

Knowledge and Attitude of Females Towards Contraception Methods in Mosul city

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ABSTRACT

Family planning (FP) is described as an approach of attentive and alive that is accepted planned on awareness, approach, and in charge choices by persons and couples. It refers to alert work by a couple to bounded and make space between the children so need to take contraceptive methods, the aim of the study to determine the knowledge and attitude of females at reproductive age toward contraception methods and family planning.

Method: A descriptive cross-sectional study, of 1000 females in the Childbearing period (15-49) years old. Randomly chosen of females from AL-Salam teaching hospital in Mosul city, questionnaires that designed previously and collected by direct interviewee of females to evaluate the knowledge,

Results: Across sectional study of 1000 females, mean age of them (29 ± 7) years old. 47% of females with high school education, 71% of them are housewife, 46% of the female with a monthly income of the family was 500,000-1,000,000 ID, 54% of females have 3 children and more, most age of the last child was <5 years (67%), 55% of females with a gap between 2 last children was 1-2 years, 75% of females with no history of abortion, 99% of females live in the home far from family planning center, 63% of females with age group 30 years and below. 38% of females know to use contraception and 36% of them willing/ sure to use family planning, while 62% of females did not know to use contraception and 64% of them unwilling/ unsure to use family planning. good knowledge and attitude significantly associated with education level, occupation, age of females, and last child, the gap between child and distance of family planning center.

Conclusion: Low level of knowledge and attitude in females in Mosul city, good knowledge and attitude associated with education level, occupation, age of females and last child, the gap between child and distance of family planning center. Most females heard by contraception methods from relatives, most females, did not use it either due to its side effects or she thought it was no benefit.

Keywords: Knowledge, attitude, females, contraception methods, in Mosul city.

INTRODUCTION

Family planning (FP) is described as an approach of thoughtfulness and alive that is accepted planned on awareness, approach, and in charge of choices by persons and couples⁽¹⁾. It refers to alert work by a couple to bounded and make space between the children so need to take contraceptive methods⁽²⁾. Family planning concern about the sexual life of mothers, make them have enough gaping between births, prevent unwanted gestations and abortions, inhibited sexually transmitted illness, and make the mother, baby, and whole family life level very well^(3, 4). An important facility of planning of a family is the development system of healthcare^(5, 6). Many studies showed that increase knowledge and attitude and low use of contraceptives making the state a real challenge^(7, 8). Most females of childbearing age not know or know few or wrong information's about family planning approaches, some females have little information's about some contraception's methods but not know how to deal with it or use it so have a bad attitude about FP, other females have untrue and confusing data^(9, 10). Universally, FP is encouraged to discourse the reproductive well-being requirements of males and females, and an important beard to a faster increase in population no.⁽¹¹⁾. Contraception is the careful use of non-natural techniques to inhibit gestation results from asexual intercourse. Most types of FP techniques are barrier procedures, the most one is condom; pills, that contain sex hormones to inhibit ovulation in the female; IUCD, like a coil that inhibits fertilize ova from implantation inside the uterus. Females that used contraception not only for FP but also improve her family life and prevent the mortality of mothers and babies. Up to 40 % of pregnancy in the world occurs accidentally, and unwanted gestation carriages dangerous for the health of mothers and babies and lead to the rapid growth of the population⁽¹²⁾. Determining the level of contraception responsiveness delivers a beneficial degree of the accomplishment of data, learning, and message actions and assistance to recognize the parts that necessary to be

supported. The aim of the study to determine the knowledge and attitude of females at reproductive age toward contraception methods and family planning.

numerals) should be used and, conversely, if there are not at least two sub-topics, then no subheads should be introduced. Styles named "Heading 1", "Heading 2", "Heading 3", and "Heading 4" are prescribed.

