba Abbas Fadhil and Suhair S. Al- Khaledi

Bab A-Moatham training PHC of Al-Resafa sector/ Al-Resafa health directorate, / Baghdad/ ministry of health, Iraq

Accepted 17th November 2018; Published Online 25th December 2018

ABSTRACT

Background: The client of family planning program in our PHC less than expected, the program represent a chance to family size control, development, and good planning for future. **Aim:** We aimed to assess the prevalence of family planning usage, & to evaluate client knowledge about these methods. & to determine the most common family planning used. **Methodology:** Cross sectional study was conducted in Bab Al Moatham PHC catchment area, 3-7/ 2017. A total of 141 married women aged (15-49 yrs.) give a structured questionnaire developed mainly by the researchers depending on family planning WHO guideline, ten expert's opinions taken in consideration, also pilot study of 14 married women done. Data analysis was done by using SPSS ver. 23. Frequency, percentage, Chi-Square test were used. $P < 0.05$ considers significance. Answer scoring was done for knowledge. **Results:** Sixty three of women (44.7%) aged 29-39yrs, with 56% complete primary school, 92.2 % housewife, 34% married 2000-05, 68.1% with good obstetric history, 87% of them used family planning methods, and 58% using it now, most method used is CCP 66.7%, good knowledge in Withdrawal method 65.2%, CCP 55.3%, and poor/no knowledge in vasectomy. Significant association between educational level, working, year of marriage and previous use of family planning, while only working state has significant with resent use of family planning. **Conclusion:** Decrease in using of family planning methods, and most method used is CCP, then withdrawal method with good knowledge in both and poor/no knowledge in vasectomy

Key words: Family planning, PHC Bab Al –Moatham, CCP, Withdrawal method, Baghdad, Knowledge.

INTRODUCTION

Every man and woman has the right to be informed of, and to have access to, safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth as well as provide couples with the best chance of having a healthy infant⁽¹⁾. In additional Family planning offers a positive view of reproductive life and enables people to make informed choices about their reproduction and well-being⁽²⁾. Uncontrolled population growth is recognized as the single most important impediment to national development⁽³⁾. To prevent unwanted pregnancies Birth Control Program was established 20th century⁽⁴⁾. The Iraqi family planning organization establishes in 1971, and Iraqi ministry of health initiated family planning program at 1974-1981⁽⁵⁾. But till now Iraq have unmet need for family planning as the official united nation site for the millennium development goals indicators⁽⁶⁾. In Bab Al Moatham PHC planned to get the health care accreditation HCAC⁽⁷⁾, one of standards needed is finding solutions to PHC problems through indicators. Low family planning client to the monthly goal consider a big problem; so we do this study

Aim:

- To assess the prevalence of family planning usage,
- To evaluate client knowledge about these methods.
- To determine the most common family planning method used.

*Corresponding author: Sahar A.E. Al Shatari,

Bab A-Moatham training PHC of Al-Resafa sector/ Al-Resafa health directorate, / Baghdad/ ministry of health, Iraq.

MATERIALS AND METHODS

- ❖ This cross sectional study (with an analytic element) was conducted in Baghdad city (Bab Al Moatham PHC catchment area) during the period from March to July 2017.
- ❖ A total of 141 non-pregnant married women aged (15-49 yrs.) attend the Bab Al Moatham PHC for "any" reason was enrolled in this study.
- ❖ A structured questionnaire was developed mainly by the researchers and part of it was borrowed from WHO Family planning: a global handbook for providers, 2011^(8, 9); and ten expert's opinions taken in consideration, also pilot study of 14 married women.

Data analysis: The Statistical Package for Social Science (SPSS) version 20 was used for data entry and analysis. Frequency and percentage were used to describe the data and suitable statistical tests were used accordingly. Chi-Square test and Fisher's Exact Probability test were used to test association between dependent and independent variable. Statistical significance was determined as $p < 0.05$.

