

## **Knowledge, Attitudes and Practices towards Family Planning among Saudi Female Teachers in Al-Madinah Al-Munawarah City, Saudi Arabia**

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### **ABSTRACT**

**Back ground:** *Changes in Saudi Arabian community especially in woman education mace them more aware about fertility, family planning and contraceptive use. This study aims to assess knowledge, attitudes, and practices towards family planning among female teachers in Al-Madinah Al-Munawarah city in Saudi Arabia.*

**Methods:** *A cross sectional study has been conducted over a cluster sample of Saudi female teacher in governmental schools in Al-Madinah Al-Munawarah city, where a structured questionnaire covering research objectives was developed and distributed over participants.*

**Results:** *This study has been conducted over 300 female teachers, 59.7% were of age group ranging from 36 – 45 years old. One hundred and nineteen teachers were having no or less than 4 children, while 181 were having 4 or more children. Significant differences ( $p < 0.05$ ) have been found between those having no or less than 4 children and those having 4 or more children regarding age, marital status, educational level, perceived socioeconomic standard, knowledge of the presence of contraception, and thought that long term use of contraceptive pills could cause sterility. Only one third or less of participants answered correctly over questions related contraception and contraceptive methods, 63.7% reported need for more health education regarding contraceptives, and 46.6% of preferred health centers as source of information. The majority tended to perform family planning (88%), 76.3% reported current use of contraceptives, and 43% reported side effects to used contraceptive method.*

**Conclusion:** *This study results revealed limited knowledge of contraceptive methods, high intention to use contraceptives, and average use of contraceptives among studied population.*

### **INTRODUCTION**

One of the characteristic features of Saudi Arabian population is their desire to form large families. They have much higher birth rate and total fertility rate relative to those of developed countries, however certainly these rates are markedly decrease and Saudi families become smaller (1).

The rapid overall change in the socio-demographic pattern of the Saudi Arabian community, especially the changes concerned with women's education and work is important factor in changing fertility beliefs and behaviors with more tendencies to birth spacing and, consequently, the use of the contraceptives (1).

A marked drop in birth rate and total fertility rate have been shown in the last few years, and the contraceptives has been recognized as a key element in reducing fertility in many developing countries (2). Other benefits from family planning and contraceptive use include prevention of cancers, sexually transmitted diseases, and infection with the Human Immunodeficiency Virus (HIV) (3). Furthermore, investing in family planning as a component of good reproductive health has benefits that go beyond the obvious prevention of pregnancy and reduction of disease burden, the social and economic benefits for global development goals should not be overlooked (4).

This study aims to find answers to the following questions: What knowledge do Saudi working females have about contraceptives? What are their attitudes towards fertility and their acceptance of contraceptive use? What are the prevalence and reasons of non-use contraceptives among this group of working females?

## **LITERATURE REVIEW**

According to Turkish population and health survey, 1998, reproductive history showed that 34.7% of women had three to four pregnancies, 46.5% had one or two children, , 27.4 % had three or four , and 2.1 % had five or more. Most of the women noted that family planning was useful, and stated that family planning protects mothers, children, and future of family (5).

In a study performed in Turkey, 1998, lack of knowledge about effective methods was not found to be an important problem for using modern methods .In the study 10.1 % of women did not seek family planning services because their husbands or families did not allow them to do so, and mostly due to their husband's attitude, that is against family planning. Therefore the reason why this incidence happen, may have been affected by factors such as the low educational level of women living in this region , which increase in socioeconomic difficulties related to it, and the difficulties that women face in getting access to family planning services. and the result of the study showed that 50.8 % of women used oral pills (5).

In another study, from morocco, 1998, the reasons for not using effective methods were reported to be hesitancy about the desired time of the next birth, insufficient information on family planning methods, health problems, objection of men to family planning, and fears of side effects of effective methods . Thus 17.2 % of the women used and agree with IUD as a comfortable contraceptive method, so the study highlights the low use of IUD contraception in the region. Condoms are used in preventing both pregnancy and the transmission of sexually transmitted infections. Paradoxically, some men are offended by the idea of using condoms with their wives. So results of the study also showed that condoms were not preferred by women because it was rejected by their husbands (6).

