Knowledge, Attitude and Practice of Family Planning Methods among Husbands in a Village of Assiut Governorate Zeinab F. Hamed*, Amira F. EL-Gazzar, Farag M. Moftah

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ABSTRACT

Background: husbands usually are the decision makers about sexual activity, and the desired number of children. They often know very little about the health benefits of planning and spacing pregnancies. Without accurate information on the benefits and various methods of family planning (FP), they resist supporting FP use because of misinformation. Aim: it was to assess the knowledge, attitude and practice of family planning among husbands in El-Mansheah El-Kobra village, El-Qusiya District, Assiut Governorate. Subjects and Methods: a cross-sectional study was conducted in El-Mansheah El-Kobra village, from January to March 2017. A semi-structured questionnaire was used to collect data from husbands with wives in reproductive age group (15-49 years). **Results:** more than fourth (28.5%) of studied husbands have a good knowledge about FP and 54.9% of them have positive attitude towards FP. The contraceptive prevalence among studied husbands was disappointly low (16.2%), of that low percentage of the husbands 11.9% were currently users of male method. The level of husband involvement in FP in the current study was high (71.5%). Conclusion: some (28.5%) husbands have good knowledge about FP and 60% have positive attitude towards FP. The health team is the main source of information. The current use of FP methods is low. Recommendation: the study recommended that FP physicians should provide proper counseling and support to their male clients not only females; this will increases husband involvement in FP. Keywords: Family planning, Husbands involvement, Egypt.

INTRODUCTION

Child bearing is one of the most important and fulfilling roles of a woman, however, for a physiological process, pregnancy is a surprisingly hazardous, unwanted, unplanned and poorly planned pregnancy can cause disability and death⁽¹⁾.

The benefits of family planning (FP) for the survival and health of mothers and children are fairly straightforward. In 2000, about 90% of global abortion-related and 20% of obstetric-related mortality and morbidity could have been averted by use of effective contraception by women wishing to postpone or cease further childbearing⁽²⁾.

It is well documented that husband's general knowledge and attitude concern the ideal family size, gender preference of children, ideal spacing between child births, and contraceptive methods used; greatly influence women's preferences and opinions. Husband involvement helps not only in accepting a contraceptive method but also in its effective use and continuation⁽³⁾.

Aim of the study:

This study aims to assessing the knowledge, attitude and practice of family

planning among husbands in El-Mansheah El-Kobra village, El-Qusiya District, Assiut Governorate.

SUBJECTS AND METHODS

The current study was a crosssectional study. It was conducted in El-Mansheah El- Kobra village, El-Qusiya District, Assiut Governorate, from January to March 2017. We collected data from husbands living in El-Mansheah El-Kobra village, we included husbands whose wives were in reproductive age group (wife age 15-49 years). We excluded husbands whose wives not in the reproductive age. The study was conducted on 284 husbands; a semi-structured questionnaire was designed for data collection; first literature was sought on available questionnaires on husband involvement in FP. Then the questionnaire was developed to cover the following topics: Socio-demographic characteristics of the study participants (Age, religion, literacy status, age at first marriage, age at first born, number of children ever born, number of children alive, ideal children wanted). Items describing husband's awareness and knowledge of FP methods and

uptake of modern contraceptives (As meaning of family planning, knowledge about modern contraceptives and about male methods). Items include husband's roles in communication about contraceptive choices, contraceptive decision making, family size, and child spacing.

Sampling and sample size:

Sample size was computed using Statcalc program of EPI-info 2000, using single population proportion formula, and calculations resulted in total sample size of 284 husbands.

Sampling technique:

According to Wingo *et al.*⁽⁴⁾ the sampling interval (I) was = 61 and the first housein which a target husband is present was the house number 60.

Pilot study:

We applied 10 questionnaires as a pilot study, and final adjustment of the questions to local language to be understood by the studied husbands was undertaken.

