

Knowledge, Attitude and Practice of Modern Family Planning among Reproductive Age Group Women in Worabe Town, Ethiopia

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Abstract

Background: Introduction and promotion of modern family planning methods would greatly reduce the rate of unwanted pregnancy and thereby decrease the high rate of maternal deaths associated with unsafe abortion. However, in developing countries, the service is not readily delivered according to the demand of the community.

Objectives: The study was aimed at determining the knowledge, attitude and practice of modern family planning methods.

Materials and methods: The study was conducted in Worabe Town, Silte Zone, Ethiopia from April 10 to April 25, 2017. Community based cross-sectional study design was used. All Childbearing age group women in Worabe Town were the source population and all sampled women in reproductive age group were the study population. 382 reproductive age group women was involved. The data was entered into Epidata version 3.1. The generated data was transferred to Statistical Package for Social Sciences (SPSS) version 20. Finally, the result was summarized in tables and graphs.

Result: In the study, 376 were involved in the study giving a response rate of 98.4%. The study revealed that, 196 (52.1%) were pregnant and 352 (93.6%) heard about modern family planning method. Majority (63.5%) have heard about injectable. More than two third (88.6%) agreed that family planning improve living and 107 (28.5%) used modern family planning method. Majority (72.9%) used injectable. Among the respondents who have heard about modern contraceptives, 312 (88.6%) agreed that family planning improves the ones standard of living.

Conclusion: Even though almost all of the respondents have heard about modern family planning methods, less than half of the reproductive age group women used modern family planning methods. Therefore, health education and increasing the accessibility of the reproductive health service is recommended.

Keywords: Knowledge; Attitude; Family planning; Modern

Introduction

Despite technological advancements in modern contraception methods, still an unintended pregnancy is a worldwide problem that affects women, their families and the society as a whole. Lack of access and unfavorable attitude towards modern family planning methods contributes to the incidence of unintended pregnancy and mistimed pregnancy [1-3].

The age of the individual has an impact on the utilization of modern contraceptive methods. Accordingly, adolescent women are more likely not to use and to misuse contraceptive than older women [4]. The negative consequences associated with unplanned pregnancy can be prevented by access to contraceptive services [5,6].

Unwanted pregnancies pose a major public health problem in the developed and developing countries including Ethiopia [7,8]. It has a negative impact on the educational progress and future careers development [9,10]. Most of the time due to a concern about the health and side effects of contraceptive methods women do not intend to use contraceptives. Some of them may believe that they are not at risk of getting pregnant [11].

One type of modern contraception is emergency contraceptive that is used after unprotected sexual intercourse, following sexual abuse, misuse of regular contraception or non-use of contraception. Emergency contraceptives includes Emergency Contraceptive Pills (ECPs) and Intrauterine Contraceptive Devices (IUCD) [12,13].

Introduction and promotion of modern contraception in the country would greatly reduce the rate of unwanted pregnancy and

thereby decrease the high rate of maternal deaths associated with unsafe abortion. Modern contraception should be available at all levels of the health care system and, where possible [14,15].

Various modern contraceptives inhibit or delay ovulation, interfere with fertilization or tubal transport, prevent an implantation by altering endometrial receptivity and causing regression of the corpus luteum. According to the world Health Organization report, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method [16].

In Ethiopia, the use modern contraceptive method is 35%. The most commonly used contraceptive method for currently married women in Ethiopia is injectable (23%), followed by implants (8%) [17].

Knowledge and attitude towards the modern family planning methods affect the utilization of the modern contraceptives. Therefore, countries should focus on intervention such as health education on

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family planning to improve the knowledge, utilization and attitude towards modern family planning method.

Materials and Methods

The study was conducted in Worabe Town, Silte Zone, Ethiopia which is found 172 km south of Addis Ababa from April 10 to April 25, 2017. The Zonal administration is bounded in the North by Guragae Zone, in the West Hadia Zone, in the South East by Alaba Special Woreda and in the East by Oromia Regional State.

Community based cross-sectional study design was used. All Childbearing age group women in Worabe Town were the source population and all sampled women in reproductive age group were the study population. All selected women of reproductive age group (15-49) who live in Worabe Town for more than six months, were included in the study.

Single population proportion formula was used to calculate sample size with confidence interval of 95% assuring 5% marginal error. Proportion of sample size determination was used from Ethiopia Demographic and Health survey published in 2016 on prevalence of modern family planning in southern nation nationality and peoples region, Ethiopia 39.6% (17). Since the source population was less than 10,000 which was about 6467 reproductive age women in worabe Town, population correction formula was used. Considering 10% non-response rate, the total sample size was 382. Systematic random sampling technique was used. In Worabe Town, 6467 reproductive age group women at household level were present. By using systematic sampling, reproductive age group women (N) and dividing it by sample size (n), the selected study participants (K) was determined ($K=N/n=6467/382=16$). Therefore, eligible woman was interviewed by going in every sixteenth households. For households with more than one eligible woman, interview was done by selecting a woman using lottery method.