Johnson T &make B, 1996, have found that 50% of women in Bangladesh who had already been using oral contraceptives continued to use pills, but 86% of women who had been using traditional methods were still using the same methods three years after education for family planning (7).However, recent survey indicated that, the Islamic Republic of Iran between 1991 and 2006, has been made an essential achievement that the total fertility rate declined from 5.0 to 2.0 per woman ( 8).

For instance, according to the 2000 demographic health survey , in urban areas of East Azerbaijan, the total fertility rate was 1.8,as in urban Iran as a whole. About 55% of married women were using modern contraceptives(contraceptive pills 19%, intra-uterine device (IUD) 13%, tubal ligation 13%, condoms 6%, injectables1.7%, vasectomy 0.9% and implants 0.5%), and 20% a traditional method (9).

## **METHODOLOGY**

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A cross sectional study has been conducted over a cluster sample of 300 Saudi female teacher in governmental schools in Al-Madinah Al-Munawarah city in Saudi Arabia in the duration from 1<sup>st</sup> of September 2012 to end of November 2012, where a self administered questionnaire distributed over all participants after taking their consent to assess their knowledge, attitudes & practices regarding family planning. Pilot study has been done to check feasibility of study & test questionnaire before the start of actual data collection.

Data has been collected and entered to the computer using SPSS (Statistical Package for Social Science) program for statistical analysis, (version 13; Inc., Chicago. IL). Data from questionnaires has been entered as numerical or categorical, as appropriate. Two types of statistics have been done: 1) Descriptive statistics; where quantitative data was shown as mean, SD, and qualitative data was expressed as frequency and percent. 2) Analytical statistics: where Chi- square test was used to measure association between qualitative variables. P-value was considered statistically significant when it was less than 0.05.

## **RESULTS**

This study has been conducted over 300 female teachers in Al-Madinah Al-Munawarah city, more than half of them (59.7%) were of age group ranging from 36 – 45 years old, 96.7% were ever married, 99.3% were resident in urban area, 92.3% were of graduate education, and the majority of them (87.7%) reported having moderate socioeconomic standard (Table1). One hundred and nineteen teachers were having no or less than 4 children, while 181 were having 4 or more children, significant differences have been found between those having no or less than 4 children and those having 4 or more children regarding age, marital status, educational level, and perceived socioeconomic standard ( $p < 0.05$ ), where nearly half (50.4%) of those having no or less than 4 children were below 36 years old versus 9.9% of those having 4 or more children, and secondary education level was reported in 2.5% of those having no or less than 4 children, meanwhile 6.1% of those having 4 or more children reported it. The significant difference between both groups regarding marital status could be attributed to the fact that 8.4% of participants were never been married before and in turn have no children and have been included in the group of those having no or less than 4 children (Table2).

Significant differences ( $p < 0.05$ ) have been found between participants having no or less than 4 children and those having 4 or more children regarding knowledge of the presence of contraception, thought that long term use of contraceptive pills could cause sterility, and perceived need of more health education about contraceptives. Overall, the knowledge of participated teachers regarding family planning was limited, as only one third or less of them answered correctly over questions related contraception and contraceptive methods, only 3.3% answer question related to meaning of contraception correctly, however minor percent of them (1%) stated that they did not ever heard of contraception, 63.7% reported need for more health education regarding contraceptives, but generally percent of correct answers was higher among those having no or less than 4 children than those having 4 or more children (Table 2). Graph 1 shows that nearly half (46.6%) of those reported the need for more health education about contraceptives preferred health centers as source to get information, TV programs have been preferred by 12% of them, and the least preferable source was the internet (3.7%).