Sampling technique: Bab Al Moatham PHC catchment area, divided in 10 blocks, sample taken as 6% of married women in these blocks of the PHC and as present in below table:

Scoring: Each family planning method has no. of question 8-6, and scored as:

- ❖ If the woman answer more than half the questions correctly consider as good knowledge in that method,

- ❖ If the woman answer half or less than half the questions correctly consider as poor knowledge in that method,
- ❖ If the woman don't answer any questions correctly consider as no knowledge in that method

Block no. (محلة)	Married women in the block	6 % of married women
112	288	18
120	326	20
116	155	10
118	330	20
119	399	25
149	82	5
137	700	42
114	48	1
Total		141

Block no. 141=zero, 147=11 so there is no female choosing from them

RESULTS AND DISCUSSION

Descriptive statistics of socio-demographic characteristics of the studied female clients are summarized in Table 1. And distribution of women according to obstetric history, most of them have 2-3 baby, and have good obstetric history as shown in Table (2).

Table 1. Distribution of women according sociodemographic characteristic

Sociodemographic characteristic	Freq.	%
Age in yrs	15-17yrs	2 1.4
	18-28 yrs	45 31.9
	29-39 yrs	63 44.7
	40-49 yrs	31 22.0
Educational level	Not read not write	15 10.6
	Read and write	9 6.4
	Complete primary	79 56.0
	Complete inter mediate	7 5.0
	Complete secondary	13 9.2
	Graduate college/institution	17 12.1
Female work	Postgraduate	1 0.7
	House wife	130 92.2
	Students	2 1.4
	Governmental employment	7 5.0
Marriage year	Private employment	2 1.4
	Before 2000	25 17.7
	2000- 2005	48 34.0
	2006- 2011	38 27.0
	2012 and after	30 21.3

Table 2. Distribution of women according to obstetric history

	Freq.	%
No. of life baby	Nil baby	3 2.1
	One baby	15 10.6
	Tow baby	33 23.4
	Three baby	34 24.1
	Four baby	31 22.0
	≥ Five baby	25 17.7
No. of Still birth	No Still birth	128 90.8
	One Still birth	11 7.8
	Tow Still birth	1 0.7
	Three Still birth	1 0.7
No. of abortion	No abortion	96 68.1
	One abortion	29 20.6
	Tow abortion	11 7.8
	Three abortion	3 2.1
	Seven abortion	2 1.4
	Total	141 100.0

Most of women heard about the family planning and 87% of them previously used them; put only 58% now having family planning method this is shown in Figure 1, 2, 3 respectively. This is similar to what WHO find in 2015 that Iraq unmet the millennium development goals in the family planning program

(7), study done in Basra city (10), Mbouda health district, Cameroon (11); But disagreed with Iraqi study done in 2014 in al Karkh, Baghdad which found that only 75% of respondents heard of the term family planning (12). Forty four out of 140 (31.2%) women start to use family planning methods after 2nd baby, 24.8% after the 1st baby as shown in Table 3.

Table 3. Distribution of women according the first date used of family planning methods

	Frequency out of 141	Percent %
Not used	18	12.8
Begging of marriage	16	11.3
After first baby	35	24.8
After second baby	44	31.2
After third baby	16	11.3
After fourth baby	1	0.7
After fifth baby and more	7	5.0
Not mention	4	2.8

Table 4. Frequency of women according discontinuity family planning by woman herself

Causes of discontinuity family planning	Freq.	%
Yes	82	58.16
No	41	29.07
Not use Family Planning methods at all	18	12.77
Total	141	100%

Table 5. Frequency of women according to cause of discontinuity family planning by woman herself

Causes of discontinuity family planning method	Freq.	%
Complication	45	54.88
To get pregnancy	20	24.39
Un expected pregnancy	8	9.75
Divorce	3	3.66
Forgetting the pills	2	2.44
Not available when needed	2	2.44
Husband disagree	2	2.44
Total	82	100%