METHODS

A descriptive cross-sectional study, of 1000 females in Childbearing period (15-49) years old. Randomly chosen of females from AL-Salam teaching hospital in Mosul city, questionnaires that were designed previously and collected by direct interviewee of females to evaluate the knowledge and attitude, Information collected from January to March 2020. Sociodemographic data include age, education, occupation, income, parity, last child age, the gap between child and any history of abortion, the distance of family planning center. Data analysis statistically by SPSS 22 categorical data used frequency and percentage; continuous data used mean and SD. Chi-square test and Fischer exact test were used to show the association between categorical data. P-value considered significant when equal to or less than 0.05.

RESULTS

Across sectional study of 1000 females, mean age of them (29 ± 7) years old. 47% of females with high school education, 71% of them are housewife, 46% of the female with a monthly income of the family was 500,000-1,000,000 ID, 54% of females have 3 children and more, most age of the last child was <5 years (67%), 55% of females with the gap between 2 last children was 1-2 years, 75% of females with no history of abortion, 99% of females live in the home far from family planning center, 63% of females with age group 30 years and below. As shown in table 1.

Table 1: variables distribution

<i>Variables</i>		<i>Frequency</i>	<i>Percentage</i>
<i>Education</i>	Illiterate	291	29.1
	primary school	235	23.5
	secondary school	474	47.4
<i>Occupation</i>	Employer	273	27.3
	Housewife	715	71.5
	Student	12	1.2
<i>Income/Month</i>	<500,000	366	36.6
	>1000000	166	16.6
	500000-1000000	468	46.8
<i>Parity</i>	<3	456	45.6
	≥ 3	544	54.4
<i>Age of the last child</i>	<5y	672	67.2
	$\geq 5y$	328	32.8
<i>The gap between 2 last children</i>	>4y	141	14.1
	1-2y	557	55.7
	3-4y	302	30.2
<i>History of abortion</i>	No	750	75.0
	Yes	250	25.0
<i>the distance of family planning center</i>	<30min	11	1.1
	>30min	989	98.9
<i>Age</i>	30 years and less	631	63.1
	above 30 years	369	36.9

According to table 1; 38% of females have the knowledge to use contraception and 36% of them willingness/ sure to use family planning, while 62% of female does not know to use contraception and 64%% of them unwillingness/ unsure to use family planning.

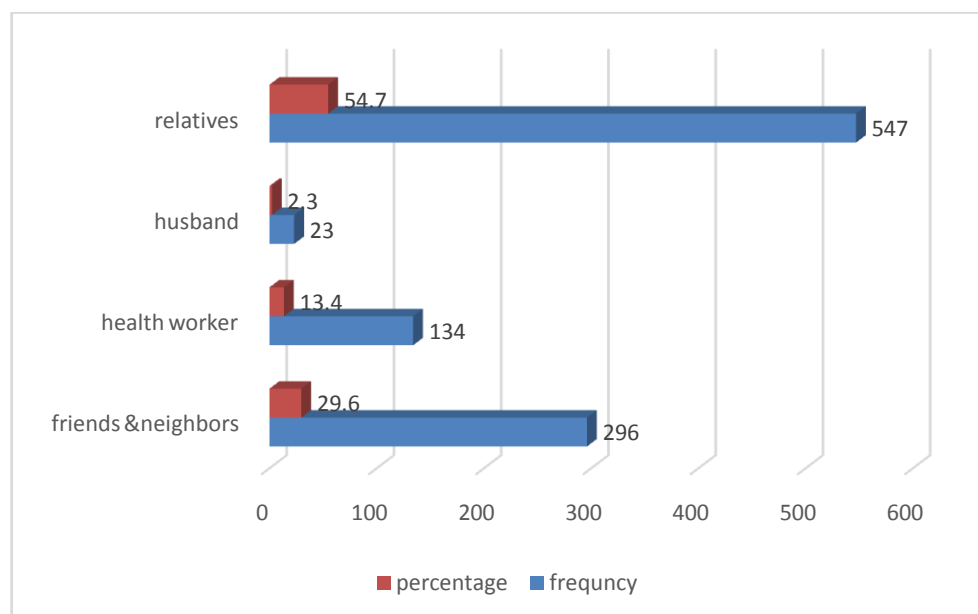
Table 2: Knowledge and attitude distribution