The attitude of the studied group of teachers towards family planning varies, however more than half of them see that some of contraceptives are useful and others are not (55.7%), and see that the most dangerous contraceptive method on woman's health is the hormonal one (58.3%). The majority tended to perform family planning (88%), while about 61% tended not use condoms as contraceptive method and a similar percent perceived that there is negative effect of multi-parity on woman's health. Significant differences ( $p < 0.05$ ) have been found between participants having no or less than 4 children and those having 4 or more children regarding

the perceived most dangerous contraceptive method on woman's health, the perceived effect of multi-parity on woman's health, and the preferred number of children they wish to have (Table 3).

Nearly two thirds of the studied group of teachers (76.3%) reported current use of contraceptives with significant difference ( $p < 0.05$ ) between those having no or less than 4 children and those having more than 4 children, 8.3% of participants who don't use contraceptives were not convinced to use them, only 2.7% claimed disagree of use by husband, and 43% reported side effects to used contraceptive method (Table 4).

## DISCUSSION

The literature provides considerable baseline data on the benefits of family planning on women's health. The practice of family planning helps in reducing the rates of unintended pregnancies, maternal and child mortalities, and induced abortions (10). In addition, using contraceptives has been shown to promote a woman's sense of autonomy and increase her ability to make decisions in other areas of her life (11-13).

In current study we aimed to explore the knowledge, attitude and practice of family planning among Saudi female teachers in Al-Madinah Al-Munawarah city in Saudi Arabia. The study revealed that Saudi female teachers in Al-Madinah Al-Munawarah city had incomplete knowledge about family planning, as only one third or less of them answered correctly over questions related contraception and contraceptive methods. The results of this study are consistent with that observed by Jordanian (14), and Saudi (1) studies.

Better knowledge of contraception and contraceptive methods among participated teachers having no or less than 4 children have been reported over those having more than 4 children, which is plausible as the more knowledge the female has regarding importance and methods of family planning, the more she practices it.

The study indicated that the most preferred source of information about family planning was health centers, while the least selected source was internet. This indicates a pressing need to educate these women about the concept of family planning and available methods to avoid pregnancy in primary healthcare centers. *A.I. Mahadeen et al, 2012*, reported that TV was the preferred source of information regarding family planning in a sample of rural females in Jordon, followed by health workers (14).

Population surveys have reported that in 37 out of 60 developing countries surveyed, 95% of married women knew at least one contraceptive method (modern or traditional) (15,16). The knowledge gap restricts women's choice for the use of contraceptive. The international contraceptive knowledge and awareness study conducted among 7,000 women aged 16 to 40 years from 14 countries, has revealed the failure of women to take advantage of new contraceptive methods, their contraceptive knowledge rarely stretching beyond the pill (17).

This study results show that more than half of participating female teachers see that some of the contraceptives are useful and the others are not (55.7%), and see that the most dangerous contraceptive method on woman's health is the hormonal one (58.3%). The majority tended to perform family planning (88%), while about 61% tended not use condoms as contraceptive method and a similar percent perceived that there is negative effect of multi-parity on woman's health. *Lee and jezewiski, 2007*, showed that women scare from hormonal method and this negative feeling had been due to concerns about side effects and health risks (18).

On other hand, significant difference ( $p < 0.001$ ) has been found between participants having no or less than 4 children and those having 4 or more children regarding the preferred number of children they wish to have, as nearly two thirds of those having no or less than 4 children wished to have less than 6 children in

contrast to nearly one third of those having 4 or more children. Although 88% of participants accepted and tended to perform family planning, this does not mean having fewer children. This high fertility attitude is attributed to the indigenous culture in favor of large families; it also coincides with the Islamic religion which rejects the concept of limiting the family size.

Nearly two thirds (76.3%) of participating teachers have reported the use of contraceptive methods, 8.3% didn't use them because they were not convinced to use contraceptives, and only 2.7% claimed disagree of use by husband. Compared with nearby Islamic Arab countries, there was a variation in the use of contraceptives ranging from 43.2% in Qatar, 58.3% in Syria and 61.8% in Bahrain, United Arab Emirates (27.5%), and Yemen (23.1%). This variation could be attributed to the variation in the local culture of these countries towards contraceptive use (19). In Tanzanian study, men have strong influence over fertility decision; therefore some women are using contraception secretly (20).