This is disagreed to study done in Ethiopia 2013 which found the start mostly forth baby (13). Contraceptive pills are most family planning methods used method in past and recent followed by withdrawal method as percents figure 4, 5. This is similar to and Basrah study (10), And preliminary finding report MICS-4- Iraq (14). In table (4) Fifty eight percent of women used family planning discontinued them by the couple for many causes mentioned in Table (5), due to complication or to get pregnancy. This similar to Iraqi study in al Karkh, Baghdad (12). Half the clients have good knowledge in companied contraceptive pills, male condom, IUCD, and tubal ligation; While have poor or no knowledge in vasectomy, progesterin only tablet and progesterin injection as seen in table (6); Which mimic Basrah study (10), al Karkh study (12), MICS-4(14). Women knowledge was good about 2 methods; withdrawal method & Lactation amenorrhea method, but poor/no knowledge about vaginal spermicidal, cervical cup, because not availability in the markets. Majority of women believed that family planning accepted in all religious doctrine 63.1%, while 22.7% not sure, and 14.2% not believed in that. This is shown in figure (6) not like the al Karkh study (12), which nearly half had negative attitude toward family planning. There is strong association between the female work and both previous & resent use of family planning methods, while the educational level and marriage year associated with the previous use of family planning methods only, and there is no statistical significance with the age for both previous & resent use of family planning methods.

Table 6. Distribution of Women according to their knowledge about modern family planning methods

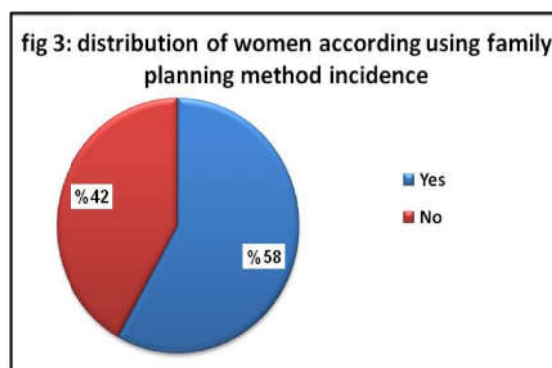
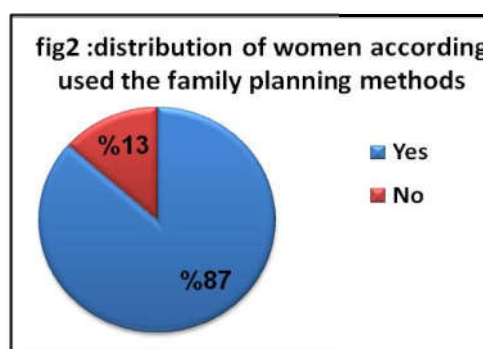
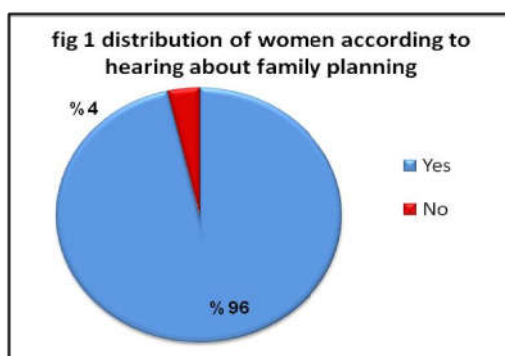
Modern family planning methods, p value = 0.000	Good knowledge		Poor knowledge		No knowledge	
	No.	%	No.	%	No.	%
CCP	78	55.3	38	27.0	25	17.7
Condom	63	44.7	29	20.6	49	34.8
IUCD	56	39.7	44	31.2	41	29.1
Tubal ligation	54	38.3	8	5.7	79	56.0
Progestin injection	47	33.3	34	24.1	60	42.6
Progestin only tablets	15	10.6	4	2.8	122	86.5
Vasectomy	5	3.5	3	2.1	133	94.3

