Level of women's information regarding contraceptive in Rania district

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Abstract

Background: Family planning is one of several of the avenues for reducing Population growth and demographic pressure. It allows individuals and couples to determine and ascertain the desired number of children as well as the spacing of their pregnancies. Family planning has a direct impact on women's health and well-being as well as on the outcome of each pregnancy.

Objective: This study aims to identifying the level of women's information regarding contraceptives in Rania district, as well as to find a relationship between women information and some socio demographic characteristics such as (age, level of education, Occupation, number of children, socioeconomic status, and medical data.

Methodology: a quantitative design descriptive study, non-probability sample purposive consists of 100 women who attended the primary health care centers in Rania district, for a period from 15th August, 2015, Feb 20, 20116. Constructed questionnaire designed to questioned women's about contraceptives, the data were collected through the use of interview. They were analyzed through the application of descriptive statistical analysis (frequency and percentage %) and inferential statistical data analysis (chi-square). Both descriptive and inferential statistics were used to analyze the data to find out significance of some variable and its impact on level of information.

Results: the study revealed that those who attend hospitals and primary health care centers women's have high level of information concerning contraceptive. In addition to high significant were found regarding women's information therefore the study continuous to develop the women's level of information regarding the issues through regular educational program for those who attend primary health care center to increase awareness.

Keyword: Contraceptive

Introduction

Family planning is one of the several avenues for reducing population growth and demographic pressure. Reduced population sizes mean decreased burden on national expenditures for education, health, and other social services, as less strain on the environment and natural resources. Family planning also directly contributes to improve health in terms of reduced infant and maternal mortality and morbidity. Repositioning family planning as a key component of multispectral poverty-reduction programs does not only increase support family planning but makes it logistically more feasible and more affordable for countries to achieve poverty reduction and related goals (Polit, D. and Hungler, B., 2000). The health impact of family planning occurs through the avoidance of un wanted pregnancies, limiting the number of births, particularly the first and last in relation to the age of the mother (Jan, 2014).

Contraception is a deliberate prevention of pregnancy using any of several methods ranging from natural to scientific ones. There are a variety of methods available in accordance to its nature of use. Some methods provide short term birth control facility whereas some other provides permanent or long term birth control facility (Rachel K, 2012).

Many developing economies are characterized by rapid population growth that is party attributed to high fertility rate, high birth rates accompanied by steady declines in death rates, low contraceptive prevalence rate and high. The rate of population growth is one of the highest in the world, (2-8 percent).The number of people in need of health and education, among other public goods is large and increasing which in turn requires large amounts of resources, personnel and infrastructure especially the use of family planning services (Oyedo kun, 2009).

Family planning allows individuals and couples to determine and ascertain the desired number of children as well as the spacing of for their pregnancies. Contraceptive methods and the treatment of involuntary infertility are used to achieve the purpose. Spacing and limiting pregnancies has a direct impact on women’s health and well-being as well as on the outcome of each pregnancy Short birth spacing has significant health effects on both mothers and children. Low birth weight, premature birth and small for gestational age are among its consequences to babies and women, they are more likely to suffer from third trimester bleeding premature rupture of membrane and anemia(Conde ,2003) and (Taylor, 2011).

Methodology

A quantitative design(descriptive study), was carried out from 15th August 2015 to 20 Feb 2016 in order to find out the scope of women's information regarding contraceptive in Rania district. The present study was conducted in two typical Primary Health Care center (PHC) and maternal and child hospitals at Rania district. Purposive sample consists of (100) women who were attending the typical primary health care center and maternal and child hospitals to receive different types contraceptive.at Rania district the researcher chose only four of the typical PHCCs which include the family planning center. For the purpose of the current study, a

questionnaire format was constructed to know the level of women's information regarding contraceptive. It was reviewed by the experts, who suggested changes in some items in order to improve internal validity and reliability of the questionnaire by test which was conducted at Kewarash primary health care center in Rania district on (10) women's. 1. Three point type Likert Scale is used for rating the items as I know; Uncertain and I don't know (Polit and Hungler, 1999). which estimation as (r=0.88) of reliability for the entire test.. The study instrument was comprised of two parts part one socio-demographic characteristics, part two information women's related to contraceptive. Data was collected through using interview face to face technique with the woman. Data were analyzed through the application of descriptive statistical analysis that include mean of score, chi-square) by using statistical package for the social sciences (SPSS) version 21.