In current study, 43% of teachers said they suffered from side effect of used contraceptive method. In a study in Darfur, the use of family planning services was 34.2%, and the common reasons given by respondents for not using these services were, wanted more children, and fearing side effects (21).

## **CONCLUSION**

The present study reveals a limited knowledge of the variety of contraceptive methods by female teachers in Al-Madinah Al-Munawarah city. The participants showed high intention to use contraceptives, and average use of contraceptives. Although women value family planning for the health of the mother and the child, they still may have problems of understanding reasons for using family planning. Health professionals should seize the opportunity to plan for educational programmes.

### **Recommendations:**

Based on results of this study, to enhance the knowledge and use of contraceptives among married teachers in the study population, it is recommended that education to the community on importance of contraception and family planning should be intensified

Furthermore, the establishment of awareness campaigns to raise awareness about various contraceptive methods, and how to use them. More educational services for women on how to deal with the side effects associated with various types of contraceptive methods should be given due weight and campaigns against misbeliefs that negatively affect use of contraceptives should be initiated.

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**Table 1: Socio-demographic data of the studied group of teachers.**

Demographic Data	Having no or less than 4 children (n=119)		Having 4 children or more (n=181)		Total (n=300)		$\chi^2$	P. value
	No	%	No	%	No	%		
<b>Age in years:</b>								
-From 25-35	60	50.4	18	9.9	78	26.0	64.68	<0.001
-From 36-45	53	44.5	126	69.6	179	59.7		
-From 46-55	6	5.0	37	20.4	43	14.3		
<b>Marital status:</b>								
- Ever married	109	91.6	181	100.0	290	96.7	15.73	<0.001
- Never married	10	8.4	0	0.0	10	3.3		
<b>Residence:</b>								
-Urban	118	99.2	180	99.4	298	99.3	0.09	0.76
-Rural	1	0.8	1	0.6	2	0.7		
<b>Education level:</b>								
- Basic education	3	2.5	0	0.0	3	1.0	8.34	0.03
- 2ry school education	3	2.5	11	6.1	14	4.7		
- Graduate education	109	91.6	168	92.8	277	92.3		
- Postgraduate education	4	3.4	2	1.1	6	2.0		
<b>Perceived socioeconomic standard :</b>								
- High	21	17.6	12	6.6	33	11.0	9.13	0.01
- Moderate	97	81.5	166	91.7	263	87.7		
- Low	1	0.8	3	1.7	4	1.3		

**Table 2: Knowledge of the studied group of teachers towards family planning distributed by their number of offspring.**

Variables	Having no or less than 4 children (n=119)		Having 4 children or more (n=181)		Total (n=300)		$\chi^2$	P. value
	No	%	No	%	No	%		
<b>Ever heard of contraception:</b>								
-Yes.....continue for next questions	116	97.5	181	100.0	297	99.0	4.60	0.03
-No	3	2.5	0	0.0	3	1.0		
<b>Meaning of contraception:</b>								
- Method for family planning	80	67.2	120	66.3	200	66.7	2.76	0.42
- Method to prevent unwanted pregnancy	30	25.2	56	30.9	86	28.7		
- Could protects against sexuality transmitted infections	1	0.8	0	0.0	1	0.3		
- All of the above	5	4.2	5	2.8	10	3.3		