Data collection:

The researcher recruited two females' nurses and one male health worker to facilitate reaching the studied husbands after explaining to them the aim of the work and how husband involvement in FP would improve the reproductive health. Then; the male health worker visited the target husbands and explained to them the aim of the work, and took a verbal consent and appointments from the husbands to share in the study. After that; the researcher visited the husbands guided by the two nurses to facilitate reaching the houses of the target husbands. The researcher her self-interviewed the husbands. The interviews were performed at the household.

Statistical analysis:

SPSS program version 16 was used. The following indices were developed:

The knowledge score: Based on the summative score of questions designed to assess knowledge, men with above the mean of the distribution or 60% were considered as having better knowledge of family planning services⁽⁵⁾.

The attitude score: Based on the statements assessing attitude, the mean score 3/5 (60%) of the distribution was considered as having positive attitude towards family planning⁽⁵⁾.

Ethical consideration:

The protocol of the study was reviewed and approved by the Ethical Review Committee of the Faculty of Medicine, Assiut University. A consent form was prepared and submitted with the protocol of the study. Approval from Ministry of Health and Population was taken to conduct the research. **RESULTS**

A. Socio-demographic characteristics Table (1): Socio –demographic characteristics of the studied husbands El-Mansheah El-Kobra, Assiut Governorate 2017

	No.(n=284)	%
Age (years):		
21-<30	72	25.4
30 -<40	109	38.4
40-58	103	36.3
Mean±SD	36.07±7.67	
(Range):	(21-58)	
Age at		
marriage:		
<25	93	33
25 -<30	150	53
≥30	41	14
Education:		
Primary	38	13.4
Preparatory	34	12.0
Secondary	111	39.1
Technical	20	7.0
Institute		
University	29	10.2
Occupation:		
Farmer	110	38.7
Free business	85	29.9
Employee	37	13.0
Skilled worker	52	18.3
Religion:		
Muslim	254	89.4
Christian	30	10.6

The mean±SD age of the studied husbands' was 36.07±7.67 years. About two fifth of them were at age group 30-<40. About half of them were at age group 25-<30 when married. The majority of the husbands were Muslims. Two-fifth of them completed secondary general/ technical. The majority of the husbands were farmers and skilled worker (Table 1).

B. Knowledge of the husbands

In the current study 28.9% of the studied husbands had good knowledge about family planning (Figure 1).

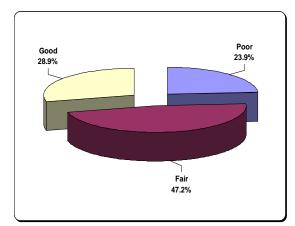


Figure (1): Knowledge of husbands about family planning in El-Mansheah El-Kobra, Assiut Governorate 2017.

And the health team was the main source of information as reported by studied husbands followed by mass media (Figure 2).

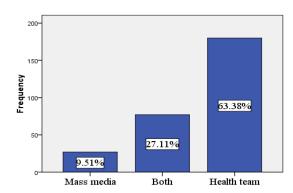


Figure (2): Reported source of information about FP, El-Mansheah El-Kobra, Assiut Governorate 2017.

Table (2): Reported previous use of FPmethods by studied husbands at El-Mansheah El-Kobra, Assiut Governorate2017.

	No. (n=284)	%
Previous use of FP methods:		
Yes	260	91.5
No	24	8.5
Type of FP methods:		
Pills	206	79.2
Injections	109	41.9
IUD	67	25.8
Implanon	2	0.8
Condom	11	4.2
Breast feeding	3	1.2
Safe period	2	0.8
Abstinence	2	0.8

The majority of them reported previously using of FP, the most commonly used methods were pills, injections, and IUD respectively (Table 2).

Table (3): Reported current use of FP methods by studied husbands at El-Mansheah El-Kobra, Assiut Governorate

	No.	%
Current use of FP		
methods (n=284):		
Yes	2	6.2
No	218	83.8
Current use of male		
FP methods (n=42):		
Yes	5	11.9
No	37	88.1
Type of male method		
(n=5):		
Withdrawal	2	40.0
Condom	3	60.0

The contraceptive prevalence among studied husbands was disappointly low (16.2%), of them low percentage of the husbands (11.9%) were currently users of male methods, three-fifth of them were using condom (Table 3).