The structured questionnaire was adapted from various literatures. Three data collectors who were a fluent speaker of Amharic and Siltie language were used for data collection. The data collectors were oriented about the questioners to avoid the misunderstanding of the questioners. The data quality was assured by pretest, checking for completeness and validity of prepared questionnaire.

Ethical approval was obtained from Wolaita Sodo University, College of health science and medicine. The data was entered into Epidata version 3.1. The generated data was transferred to Statistical Package for Social Sciences (SPSS) version 20. Finally, the result was summarized in tables and graphs.

Results

Socio-demographic characteristics

In the study, 376 were involved in the study giving a response rate of 98.4%. Majority 181 (48.1%) were in the age group 25-34 and 192 (51.1%) were married (Table 1).

Obstetrics and sexual history

Of the respondents 196 (52.1%) were pregnant and majority (53.5%) had sexual partner (Table 2).

Knowledge towards modern family planning methods

Of the respondents, 352 (93.6%) heard about modern family planning method. Majority (63.4%), 121(34.3%), 138 (39.2%), 102

Variables	N (%)	
Age	15-24	168 (44.7)
	25-34	181 (48.1)
	35-44	24 (6.4)
	45 and above	3 (0.8)
Marital status	Married	192 (51.1)
	Single	178 (47.3)
	Divorced	2 (0.5)
	Widowed	4 (1.1)
Age at marriage	15-19	71 (37)
	20-24	113 (58.9)
	25 and above	8 (4.1)
	Total	192 (100)
Educational status	Illiterate	42 (11.2)
	Elementary	144 (38.3)
	Secondary and above	190 (50.5)
	Sillite	339 (90.2)
Ethnicity	Hadiya	14 (3.7)
	Oromo	3 (0.8)
	Gurage	12 (3.2)
	Other	8 (2.1)
Religion	Muslim	351 (93.4)
	Orthodox	17 (4.5)
	Protestant	8 (2.1)
	House wife	148 (39.4)
Occupation	Student	56 (14.9)
	Government job	32 (8.5)
	Merchant	126 (33.5)
	laborer	14 (3.7)
Television	Yes	331 (88)
	No	45 (12)
Radio	Yes	167 (44.4)
	No	209 (55.6)

Table 1: Socio demographic characteristics of the respondents of reproductive age women in worabe town, Ethiopia, May 2017.

Variables	N (%)	
Pregnancy (n=376)	Yes	196 (52.1)
	No	180 (47.9)
Pregnancy age (n=196)	15-19	69 (35.2)
	20-24	110 (56.1)
	25 and above	17 (8.7)
Parity (n=196)	01-Mar	54 (27.6)
	04-Jun	97 (49.5)
	7 and above	43 (21.9)
	No birth	2 (1)
Future birth plan (n=196)	Yes	143 (73)
	No	53 (27)
Sexual partner (n=376)	Yes	201 (53.5)
	No	175 (46.5)
Sexual active (n=376)	Yes	198 (52.7)
	No	178 (47.3)
Age at first intercourse (n=198)	Less than 18	79 (39.9)
	18 and above	119 (60.1)

Table 2: Obstetrics and sexual history of the respondents of reproductive age women in worabe town, Ethiopia, May 2017.

(29%), 27 (7.7%), 21(6%) and 3 (0.9%) have heard about injectable, implants, pills, condom, IUCD, Post-pill and surgical methods, respectively (Table 3).

Attitude towards modern family planning methods

From mothers who heard about the modern family planning methods, more than two third 312 (88.6%), 342 (97.2%), 212 (60.2%),193 (54.8%) agreed that family planning makes life easy and regarding discussion about family planning is good and helps mothers to regain strength, respectively (Table 4).

Use of modern family planning methods

One hundred seven (28.5%) used modern family planning method. Majority (72.9%) used injectable (Table 5).

Discussion

In this study, only a small proportion (28.5%) of the women used modern family planning method. This is much lower than a report from a study conducted in 65.3% in Cameroon, 61% in Rohtak district, Haryan, 62.5% in Mumbai, 96.9% in Rwanda, 68.7% in India, 68% in Osun state, 60.4% used modern family planning method and in Eastern Nepal 45.7% used modern contraceptive method [18-25]. The decreased utilization might be related to the individual, organizational and environmental factors. Therefore, great emphasis is required to improve the utilization. Community mobilization and health education should be provided focusing on the different types of modern contraceptives and their detail description.