<b>Is it possible that long term use of contraceptive pills could cause sterility?</b>									
- Yes	74	62.2	109	60.2	183	61.0	10.26	0.01	
- No	11	9.2	41	22.7	52	17.3			
- Don't no	31	26.1	31	17.1	62	20.7			
<b>Mode of action of spermicides?</b>									
- Kills the sperms	23	19.3	47	26.0	70	23.3	3.28	0.51	
- Make sperm unable to move toward the egg	9	7.6	16	8.8	25	8.3			
- All of the above	17	14.3	24	13.3	41	13.7			
- Don't know	67	56.3	94	51.9	161	53.7			
<b>Mode of action of oral contraceptives:</b>									
- Stop ovulation ( release of eggs from ovaries )	36	30.3	65	35.9	101	33.7	1.77	0.62	
- Thicken cervical mucus, making it difficult for sperms to pass through	24	20.2	39	21.5	63	21.0			
- Kill the sperms	24	20.2	37	20.4	61	20.3			
- Don't know	32	26.9	40	22.1	72	24.0			
<b>Ever heard of emergency contraception:</b>									
- Yes	44	36.9	80	44.2	124	41.3	1.39	0.70	
- No	72	60.5	101	55.8	173	57.7			
<b>What is emergency contraception?</b>									
- It's an intramuscular injection	6	5.0	10	12.5	16	5.3	1.14	0.28	
- best method of contraception	6	5.0	9	11.3	15	5.0			
- Used after unprotected sex to prevent pregnancy	21	17.6	45	56.3	66	22.0			
- don't know	11	9.2	16	20.0	27	9.0			
<b>The need for more health education about contraceptives:</b>									
- Yes	85	71.4	106	58.6	191	63.7	6.66	0.01	
- No	31	26.1	75	41.4	106	35.3			

**Table 3: Attitude of the studied group of teachers towards family planning distributed by their number of offspring.**

Variables	Having no or less than 4 children (n=119)		Having 4 children or more (n=181)		Total (n=300)		$\chi^2$	P. value
	No	%	No	%	No	%		
<b>Concept of contraceptives:</b>								
- Useful	10	8.4	11	6.1	21	7.0	6.95	0.14
- Harmful	19	15.9	22	12.2	41	13.7		
- Some are useful and others are not	58	48.7	109	60.2	167	55.7		
-Not sure about their benefits	5	4.2	15	8.3	20	6.7		
- Don't know	24	20.2	24	13.3	48	16.0		

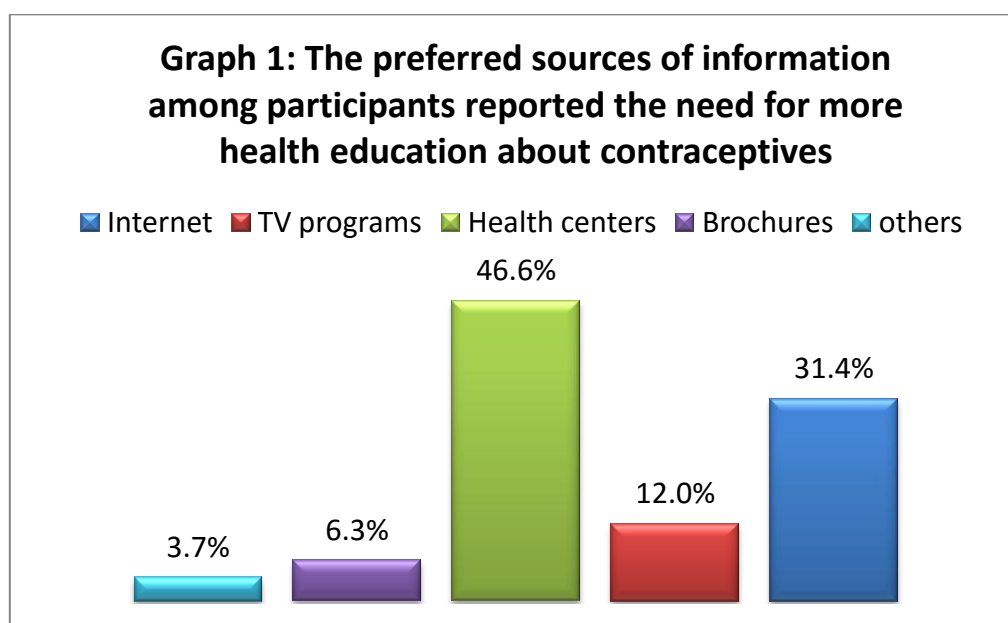
<b>The perceived most dangerous contraceptive method on woman's health:</b>									
- Condoms	2	1.7	0	0.0	2	0.7	11.97	0.02	
-Hormonal pills	57	47.9	118	65.2	175	58.3			
-Natural methods	4	3.4	4	2.2	8	2.7			
Intrauterine device-	25	21.0	20	11.0	45	15.0			
-Tubal ligation	28	23.5	39	21.5	67	22.3			
<b>What do you think of condoms as a contraceptive</b>							4.77	0.44	
- Condoms interfere with sex	15	12.6	25	13.8	40	13.3			
- Condoms are unpleasant to use	47	39.5	78	43.1	125	41.7			
- Condoms are not freely available	5	4.2	7	3.9	12	4.0			
- Condoms are safe and easy contraceptive method	49	41.2	71	39.2	120	40.0			
<b>Tend to use condoms as a contraceptive method:</b>							0.00	0.95	
-Yes	44	36.9	68	37.6	112	37.3			
-No	72	60.5	113	62.4	185	61.7			
<b>Tend to perform family planning:</b>							2.42	0.08	
-Yes	99	83.2	165	91.16	264	88.0			
-No	17	14.3	16	8.83	33	11.0			
<b>Perceived effect of multi-parity on woman's health:</b>							9.16	0.01	
-Positive effect	10	8.4	31	17.1	41	13.7			
-Negative effect	68	57.1	115	63.5	183	61.0			
- Don't know	38	31.9	35	19.3	73	24.3			
<b>Preferred number of children:</b>							33.28	<0.001	
-Less than 6	84	70.6	69	38.1	153	51.0			
-Six or more	32	26.8	112	61.8	144	48.0			