<i>Variables</i>		<i>Frequency</i>	<i>Percentage</i>
<i>Knowledge</i>	have not	628	62.8
	Have	372	37.2
<i>Attitude</i>	Unwillingness/unsure to use family planning	642	64.2
	willingness/ sure to use family planning	358	35.8

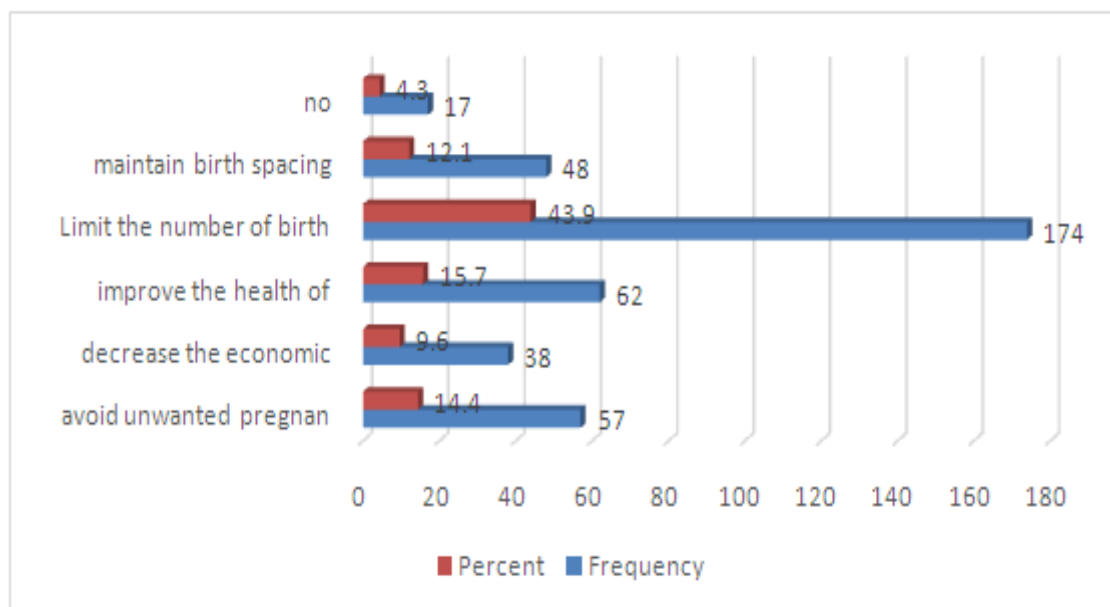
According to (table 2) and (fig.1), the elements of knowledge; 99% of females are heard about contraception 55% of them from relative. While 30% of females used contraception (24.5%) of them used IUCD. 37% of females have benefit from contraception 44% of them for limited no. of birth. 91% of females have a side effect when using contraception 25% of them with infertility band amenorrhea.

