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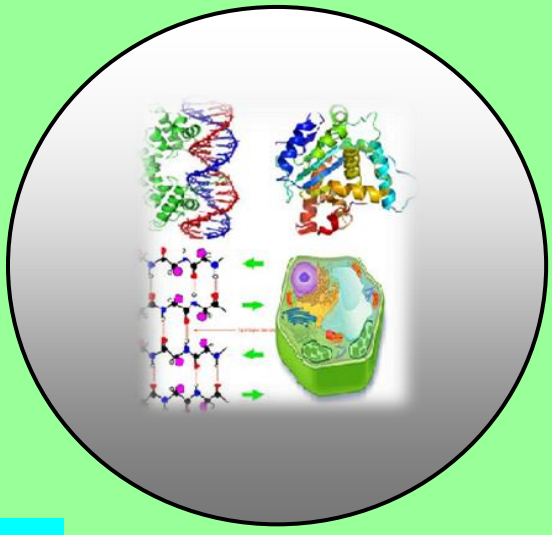

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RESEARCH PAPER

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Assessing Knowledge, Attitude and Practices of Family Planning among Women of Bido Kebeles Gechi Woreda Ilu Abba Bor Zone, Ethiopia

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ABSTRACT

Increasing the number of population is one of serious and complex problem in our country Ethiopia Over population has negative effects on country in limited resources. Family planning helps communities to reduce the number of dependant peoples. This study was conducted in Bido Kebele Gechi Woreda Ilu Abba Bor Zone. The main purpose of this study was to assess KAP about Family planning using questionnaire as a tools of data collections. Regarding to the results of this study it indicated that most of the respondents had negative attitudes and poor knowledge and practices about the Family planning services different contraceptives methods. This is because the respondents poor education status, their religious influence and the poor awareness of their husbands. Finally based on the findings of this study possible solutions are recommended in order to improve the KAP of community like giving education opportunities for women through cooperating with governments and creating awareness for religious peoples.

Keywords: Family planning, Contraceptive, Knowledge, Attitude, Practice and Over population.

INTRODUCTION

Family planning is defined as the ability of individual and couple to anticipate and attain their desired number of children and spacing timing of their birth. It is achieved through use of contraceptive method and the treatment in voluntary infertility (FDRE ministry of health, 2011). Family planning is a means of promoting a health of women and families and the part of the strategy to reduce the high maternal and children mortality. Peoples should be afford the opportunities determine the number of spacing their own children birth rate in most of

developing countries where high and relatively for centuries until tatus1960 when massive change in productive behavior started during the last quarter country the average number of children born per women has dropped from above six to four and in proportion of married women practicing contraception has raise from less than ten (10%) to 50 % (Johan Bong Hart, 1960) .The united nation conference on the women environment on stock hold in 1972 played pioneering role by declaring that the natural growth of population continually present problems for the preservation of the environment and adequate policy and measures should be adopted as appropriate to face this problem. According to Gerbil (2012), global and national state loaders are playing more attention to addressing the productive health needs of women and couples through family planning. In Africa there are different countries using family planning and they considers of primary strategy. It revealed on international conference on population and development held in Cairo in 1994, which only in a few countries such as South Africa, Zimbabwe, Botswana, & Kenya have family planning programs that has been successful enough to increase contraceptive use to much higher level (FDRE Ministry of Healthy (2011). When we came to Ethiopia our country also its own nation as population policy is to harmonize the rate of population growth with economic development and they improve the wealth are of the people the target of population policy is reducing the current total fertility rate to approximately 40 % by the year 2015 and increase the prevalence of contraceptive use to 44% by year 2015 / Counseling for family planning save lives of women and children and improves the quality of lieges for all based on this idea title is selected to assess the KAP about family planning. The average number of children ever born is high among women in Ethiopia .There are many contributing factors for the high fertility, among which are age at first marriage ,perceived ideal number of children literacy status, mass media exposure wealth status and child death experience by mother. All of this were strong predictors for CEB It can be concluded that programs should aim to reduce fertility rates by focusing on this identified factors so that fertility as well as infant and martial mortality and morbidity will be decreased and the overall well-being of the family maintained and enhanced. In Gechi district the case of Bido Kebeles.

MATERIAL AND METHODS

Study Area

The study was conducted in Gechi Woreda at Bido Kebele. Bido Kebele was located 513 km south-west of the capital Addis Ababa in Oromia Regional state of Ethiopia and also 15 KM away from Gechi town toward the North. It is 1300m above sea level and has annual Temp. 25 º-30 º annual rains fall 1600-1800 ml according to 2005 census. The study area has total population 2102 and 438 HHs and those women of reproductive age of the Kebele are 500. The main socio-economic activities of the local communities are small subsistence mixed farming involving the cultivation of staple crops (selit, ruz, sorghum (bobe), coffee), and cattle. The main source of income of the population is Chas crop production.

Study Period

The study was conducted from January to May 2015 at Gechi Woreda in Bido Kebele, Illu Abba Bora Zone, and Oromia regional state.