C. Attitude of husbands towards FP

More than half (54.9%) of the studied husbands have positive attitude towards family planning (Figure, 3).

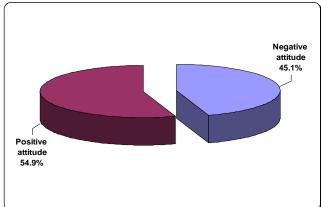


Figure (3): Attitude of studied husbands towards family planning, El-Mansheah El-Kobra, Assiut Governorate, 2017.

DISCUSSION

The current study assessed the knowledge, attitude and practice regarding

family planning among husbands in El-Mansheah El-Kobra village, El-Qusiya District, Assiut Governorate, Egypt in 2017. It was conducted among 284 husbands with wife in reproductive age group between 15-49 years old.

Sociodemographic characteristics of the studied husbands:

In the current study; most of studied husbands were at the age between (30-<40) years old, and this is nearly similar to those found in a study conducted in Nigeria; at which (53.7%) were in the age group (30–40) years⁽⁶⁾. This age group is higher than the age of the respondents in a study in Kenya; as the majority of the husbands were in the age group of (25-29) years⁽⁷⁾. This could be due to low socioeconomic status in Egypt especially in rural areas, which leads men to marry late in their life.

The level of education among studied husbands in the current study was low, with 8.9% were illiterate, 21.7% had university 39% education, while had secondary education, this low education level in the study site could be due to their culture where men move from one place to another looking for improving their socioeconomic status leading to disruption of learning or dropping out of school all together. This is supported by different studies done elsewhere in Bahir Dar City in Ethiopia where (35.9%) were completed their 7th to 10th grade and (32.7%) of respondents were diploma and above holders⁽⁸⁾.

Knowledge of the husbands about FP:

In the current study we found that (100%) of the husbands know at least one method, and (28.5%) of the studied husbands have a good knowledge about FP; This is not the same as a research done in Pakistan where there was high level of knowledge on at least one form of contraception, also among the participants in that research (57.0%) had a good knowledge about FP⁽⁹⁾.

This study reveals that the current contraceptive methods using rate is low (16.2%), while our national survey EDHS 2014, reported that 59% of respondents were currently using a contraceptive method⁽¹⁰⁾. And it's also, lower than a study in Nepal where 85.5% of the participants were currently users of contraception at time of the study⁽¹¹⁾. In the current study 60% of the husbands have knowledge about FP, this finding is similar to

study conducted in Uganda which declared that about 60% of the studied participants had knowledge on $FP^{(12)}$. And this is inconsistent with a study conducted in Pakistan where about 97% of respondents had knowledge about contraceptives methods⁽⁹⁾.

As regard current use of male contraceptive methods, the current study found that of all the current users of FP methods 42 husbands (16.2%) of the sample size, only five (11.9%) of them reported currently using of contraceptive methods and this percentage represents only 1.8% of all the sample size (284), and this is similar to a study in Ethiopia where (2.2%) of the studied husbands (365) reported current use of male contraceptives⁽¹³⁾.

In the current study 90.5% of husbands reported health team as a main source of information. This is in the same line with a study conducted in Nepal that reported that health worker (55%), hospitals (48%), were the major source of information⁽¹¹⁾. The second source of information in our study as reported by the studied husbands was mass media. This is similar to a study conducted in Pakistan which approved that mass media plays a significant role in increasing the male participation rate in FP⁽⁹⁾. In Egypt, Ragab et al.⁽¹⁴⁾ assumed that the most popular used method was advice from friends and family (60.5%), followed by TV/Radio and the print media (51.6%) and (51.3%) respectively. These findings were different from a study conducted in Jordan where television was the commonly reported most source of information about FP (61.9%), followed by health workers $(60.3\%)^{(15)}$.

Attitude towards FP:

Many husbands (54.9%) had positive attitude towards FP which may reflect the high percentage of current users. This is in the same line with a study conducted in Nepal; where 90% had positive attitude towards FP practice⁽¹¹⁾.