Tables 3: knowledge items distribution

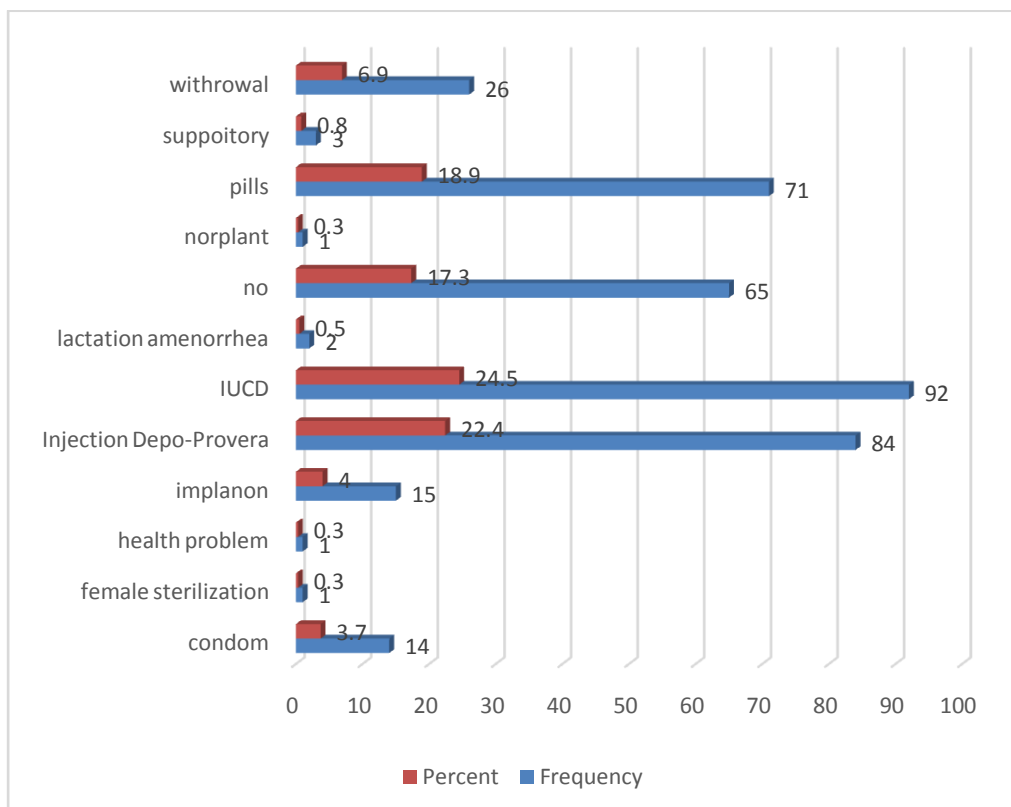
<i>Variables</i>		<i>Frequency</i>	<i>Percentage</i>
<i>Heard about contraception</i>	no	12	1.2
	yes	988	98.8
<i>use contraception</i>	no	696	69.6
	yes	304	30.4
<i>Benefits of Contraceptives</i>	no	627	62.7
	yes	373	37.3
<i>Side effects</i>	no	90	9.0
	yes	910	91.0