Discussion:

The study showed that more than one third of the current study samples were older in age 30-35 years and above, had a primary school graduation education level with majority three quarters of them being housewives. Had a secondary school graduation education level of husband with majority three quarters of them being male employers. According to the number of the children, 25% of the sample had children (1-3) and (4-6) with a moderate socioeconomic status. More than two third of them had a period of menstrual cycle from (4-6) days. More than of two third of the women had regular menstruation. The highest percentages (32%) of them received center family giving contraceptive while lowest percentages (18%) of them were Presentation by doctor. Because the women give contraceptive in the center family planning help the women for economic contraceptive the center family is cheap but in the doctor is expensive. The highest percentages (27%) of them were tab give contraceptive while lowest percentages (15%) of them were other types of contraceptive. Because women use tab more than other type contraceptive because their information in the most common. According to the number of the children, a study by (Kaunitz AM. 2005) on the Knowledge, attitudes and practices regarding family planning in southern Rajasthan agree with my study of being mostly of the women have two children and above.

Some studies (Leep, Shulman, 2002) and (Hatcher RA,2008) stated that women do not practice family planning methods even though they had good information for example the study from Rajasthan by (Eichorn DH,,2003). Showed that (60.8%) had information regarding family planning methods, while only (19%) were using the contraceptive irregularly, another reason for irregularity use was desire of both the women and the men to have more children. According to the result of the present study women rise percentage information in Rania district because they attend primary health care centers and more clinic but my study another study by (Marla, 2005) found that women who had used family planning were asked what method they had ever used, showed that oral contraceptive pills and the intra uterine dives received the most useful method because of useful the method and more information.

Information regarding family planning increases with the increasing of educational level, women with secondary and above of level education were more likely to know about family planning compared with women with lower educational levels (Arbab, AA, 2011).

Conclusions:

The study finding revealed highly significance of concerning of level women's information contraceptive. The information and attitudes of the women's regarding to contraceptive pills and intra uterine diverse (IUD) were high.

Recommendations:

The study recommended that continuous developing the women's level of information regarding the issues through regular educational program for those who attend primary health care center to increase awareness. Increase the community awareness regarding the use of family planning methods.

Table 1. Distribution of the level women's information regarding contraceptive use according to three levels (I Know, Uncertain and I don't).

Types of information	**Frequency**	**%**
Plan of family		
I know	82	82.0
Uncertain	17	17.0
Idont	1	1.0
Total	**100**	**100.0**
Important counseling by the doctor	**Frequency**	**%**
I know	71	71.0
Uncertain	22	22.0
Idont	7	7.0
Total	**100**	**100.0**
Uses more than <5 years of contraceptive	**Frequency**	**%**
I know	71	71.0
Uncertain	23	23.0
I don't	6	6.0
Total	100	100.0
Select age stop contraceptive	**Frequency**	**%**
I know	42	42.0
Uncertain	31	31.0

I don't	27	27.0
Total	**100**	**100.0**
Use contraceptive effected chronic disease	**Frequency**	**%**
I know	48	48.0
Uncertain	28	28.0
I don't	24	24.0
Total	100	100.0
Contraceptive effect urinary tract	**Frequency**	**%**
I know	**60**	**60.0**
Uncertain	**23**	**23.0**
I don't	**17**	**17.0**
Total	**100**	**100.0**

This table shows that level of the women's information regarding disorder when uses contraceptive have high information

Table 2. Distribution of levels of women's information related to the women's uses contraceptive complication 3levels (know, uncertain, and I don't know)

Increase weight gain during uses contraceptive	**Frequency**	**%**
I know	58	58.0
Uncertain	24	24.0
I don't	18	18.0
Total	**100**	**100.0**
Hypertension	**Frequency**	**%**
I know	58	58.0
Uncertain	27	27.0
I don't	15	105.
Total	**100**	**100.0**
Nausea and vomiting	**Frequency**	**%**
I know	61	16.0
Uncertain	22	22.0

I don’t	17	17.0
Total	**100**	**100.0**
Pain of the breast	**Frequency**	**%**
I know	58	58.0
Uncertain	24	24.0
I don’t	18	18.0
Total	**100.0**	**100.0**
Mood disorder	**Frequency**	**%**
I know	63	63.0
Uncertain	19	19.0
I don’t	18	18.0
Total	100	100.0

This table shows that level of the women's information regarding complication uses contraceptive have high information.