Variables	N (%)
Heard about modern families planning (n=376)	Yes 352 (93.6)
	No 24 (6.4)
Which method (352)	Injectable 223 (63.4)
	Implants 121 (34.3)
	Pills 138 (39.2)
	Condom 138 (39.2)
	IUCD 29 (8.2)
	Post-pills 27 (7.7)
	Surgical methods 8 (2.3)
Source of Information (n=352)**	Friends 45 (12.8)
	School 103 (29.3)
	Media 217 (61.6)
	Health institutions 123 (34.9)
Type of family planning method used (n=352)	Pill 50 (14.2)
	IUCD 8 (2.4)
	Injectable 188 (53.5)
	Implant 100 (28.3)
	Emergency 6 (1.6)
	Total 352 (100)
Importance of modern contraceptive (n=352)***	Child spacing 216 (61.4)
	Limiting family size 293 (83.2)
	Prevention of unwanted pregnancy 109 (31)

*NB the percent is greater 100 and the "n" is also greater than 352 because an individual has more one chance of hearing information of different methods
 **NB percent is >100 and n>352 because an individual has chance of hearing more than one sources
 ***NB percent is >100 and n>352 because an individual has chance of responding more than one answer

Table 3: Knowledge towards modern family planning among reproductive age women in worabe town, Ethiopia, May 2017.

Variable	N (%)
Family planning improves the ones standard of living (n=352)	Agree 312 (88.6)
	Disagree 23 (6.5)
	Neutral 17 (4.8)
Discussing about family planning methods is good (n=352)	Agree 342 (97.2)
	Disagree 1 (0.3)
	Neutral 9 (2.6)
Family planning helps mother to regain strength for her next pregnancy (n=352)	Agree 212 (60.2)
	Disagree 121 (34.4)
	Neutral 19 (5.4)
Too large family size can affect the general well-being of family (n=352)	Agree 193 (54.8)
	Disagree 137 (38.9)
	Neutral 22 (6.3)
Husband's feeling towards family planning use (n=192)	Support 139 (72.4)
	Oppose 33 (17.2)
	Neutral 7 (3.6)
	I don't know 13 (6.8)

Table 4: Attitude towards modern family planning among reproductive age women in worabe town, Ethiopia, May 2017.

Variables	N (%)
Use modern FP methods	Yes 107 (28.5)
	No 269 (71.5)
	Pill 9 (8.4)
Types of Used modern contraceptive method (n=107)	IUCD 2 (1.9)
	Injectable 78 (72.9)
	Implants 18 (16.8)
	Emergency contraceptive 4 (3.7)
	Condom 5 (4.4)
	Desire to have more children 23 (8.6)
	Lack of knowledge 19 (7.1)
Why ever had not used modern contraceptive method? (n=269)	Not practicing sexual intercourse 47 (17.5)
	Husband opposition 9 (3.3)
	Due to religious factor 171 (63.6)
	Change method (n=107)
	No 15 (14)
Reason for changing (n=92)	Inaccessibility 3
	Due to side effects 32

Table 5: Use of modern family planning among reproductive age women in worabe town, Ethiopia, May 2017.

In Udupi District, Karnataka 19.85% of the women were using the oral contraceptive pills, according to a study done in the rural southern region of Jordan, the most common contraceptive methods ever used was oral contraceptive pills (31.1%), in Dharan Sub-Metropolitan City, majority (35.6%) were using the injectable, Depo-Provera, in Eastern Nepal majority were using injectable [25-28]. The difference might be due to a variation in the information provided regarding each modern family planning method. It might be associated with the difference in the availability of each method in the study areas.

Among the mothers who used modern contraceptives, 86% have changed method. This is higher than a finding from a study done in Mizan-Aman Town where 61.1% of the mothers have changed the method used [29]. The difference could be related to the variation in

the presence of the mothers in relation to the availability of information or a change in the reproductive health pattern.

In this study, (93.6%) of the women have heard about the modern contraceptive methods from Media. This finding is supported by a study conducted in Karnataka [30]. Contrariwise, according to a study conducted in Rohtak district, Haryana the main source of information was the health professionals, in Nigeria, the main source of information was health education during antenatal care visit, in Rwanda, women were aware of family planning through different trainings at health centers levels, in Mumbai, majority of the women had procured the information from family and friends [12,19,21,31]. The difference might be related to a difference in the socio-economic background of the women and the study areas and period's difference. Communication and health education should be delivered by Medias n collaboration to the health professionals. The information transmitted need to focus on the advantage and disadvantage of the use of modern contraceptive methods. The information gap can be filled by the collaborative effort of various sectors working on the information dissemination.

In this study, 72.4% of the husband feeling towards family planning method use is positive. This is lower than finding from a study conducted in Ethiopia in which 93% husbands supported their wives to use the family planning [32]. On the contrary, the finding is higher than a finding from a study conducted in Meghalaya, in which 44.5% of the husbands supported their wives [33]. The difference might be related to the difference in the study periods and the study areas.

Conclusion

The study assessed the knowledge, attitude and practice of modern family planning among the reproductive age group women in Worabe Town, Ethiopia. The study revealed that less than half of the reproductive age group women used modern family planning methods. Therefore, Health education and increasing the accessibility of the reproductive health service is recommended.

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