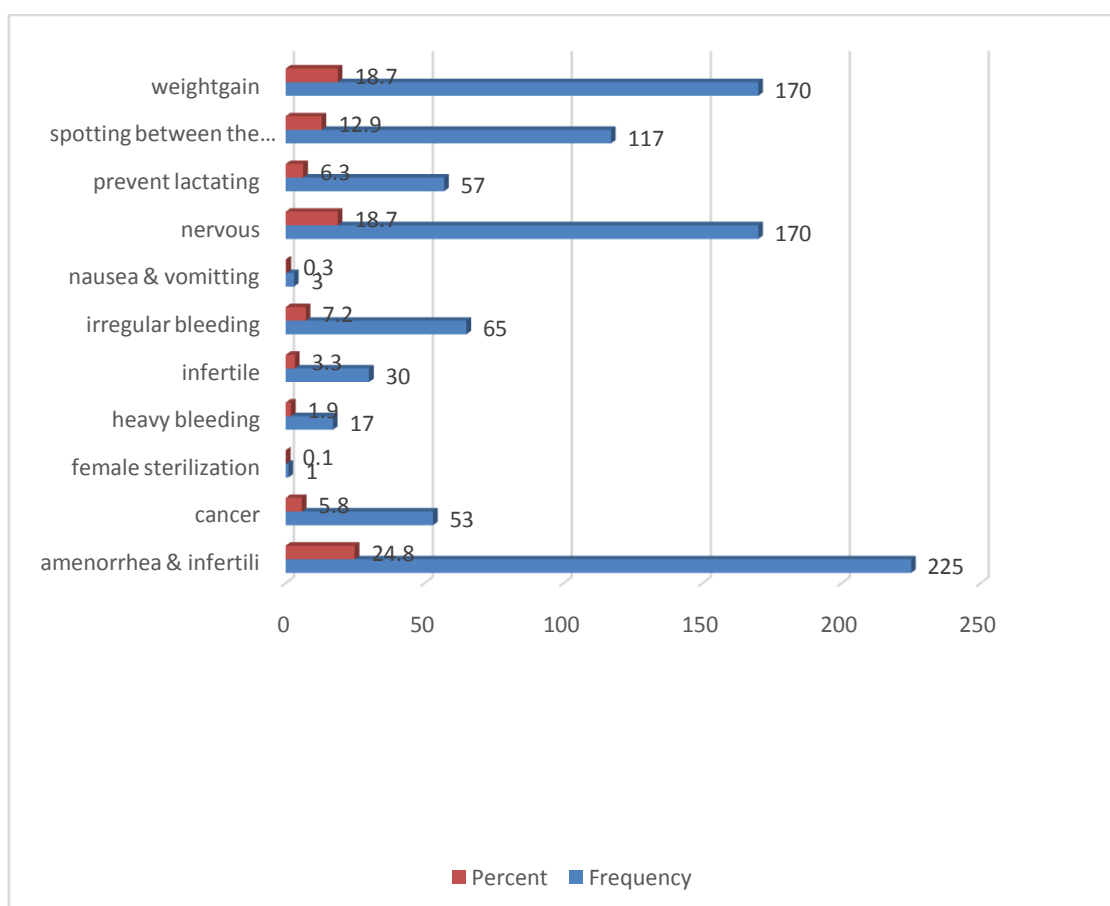
A.Heard about CP from



B.



C. Types of CP



D. Side effects

Figure 1: A, B, C, D show the distribution of knowledge elements if females answer yes.

According to fig (3): 64% of females have no attitude toward the use of contraception and family planning. If females have an attitude so the reason for use was 44% for spacing while the reason for not used 39% is worried about side effects.

There is a significant association between educations of females, contraception knowledge, 56% of females with good knowledge was secondary school education, also a significant association between the occupation of females, and contraception knowledge, 64% of females with good knowledge was a housewife. 57% of females have good knowledge of the age of the last child <5 years. 48% of females have good knowledge with the gap between the 2 last children was 1-2 years. 97% of females have good knowledge with distance from the family planning center > 30 m. There is a significant association between age of females, contraception knowledge, 52% of the female with good knowledge was 30 years and below age. As in table 4.

Table 4: Association between knowledge and variables

Variables		Not have	Have	P-value
Education	illiterate	179 (29%)	112 (30%)	0.0001
	primary school	183 (29%)	52 (14%)	
	secondary school	266 (42%)	208 (56%)	
Occupation	employer	143 (23%)	130 (35%)	0.0001
	housewife	478 (76%)	237 (64%)	
	student	7 (1.1%)	5 (1%)	
Income/Month	<500,000	224 (36%)	142 (38%)	0.57
	>1000000	102 (16%)	64 (17%)	
	500000-1000000	302 (48%)	166 (45%)	
Parity	<3	292 (47%)	164 (44%)	0.47
	≥3	336 (53%)	208 (56%)	
Age of the last child	<5y	461 (73%)	211 (57%)	0.0001
	≥5y	167 (27%)	161 (43%)	
Gap between 2 last children	>4y	73 (12%)	68 (18%)	0.0001
	1-2y	378 (60%)	179 (48%)	
	3-4y	177 (28%)	125 (34%)	
History of abortion	no	480 (76%)	270 (73%)	0.17
	yes	148 (24%)	102 (27%)	
distance of family planning center	<30min	1 (0.2%)	10 (3%)	0.0001
	>30min	627 (99.8%)	362 (97%)	
Age	30 years and less	439 (70%)	192 (52%)	0.0001
	above 30 years	189 (30%)	180 (48%)	