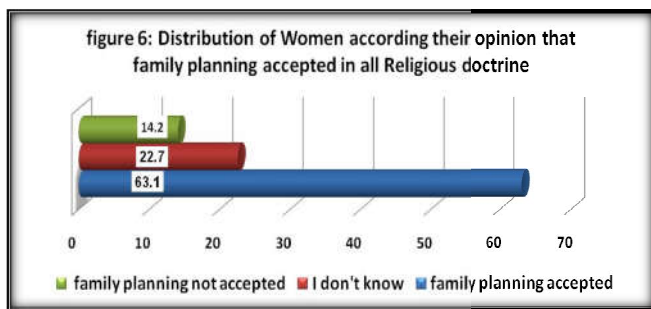
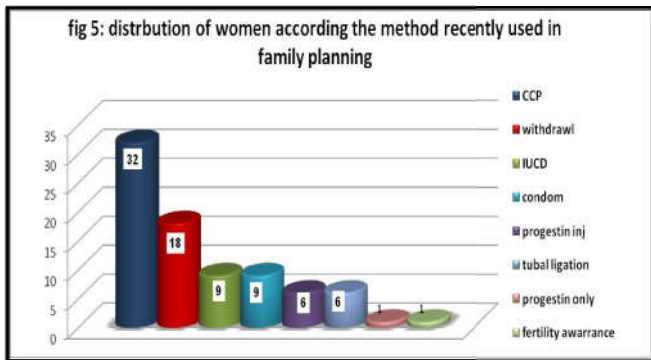
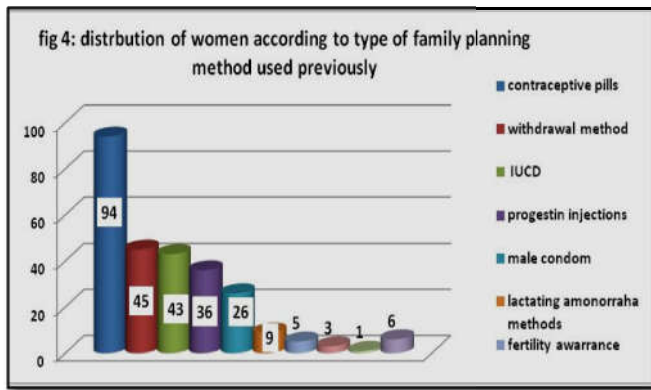
Table 7. Distribution of Women according their knowledge about traditional family planning methods

P value = 0.000	Good knowledge		Poor knowledge		No knowledge	
	No.	%	No.	%	No.	%
Withdrawal method	92	65.2	7	5.0	42	29.8
LAM	78	55.3	7	5.0	56	39.7
Fertility awareness	44	31.2	7	5.0	90	63.8
Cervical cup	26	18.4	13	9.2	102	72.3
Vaginal spermicidal	26	18.4	13	9.2	102	72.3

Table 8. Association between previous and resent use of family planning methods and the women demographic factors

Demographic variable		previous use of family planning methods		Demo-graphic variable	Recent use of family planning method		Total
		YES	NO		YES	NO	
Age in yrs p value = 0.800	15-17yrs	2	0	Age in yrs p value = 0.125	0	2	2
	18-28 yrs	39	6		22	23	45
	29-39 yrs	53	10		41	22	63
	40-49 yrs	28	3		19	12	31
Educational level p value = 0.044	not read not write	11	4	Educational level p value = 0.477	7	8	15
	read and write	7	2		4	5	9
	complete primary	70	9		47	32	79
	complete inter mediate	7	0		6	1	7
	complete secondary	13	0		7	6	13
	graduate college/institution	14	3		11	6	17
Female work p value = 0.006	postgraduate	0	1	Female work p value = 0.037	0	1	1
	house wife	115	15		77	53	130
	students	2	2		2	0	2
	governmental employment	3	3		1	6	7
Marriage year p value = 0.028	private employment	2	2	marriage year p value = 0.318	2	0	2
	before 2000	23	2		16	9	25
	2000- 2005	43	5		30	18	48
	2006- 2011	35	3		23	15	38
Total	2012 and after	21	9	13	17	30	
		122	19	82	59	141	