**Table 4: Practice of family planning among the studied group of teachers distributed by their number of offspring.**

Variables	Having no or less than 4 children (n=119)		Having 4 children or more (n=181)		Total (n=300)		$\chi^2$	P. value
	No	%	No	%	No	%		
<b>Current use of contraceptive method:</b>							27.25	<0.001
-Yes	71	59.7	158	87.3	229	76.3		
-No	45	37.8	23	12.7	68	22.7		



<b>If answer is no, what is the reason?</b>								
-Unmarried	12	10.2	4	2.2	16	5.3		
-Pregnant	0	0.0	1	0.6	1	0.3	3.33	0.65
-Not convinced	16	13.4	9	4.9	25	8.3		
-Husband doesn't support its use	6	5.0	2	1.1	8	2.7		
-Chronic disease	2	1.7	2	1.1	4	1.3		
-Other causes	9	7.6	5	2.8	14	4.7		
<b>Ever prevented from use of specific method of contraception:</b>								
-Yes	5	4.2	3	1.7	8	2.7	0.05	0.82
-No	40	33.6	20	11.0	60	20.0		
<b>History of side effects from used method of contraception:</b>								
-Yes	42	35.3	87	48.1	129	43.0	0.33	0.56
-No	29	24.4	71	39.2	100	33.3		
<b><u>Experienced side effects from the used method:</u></b>								
<b>-Bleeding between two periods:</b>								
Yes	8	6.7	21	11.6	29	9.7	0.42	0.52
No	34	28.6	66	36.5	100	33.3		
<b>-Gain weight</b>								
Yes	18	15.1	33	18.2	51	17.0	0.29	0.59
No	24	20.2	54	29.8	78	26.0		
<b>-Nausea</b>								
Yes	6	5.0	20	11.0	26	8.7	1.33	0.25
No	36	30.3	67	37.0	103	34.3		
<b>- Pain in the breast</b>								
Yes	9	7.6	10	5.5	19	6.3	2.23	0.14
No	33	27.7	77	42.5	110	36.7		
<b>-Headache</b>								
Yes	14	11.8	28	15.5	42	14.0	0.07	0.89
No	28	23.5	59	32.6	87	29.0		
<b>-Getting moody</b>								
Yes	19	15.9	42	23.2	61	20.3	0.11	0.75
No	23	19.3	45	24.9	68	22.7		
<b>- Clots formation</b>								
Yes	1	0.8	2	1.1	3	1.0	0.00	0.97
No	41	34.5	85	46.9	126	42.0		



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