P-value ≤ 0.05 (significant)

here is a significant association between the educations of females, contraception attitude, 54% of females with willingness was secondary school education, also a significant association between the occupation of females, and contraception willingness, 64% of females with good knowledge was a housewife. 56% of females have a willingness with the age of the last child <5 years. 48% of females have a willingness with the gap between 2 last children was 1-2 years. 97% of females have a willingness with distance from the family planning center > 30 min. There is a significant association between age of females, contraception willingness, 53% of the female with good knowledge was 30 years and below age. As in table 4.

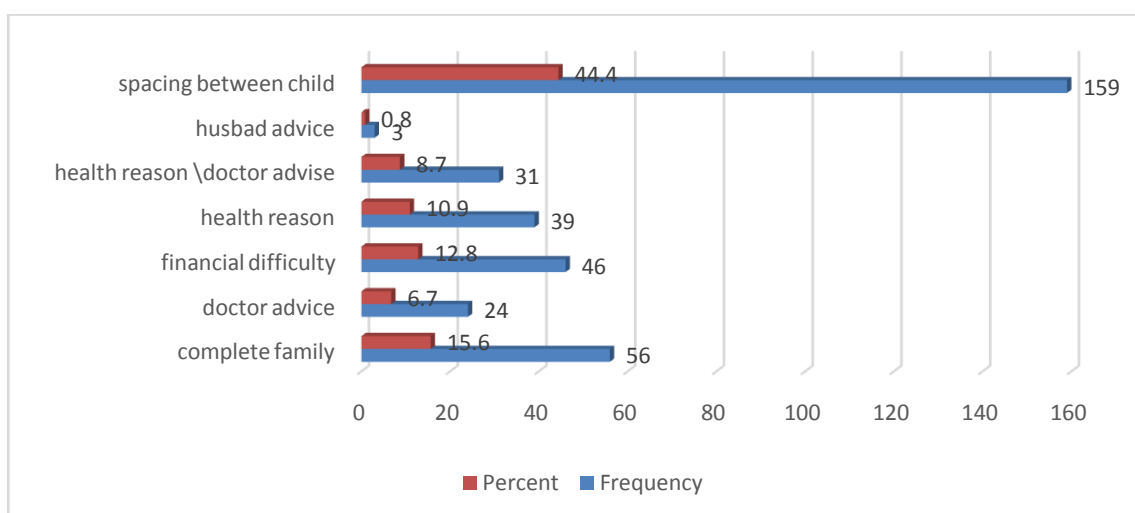
Table 5: Association between knowledge and variables

Variables		Unwillingness	Willingness	P-value
Education	illiterate	182 (28%)	109 (30%)	0.0001
	primary school	180 (28%)	55 (16%)	
	secondary school	280 (44%)	194 (54%)	
Occupation	employer	147 (23%)	126 (35%)	0.0001
	housewife	485 (75%)	230 (64%)	
	student	10 (2%)	2 (1%)	
Income/Month	<500,000	234 (36%)	132 (37%)	0.66
	>1000000	102 (16%)	64 (18%)	
	500000-1000000	306 (48%)	162 (45%)	
Parity	<3	302 (47%)	154 (43%)	0.23
	≥3	340 (53%)	204 (57%)	