In our study we found that most of participants (88%) need fewer children than they had, this is in line with a study conducted in Pakistan where (58%) of the husbands want fewer children than they had⁽⁹⁾.

CONCLUSION

Sixty percent of the husbands approved FP and 28.5% of them have knowledge about FP. The health team is the main source of information about FP followed by mass media. The current use of FP methods is low.

RECOMMENDATIONS

FP physicians should provide proper counseling and support to their male clients not only females, this would increase husband knowledge about FP. Health education to husbands about FP and importance of child birth interval would increase husband's involvement in FP. Appropriate counseling of husbands on possible side effects before start using FP methods would increase the continuation rate.

References

1. Worku S and Fantahun M (2006): Unintended Pregnancy and Induced Abortion in a Town with Accessible Family Planning Services: The Case of Harar in Eastern Ethiopia. Ethiopian J Health Develop., 20(2):79-83.

2. Collumbien M, Gerressu M and Cleland J (2004): Non-use and use of ineffective methods of contraception.In: Ezzati M, Lopez AD, Rodgers A, Murray CJL (Eds.), Comparative quantification of health risks: global and regional burden of disease attributable to selected major risk factors, Geneva. researchonline.lshtm.ac.uk/17866/

3. Undelikwo VA (2013): Family planning behaviors and decision-making among couples in Cross River State, Nigeria. International J Learn Develop., 3(1):100–120.

4. Wingo PA, Higgins JE, Rubin GL and Zahniser SC (1994): An Epidemiologic approach to reproductive health/Centers for Disease Control, U.S.A. Family Health International. WHO. Available at: http://apps.who.int/iris/handle/10665/58688.

5. Kassa M, Abajobir A and Gedefaw M (2014): Level of male involvement and associated factors in family planning services utilization among married men in Debremarkos town, Northwest Ethiopia. BMC International Health and Human Rights, 14:33-37.

6. Adelekan A, Omoregie P and Edoni E (2014): Male Involvement in Family Planning: Challenges and Way Forward. International J Pop., Available at: http://dx.doi.org/10.1155/2014/416457 **7. Butto D and Mburu S (2015):** Factors Associated with Male Involvement in Family Planning in West Pokot County, Kenya. Universal Journal of Public Health, 3(4):160-168.

8. Walle Y and Alamrew Z (2014): The current states of male involvement on family planning and factors correlated with among male factory workers in Bahir Dar City. Am J Public Health Res., 2 (5):188-197.

9. Nasir JM, Tahir H and Zaidi AA (2010): Contraceptive attitude and behavior among university men: A study from Punjab, Pakistan. J Ayub Med Coll Abbottabad, 22(1):126-127.

10. Edh S, El-Zanaty F (2014): Ministry of Health and Population Cairo, ICF International Rockville: Maryland USA. Available at: https://dhsprogram.com/pubs/pdf/FR302/FR30 2.pdf

11. Upadhayay A, Shah SK, Thapa DK, Sanal T S, Raju G and Dahal RH (2017): Knowledge, Attitude and Practice of Family Planning Method Among Married Women of Reproductive Age Group in Earth Quake: Displaced Population of Sindupalchok Distract, Nepal. Am J Public Health Res., 5(1):1-5.

12. Kafuko A (2008): Report on the Qualitative Assessment of Community Based Approaches to Promote Smaller Families and Family Planning Among Men in Uganda. Available at: www.sciepub.com.

13. Tolassa Y (2004): The Role of Men in Family Planning in a Rural Community of Western Ethiopia. Master in Public Health Thesis, School of Graduate Studies, Addis Ababa University. Available at: http://www.etd.aau.edu.et/dspace/bitstream//10 71/1/Yohannes% 20Tolassa.pdf.

14. Ragab WS and Abdel Wahid WY (2014): Contraception Use among Parous Egyptian Women Attending an Antenatal Clinic. Med J Cairo Univ., 82(2):47–53.

15. Mahadeen AI, Khalil AO, Hamdan AM, Sato T and Imoto A (2012): Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. Eastern Mediterranean Health J., 18(6):567–72.