Table (3) Association of women's information regarding contraceptive and occupational status

Variables		Sum		6-10 (High)	Total	Chi-Square	d.f.	P-Value
		1-4 (Low Level)	5 (Moderate)					
Occupation of women	Employment	6	6	17	29	1.553	4	.817
	house wife	103	172	318	5813			
	student							
	Total	19	25	56	100			

Table (1) shows that regarding occupational status demonstrates the socio-demographic characteristics of the respondent shows that the highest percentages (58%) of them have housewives, while the lowest percentage (13%) of them were students.

Table (4) Association of women's information regarding contraceptive and level of employment of male.

Sum					Total	Chi-Square	d.f.	P-Value
Variable	Variables	1-4 (Low Level)	5(Moderate)	6-10 (High)				
Occupation of women	Employer	10	12	31	53	6.208	4	.184
	all jobs	90	112	250	452			
	student							
	Total	19	25	56	100			

Variables		Sum		4-5 (High)	Total	Chi-Square	d.f.	P-Value
		1-2 (Low Level)	3 (Moderate)					
Occupation of male	Employer	18	22	13	53	3.246	4	.518
	all jobs	10	19	15	44			
	student	1	0	1	2			
	Total	29	41	29	99			

Table (2) demonstrates the socio-demographic characteristics. The table shows that the highest percentages with regard to employer of the male, the table shows that the highest percentage (53%) of them were male employers, while the lowest percentage (2%) of them were students.

Table (5) Association of women's information regarding contraceptive and their level of education women.

Variables		Sum			Total	Chi-Square	d.f.	P-Value
		1-4 (Low Level)	5 (Moderate)	6-10 (High)				
Education level of women	Not red	1	2	4	7	3.032	8	.932
	Read and write	1	3	10	14			
	Primary school graduation	7	9	17	33			
	Secondary school	5	6	16	27			
	Institute and college above	5	5	9	19			
	Total	19	25	56	100			

According to the level of education of women's, the primary school formed the highest percentage (33%), while the lowest percentages (19%) were for the level of college and above

Table (6) Association of women's information regarding contraceptive and number of children

Sum								
Variable		**1-4 (Low Level)**	**5 (Moderate)**	**6-10 (High)**	**Total**	**Chi-Square**	**d.f.**	**P-Value**
Number of child	1	7	6	12	25	17.851	16	.333
	2	2	12	20	34			
	3	3	2	7	12			
	4	2	2	3	7			
	5	2	0	3	5			
	6	3	3	3	9			
	7	0	0	4	4			
	8	0	0	2	2			
	9	0	0	2	2			
	Total	19	25	56	100			

Sum								
Variable		1-4 (Low Level)	5 (Moderate)	6-10 (High)	Total	Chi-Square	df	P-Value
Monthly income	sufficient	8	13	31	52	1.051	4	.902
	barfly sufficient	5	6	12	23			
	Insufficient	6	6	13	25			
	Total	19	25	56	100			

Regarding to the number of children, the majority of the subjects (34%), (20%) had between (1-3) and (4-6) children. While only (9%) of the women had seven children and above.

Table (7) Association of women's information regarding contraceptive and monthly income.

With regard to socio-economic status, the table shows that the highest percentages (52%) of them have sufficient socio-economic status, while lowest percentages (23%) of them have barely sufficient socio-economic status.

Table (8) Association of information women's regarding contraceptive and chronic disease

Variable	Information women's regarding contraceptive	Sum			Total	Chi-Square	d.f.	P-Value
		1-4 (Low Level)	**5 (Moderate)**	**6-10 (High)**				
Chronic disease	none	12	14	29	55	3.092	4	.543
	Diabetes mellitus	2	6	17	25			
	Hypertension	5	5	10	20			
	Total	19	25	56	100			

This table shows that the highest percentages (55%) of them have not any chronic disease while lowest percentages (20%) of them have hypertension.