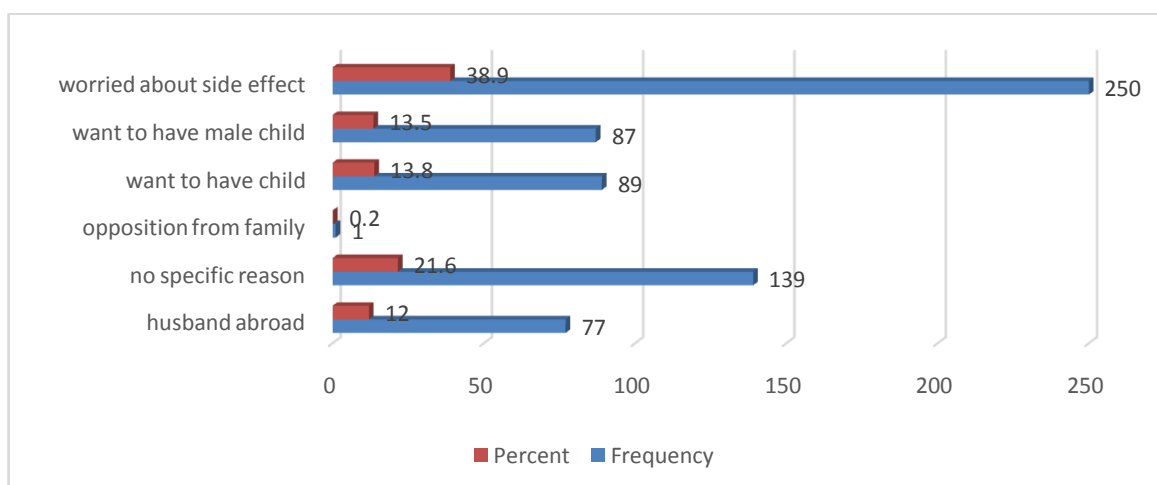
Age of the last child	<5y	471 (73%)	201 (56%)	0.0001
	≥5y	171 (27%)	157 (44%)	
Gap between 2 last children	>4y	73 (11%)	68 (19%)	0.0001
	1-2y	384 (60%)	173 (48%)	
	3-4y	185 (29%)	117 (33%)	
History of abortion	no	490 (76%)	260 (73%)	0.19
	yes	152 (24%)	98 (27%)	
distance of family planning center	<30m	0 (0%)	11 (3%)	0.0001
	>30m	642 (100%)	347 (97%)	
Age	30 years and less	441 (69%)	190 (53%)	0.0001
	above 30 years	201 (31%)	168 (47%)	

P-value ≤ 0.05 (significant)

According to fig 3; the reason for use contraception was 44% spacing between a child and 16% the female completes their family. While the reason for not use contraception was 39% of females worried about side effects and 22% with no specific reasons.



A. Reason for use



B. Reason for not used

Figure 2: A. reason for use contraception. B. reason for not use contraception

DISCUSSION

Contraception is a vital part of reproductive well-being and shows a chief role in the inhibition of undesirable gestation. In the current study, the whole knowledge of females was 37% this similar to other studies that stated the whole

knowledge was 45.23, which is much smaller as compared to 81% in Karachi besides 97% in Lahore. However, like score founded in an Indian study^(13,14). Regarding attitude in the current study, 36% just have a positive attitude for contraception methods and 64% of the female with a negative attitude, these results agreed with study in Baghdad and KSA that stated regarding the attitudes, nearly half of the respondents had negative FP attitudes, revealing the traditional and tribal norms present in the society that favors larger family size and believes having many children; especially if they were male children, is a source of pride and profitable investment for the future (15, 16). These results disagreed with many studies done in Basrah, Erbil, Karachi, and Lahore. These studies show that a high percentage of the female with a positive attitude this difference may be decrease mass media in Mosul city especially during the ISIS period (13, 14, 17, and 18).