Conclusion

1. Decrease family planning methods usage, and most method used is CCP, then withdrawal method, progesterone injection and IUCD while No resent usage exclusive breast feeding, vasectomy.
2. Most women had good obstetric history; most of them start family planning methods after second baby.
3. Most cause of discontinuation is the complication followed by willing in pregnancy, and only few ends with unexpected pregnancy (family planning method failure).
4. Good knowledge in CCP, withdrawal method, IUCD and condom, with significant association.
5. Poor/no knowledge in vasectomy & progestin tablet only, vaginal spermicide, cervical cup, and fertility awareness with significant association.
6. Most of women believe the family planning accepted from all religions doctrine.
7. Significant association between educational level, working, year of marriage and previous use of family planning, while only working state has significant with resent use of family planning.

Recommendation

1. Increase the health education to the community about the important of family planning inside and outside the PHC.
2. PHC doctors involving in training courses about the family planning counseling.
3. Continuous availability of hormonal methods especially progestin tablet only, IUCD, other methods in the PHC, can lead to increase usage of them.
4. Giving instruction that during the family planning, client must be educated about all methods she can use them, not only the methods available in the PHC.
5. Health education about the family planning must start giving it in pre-marital counseling.

REFERENCES

1. http://www.who.int/topics/family_planning/en/
2. <http://www.familyplanning.org.nz/>
3. Renjhen P, Kumar A, Pattanshetty S, Sagir A, Samarasinghe CM. A study on knowledge, attitude and practice of contraception among college students in Sikkim. India J Turk Ger Gynecol Assoc. 2010; 11(2):78–81.
4. Arcy, F., 1977. The Malthusian League and the resistance to birth control propaganda in late Victorian Britain. Population studies, 31(3): 429-448.
5. Pregnancy and family planning attitude in Iraq, challenged and interference. Iraqi CSO, & UNFPA, 2012. <http://www.cosit.gov.iq/>
6. <https://unstats.un.org/unsd/mdg/SeriesDetail.aspx?srid=778&crd=368>
7. <http://hcac.jo/en-us/Accreditation/Accreditation-Programs>
8. <http://who.int/mediacentre/factsheets/fs351/en/>
9. http://www.who.int/reproductivehealth/publications/family_planning/9780978856304/en/
10. Samira M. Ebrahim, Nihad K. Muhammed. Knowledge, attitude and practice of family planning among women in Basrah city south of Iraq. MJBU, Vol 29 , No.1&22011
11. Nansseu et al. assessing the knowledge, attitude and practice of family planning among women living in the Mbouda health district, Cameroon Reproductive Health (2015) 12:92. DOI 10.1186/s12978-015-0085-9
12. Marwah Imad Abdul Kareem, lamia Dhia Al-Deen, Knowledge, attitudes and practice of family planning among a sample of women attending primary health care centers in al Karkh, Baghdad. Iraq Med J 2016 vol. 62(2). Page: 115-124.
13. Tizta Tilahun, Gily Coene, Stanley Luchters, Wondwosen Kassahun., Els Leye., Marleen Temmerman, Olivier Degomme. Family Planning Knowledge, Attitude and Practice among Married Couples in Jimma Zone, Ethiopia, PLOS ONE April 2013 | Volume 8 | Issue 4 | e61335. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0061335>
14. Preliminary finding report: fourth round of the multiple indicator survey (MICS-4): IRAQ. http://reliefweb.int/sites/reliefweb.int/files/resources/MICS4_Iraq_Preliminary_Report_Eng.pdf