Study Design

The descriptive survey study was applied for this work. Because this method is suitable to indicate the KAP of women in Bido Kebeles.

Source Population

All households in the Bido Kebeles were the source population.

Study Population

The sample size of the study was women of reproductive age who are between 15- 49 or All sampled women of reproductive age was the study population.

Sample Size Determination and Sampling Technique

To get the required sampled population the simple random sampling techniques was used. Because it is more preferable for this study. Using this technique, out of 500 those determined using the Daniel (1995) formula.

$$N= \frac{Nz^2Pq}{D^2(N-1)+Z^2pq}$$

Where n= Sample size
d= margin of Sample error
z= levels of confidence
p= population proportion
q= degree of accuracy
w= study population

$$n= \frac{Nz^2pq}{d^2(N-1)+z^2pq} = \frac{500 \times (1.96)^2 \times 0.5 \times 0.5}{(0.08)^2(500-1)+(1.96)^2 \times 0.5 \times 0.5}$$

=115.994

=116

Study Variables

Dependent Variables

- Knowledge
- Attitude
- Practice

Independent Variables

- Sex
- Age
- Religion
- Ethnicity
- Family size
- Occupational status
- Income

Data Collection Procedure

Before the commencement of data collection, variable consent was obtained from concerned bodies collect required data from Bido Kebeles of Gechi woreda. The main and the assistant data collector was trained, oriented, explained, and guided about the purpose of the study. Finally all data collectors were assigned to collect data from among preferred women.

This was serving as pre -test to evaluate the validity and reliability of data to be collected, and to select final data collectors, assistant data collectors for the study. Therefore the primary tool for data collection was questionnaires.

RESULTS

This part deals with results or interpretation of data. It includes personal data, General idea of the respondents. This would be interpreted and explained in the following ways. Results from the respondents, response to questionnaires out of 116 (100%) samples respondents, 116 (100%) of them responds to be question in and their response were tabulated as follows.

Table 1. Demographic characteristics of respondents.

No.	Characteristics	Number of respondents	Percentage (%)
1.	Age Level		
	a) 15-21	12	10.34
	b) 22-28	26	22.41
	c) 29-35	33	28.44
	d) 36-42	22	18.96
	e) 43-45	16	13.79
	f) 46-49	10	8.62
2.	sex		
	a) Male	46	40
	b) Female	70	60
3.	Educational status		
	a) Illiterates	48	41.38
	b) Elementary	44	37.85
	c) Secondary	8	6.90
	d) Preparatory	8	6.90
	e) Higher education	8	6.89
	f) Daily labors	5	4.3
4.	Occupation		
	a) Farmers	26	22.4
	b) House wife	35	30.2
	c) Merchant	19	16.4
	d) Employees	10	8.6
	e) Students	21	18.1
5.	Do you have children		
	a) Yes	76	65.5
	b) No	40	34.48
6.	**No. of children**		
	a) 1-2	20	26.32
	b) 3-5	35	46.05
	c) 6-8	16	21.05

From item 1, above out of total sampled respondents 10.34 % (12) were aged between 15-21, 22.41 % (26) were aged between 22-28, 28.44 % (33) were aged between 29-35, 18.96 % (22) were aged between 36-42, 13.79 % (16) were aged between 43-45, 8.62 % (10) were aged between 46-49. According to table one almost half the respondents were aged b/n 22-35. From item 2, above out of total sampled respondents 40 % (46) were males and 60% were females. From item 3, above out of total sampled respondents 41.38 % (48) were those of illiterates and therefore according to may study more than half of my respondents were illiterates. From item 4, above concerning their marital status of respondents 72% of them were marred. While single are 21% and the remaining 8 % was divorced.

From item 5, above concerning their Occupational status of respondents 26% of them were farmer, 35% were house wife, and they cover higher in number. While daily labor is only 5%.From item 6, above concerning having and not having of respondents 65.5% of them was have the children, only 34.48% of then doesn't have the children. From item 7, above concerning number of children the respondents have about 26.32% of them was have the about 1-2 children, 46.05% of them have 3-5 children, 21.05% of them have 6-8 children and 6.58 % of them have more than 8 children.

Table 2. Distribution of respondents based on information about FP.

1.	Did you use FP	Number of respondents	Percentage (%)
	Yes	53	45.69
	No	64	55.17
	Total	116	100
2.	How you get information about FP?		
	HC /HP	38	71.70
	Radio	10	18.87
	TV	2	3.77
	Print media	1	1.89
	Others	2	3.77
	Total	53	100

From item 1, above sampled data concerning information obtained about 53 (45.69%) of respondents was got information about FP while the rest of them couldn't get the information. From item 2, above sampled data concerning where information obtained about 71(71.70%) of respondents was get information from health facilities, 10(18.87%) of them were got information from radio, 2 (3.77%) of them were got information from radio and others while the remaining small number or 1 (1.89%) were gained from printed media.

Table 3. Distribution of respondents by that shows the reasons why they are not using FP services.