In the current study, 99% of females are heard about contraception 55% of them from relatives. While 30% of females used contraception (24.5%) of them used IUCD. 37% of females have benefit from contraception 44% of them for limited no. of birth. 91% of females have a side effect when using contraception 25% of them with infertility band amenorrhea, similar to study stated that this study reveals that the majority of the respondents (92.3%) had heard about contraception while 91.7%, 89.6% had heard about pills and condom respectively. The majority (85.8%) of the respondents had got information about contraception through mass media and a few (24.7%) through relatives. Also avoiding unwanted pregnancy was the most (79.3%) known benefit of contraception, however, only (46.6%) respondents knew that it also decreases the economic burden of the family. (48.3%) respondents believed that the use of contraception causes damage to the uterus, (41.7%) had a fear of side effects, and (36.7%) believed that it causes infertility. Only (25.7%) of the respondents experienced side effects with the use of contraceptives. The commonest (31.8%) side effects experienced were weight gain and menstrual irregularities each followed by heavy bleeding (20.5%) and amenorrhea (18.2%) (14). Besides, a study in Basrah stated that Information was mainly derived from health personnel and relatives but there was no role for mass media. This may be related that the government did not play role in mass education of the population about the importance of family planning.^(17, 19)

There is a significant association between educations of females, contraception knowledge, 56% of females with good knowledge was secondary school education, also a significant association between the occupation of females, and contraception knowledge, 64% of females with good knowledge was a housewife. 57% of females have good knowledge of the age of the last child <5 years. 48% of females have good knowledge with the gap between the 2 last children was 1-2 years. 97% of females have good knowledge with distance from the family planning center > 30 min. There is a significant association between age of females, contraception knowledge, 52% of the female with good knowledge was 30 years and below age. There is a significant association between the educations of females, contraception attitude, 54% of females with willingness was secondary school education, also a significant association between the occupation of females, and contraception willingness, 64% of females with good knowledge was a housewife. 56% of females have a willingness with the age of the last child <5 years. 48% of females have a willingness with the gap between 2 last children was 1-2 years. 97% of females have a willingness with distance from the family planning center > 30 min.

There is a significant association between age of females, contraception willingness, 53% of the female with good knowledge was 30 years and below age. This was similar to other studies that stated there is a significant relationship between knowledge and education as well as occupation P-value (< 0.001 and 0.004) respectively. So high response came from highly educated females and lead to high knowledge, with repeating that easy access to education leads to improve the behavior (14, 20). Besides, there is a significant association between age, education, age of the child, and distance of family planning center (P-value <0.02, 0.008, 0.02, and 0.001) respectively. Also, they respond more in the age group 20-34 years old with a good attitude when compare it with other groups, higher education, live nearer the family planning center, and the last baby less than 5 years all these things increase good attitude (14, 15). Also, another study agreed with the current study and show that walking less than 30 min. from living place to center, literate females, and age groups 20-34 years old have a significant association with attitude. Findings from a similar study done in Ethiopia showed that being literate was one of the factors related to a more good attitude towards contraception (p value= 0.002)^(14,21).

44% of females with a positive attitude used contraception's method for spacing between children this is also agreed by studies in Iraq and Qatar that showed mother used contraception for child spacing (71%) (22, 23), while 39% of females with a negative attitude not used contraception's method due to worried from side effects also this results agreed with about 72% of women suffering from side effects (22, 24). Improved knowledge and awareness of methods of family planning could be attributable to the integration of family planning programs into reproductive health programs (25). In Nigeria. Women had had the opportunity to learn about the importance of child spacing and the benefits of family planning during antenatal care and child immunization. Beyond this, access to family planning had improved due to the various efforts of government and non-government agencies. Nevertheless, many women could not accurately describe the rhythm method, female condoms, and emergency contraception. These are gaps in women's knowledge that needed to be addressed in family planning clinics. Fears of modern contraceptive side effects, postponement of contraceptive use, and lack of access were among the reasons for the non-use of contraceptives, which is consistent with previous

studies (26, 27). The narratives of women in the study setting suggest that fear of modern contraceptive side effects is the main reason for not using a modern contraceptive.

CONCLUSION

Low level of knowledge and attitude in females in Mosul city, good knowledge and attitude associated with education level, occupation, age of females and last child, the gap between child and distance of family planning center. Most females heard by contraception methods from relatives, most females, did not use it either due to its side effects or she thought it was no benefit.

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