Table (9 Association of information women's regarding contraceptive and menstrual cycle.

Information women's menstrual cycle disorder		Sum			Total	Chi-Square	d.f.	P-Value
		1-4 (Low Level)	**5 (Moderate)**	**6-10 (High)**				
Menstrual cycle	Regular	8	13	24	45	5.100	6	.531
	In regular	8	9	26	43			
	Abnormal	2	3	6	11			
	4	1	0	0	1			
	Total	19	25	56	100			

This table shows that the highest percentages (45%) of them have regular menstrual cycle while lowest percentages (11%) of them have abnormal.

Table (10) Association of women's information with contraceptive and duration of menstrual cycle.

Sum					Total	Chi-Square	d.f.	P-Value
		1-2 (Low Level)	3 (Moderate)	4-5 (High)				
Duration of menstrual cycle	ess han 3 ay	9	12	11	32	6.061	6	.416
	-6 ays	8	16	10	34			
	ays	7	9	8	24			
	5 ays	5	4	1	9			
	Total	29	41	30	100			

This tables shows that the highest percentages (34%) of them have duration of menstrual cycle (4-6) days while lowest percentages (9%) of them were duration of menstrual cycle (15) days.

Table (11) Association of women's information with site regarding contraceptive and site of give contraceptive.

Women's information regarding contraceptive		Sum			Total	Chi-Square	d.f.	P-Value
		1-4 (Low)	5 (Moderate)	6-10 (High)				
SITE GIVE CONTRACEPTIVE	Center family	6	8	18	32	.294	6	1.000
	Direct by pharmacy	6	8	16	30			
	Presentation by doctor	3	4	11	18			
	Others	4	5	11	20			
	Total	19	25	56	100			

This table shows that the highest percentages (32%) of them receiving from center family give contraceptive while lowest percentages (18%) of them receiving their contact act from clinical or private doctors.

Table (12) Association of women's information with types contraceptives.

Women's information with type's contraceptives.		Sum			total	Chi-square	df.	p-value
		1-4 (Low Level)	5 (Moderate)	6-10 (High)				
Types used	Tab	4	7	15	27	3.977	8	.859
	Injection	3	7	16	16			
	Condom	4	4	8	16			
	I.U.D	4	2	11	26			
	Others	4	5	6	15			
	Total	19	25	56	100			

This table shows that the highest percentages (27%) of them receive tablets give contraceptive while lowest percentages (15%) of them receive others mentioned.

مستوى الثقفى المرأ على منح حمل فى قضاء الرانيه

المخلص:

الخلفيه:تحتبر تنظيم الاسرة احدى طريق تقليل التوسيح السكانى والضغط الديموغرافية وهي طريقة تجمل الاشخاص او الازواج تحدديها لتحقيق نسب وعدد انجاب الاطفال وتقليها وكدلك تنظيم الفترات الزمنية مابين حمل واخر. تنظيم انجاب له اثر كبير ومباشر على صحة المرأة وكينونتها وكذلك على صحة انجاب.

الاهداف:تهدف الدراسة التحريف بمستوى محلومات النساء حول طرق منح حمل فى قضاء رانية.وكذلك انجاب ايجادالحلاقات مابين محلومات النساء وبحض الخصائص الديموغرافية مثل (الحمر،المستوى تحليمي ،المهنه ،عدد الاطفال، المستوى المحيشي ،والمحطيات الطبية).

منهجية البحث:دراسية كمية وصفيه وعينة غيراحتمالية للمدة (غرضية)اشتملت علي 100امرأة من النساء اللواتى يراجحن مراكز الرعاية نى الصحة الاولية فى قضاء رانية،وللمدة من الخامس عشر من اب 2015 ولغاية الحشرون من شباط 2016 وصممت استمارة استبانة لهدا الغرض لمحرف محلومات النساء حول طرق منح ا لحمل ،وتم جمح البيانات من خلال استخدام اسلوب المقابلة مح عينة البحث . وتم تحليل البيانات من خلال تطبيق .اجراءات الاحصائية الوصفية التى شملت (التكرار ولنسبة المئوية)،والتفريقية (مربح كاي)لايجاد الحلاقات المؤكدة للمتغيرات الاحصائية وتأثيرها على مستوى المحلومات .

النتائيج: اظهرت الدراسة مستوى المحلومات النساء اللواتي يراجحين مركز الرعاية الصحة الاولية ذات مستوي عالى حول وسائل منح الحمل ،باضافة الى وجود علاقة كبيرة بين المحلومات النساء وبحض المحطيات الديموغرافية.

التوصيات: اوصت الدراسة بتطوير مستوى المحلومات النساء حول هذا الموضوع بتنظيم دورات وبرامج مستمرة النساء اللواتى يراجيحن مراكز الرعاية الصحة الاولية لزيادة المحلوماتهم حول الموضوع.

پوختە

پێشینە: ڕێکخستن خێزان و پلاندانانی زاوزێ یەکێکە لە شێوەکانی ڕێگرتن لە زیاد بوون و گەشەکرد نی کۆمەڵ بە شێوە یەکی نا کونترۆڵ

هەر وە ها زیاد بوونی ئەرك لەسەر نیشتیمان و جوگرافیا .ئەمەش بە یەکێك لە ڕێگایەنیە کە تاکە کەس یان خێزانەکان کە پەیڕەوی دەکەن

بۆ کۆنترۆڵکردنی ژمارەی منداڵ و ماوەکانی نێوان منداڵبوون .ڕێکخستنی خێزان کاریگەری هەیە لەسەر تەندروستی ئافرەت ودووگیان بوونی .

ئامانج:مەبەست لەم توێژینەوە یە پێناسە کردنی ئاستی زانیاری ئافرەتانی دەڤەری ڕانیە بەرامبەر شێوەکانی ڕێگرتن لە دووگیان بوون .

هەر وەها دۆزینی پەیوەندی لە نێوان ئاستی زانیاری و هەندی لە سیفەتە د یۆگرافییەکان وەك (تەمەن ٬ئاستی زانستی٬پیشە٬ژمارەی منداڵ ٬

باری ئابووری ٬وداتای پزیشکی یەکان) .

میتۆلۆجی :توێژینە وەیەکی وەسفییە بە شێوەی بڕیی نمونەی توێژینەوەکە مەبستدار بۆ ناهەڕە مەکی ٬پێك هاتوو لە 100ئافرەت

لەو ئافرەتانەی کە سەردانی مە لێبەندە تە ندروستیە کانی شاری ڕانیە دە کەن لە بەرواری 15 ئابی 2015 تا 20 شوباتی 2016 .بۆ ئەو

مەبەستەش ڕاپرسێیکی نوسراو ئامادەکرا کە بە شێوەیەکی چاوپێکەوتن پڕکرایەوە دەربارەی زانیاری ئافرەتان سە بارەت بە شێوەکانی

ڕێگرتن لە سك پڕ .زانیاریەکان وداتاکان بە شێوەی ئاماری شیکارکراوە بۆ وەسفی و پەیوەندیدارەکان بە بەکارهێنانی ڕێژەی و کەرتی

هەروەها بە بەکارهێنانی چوارگۆشەی کای بۆ زانینی پەیوەندی لە نێوان داتاکاندا .

ئەنجام:توێژینەوەکە ئەوەی دەرخست کە ئاستی زانیاری ئەو ئافرەتانەی سەنتەرەکانی خزمەتگوزاری تەندروستی سەرەتایی ڕانیە دە کەن

لە ئاستێکی زۆر باشدایە هەروەها پەیوەندییێکی باش هەیە لە نێوان ئاستی زانیاری و سیفەتە دیمۆگرافیاکاندا .

پێشنیازەکان :توێژینەوەکە ئەوەی پێشنیازکرد کە پلان و پڕۆگرامی بەردەوام هەبێت بۆ بەرەبێدان و بەرزکدنەوەی ئاستی زانیاری

ئافرەتان بۆ ئەو مەبەستە لە سەنتەر و مەڵبەندە تەندروستیەکان .