Reasons	Number of respondents	Percentage (%)
I do not have any children	4	5.97
My religion do not allows me to use	21	31.34
My husband do not agree	32	47.76
B/C of my health	8	11.94
Others	2	2.99
Total	67	100

From sampled data concerning the reasons why they are not using FP about () 47.76% of respondents was not using FP due to husband pressure and the 2nd major reason is that about () 31.34% are couldn't use because of religious issues.

Table 4. Distribution of respondents by reasons why they are using FP services.

Reasons	Number of respondents	Percentage (%)
To limit family size	26	53.06
Not ready to have children	15	30.61
B/c of health status	5	10.20
Others	3	6.12
Total	49	100

From sampled data concerning the reasons why they are using FP about 26 () 53.06% of respondents was using FP to limit their family size and the 2nd reason is due to they are not being ready to have the children or which is about 15 (30.61 %.)

Table 5. Distribution of respondents by methods of FP they using?

Types Of FP services	Number of respondents	Percentage (%)
Pills	11	22.4
Condom	2	4.1
Norplant	10	20.4
Depo provera	25	51.0
Loup	1	2.0
Calendar	0	0
Total	49	100

From sampled data concerning types of FP services majority of respondent's 25 (51.0%) use Depo provera and Loup were the type of family planning that were not more familiar to the community.

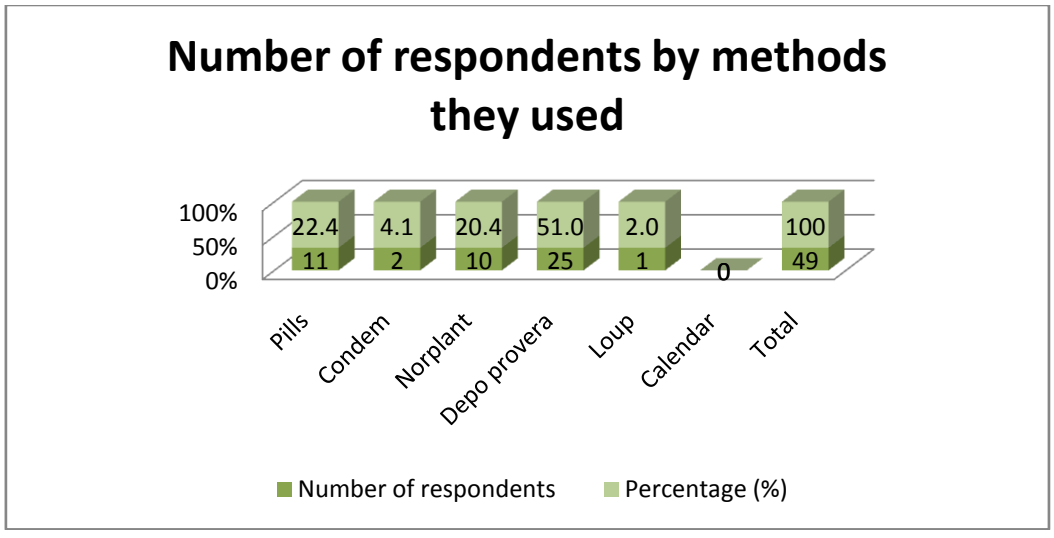

Table 6. Distribution of respondents by weather HP will be special center & information for FP services.

Do you have special center & professional for FP services	Number of respondents	Percentage (%)
Yes	1	100
No	0	0
Total	1	100

From sampled data concerning whether HP have or no the special center & information for FP services the existing one HP have special center & information for FP services and which is 1 (100%).

Table 7. Distribution of respondents by weather HC will give FP education.

Do you have FP education for the community at HC	Number of respondents	Percentage (%)
Yes	1	100
No	0	0
Total	1	100

From sampled data concerning whether HC have or no the special center & information for FP services the existing one HC have special center & information for FP services and which is 1(100%).

Table 8. Distribution of respondents by that shows the time how often the HC will give FP education for the community.

Time	Number of respondents	Percentage (%)
Once per month	0	0
Every three per month	1	100
Once per year	0	0
Total	1	100

From sampled data concerning time that HC provides education on FP services the existing one HC have been providing FP education every three per month which is 1(100%).

Table 9. Distribution of respondents by that shows weather FP education program includes males or husbands or not.

Is the program includes males	Number of respondents	Percentage (%)
Yes	0	0
No	1	1
Total	1	100

From sampled data concerning male's involvements in FP education; even if an existing HFs provides FP educations every 3 months in this education there is no male involvements.

DISCUSSION

This research has attempted to investigate knowledge, attitude, and practices of women in Bido Kebele of Gechi Woreda on about family planning. The results of this study show that most of respondent do not use family planning services. There were different factors for not using family planning services such as the educational status of respondents, the awareness of their husbands about the importance of contraceptive methods. It was known that most respondent was economically dependents on their husbands and therefore they couldn't decide by themselves. The other factor that affects practices of family planning services were the religion influence. Because most religious institutions do not encourage any contraceptives methods. The other barriers were source of information's of the respondents. Because most respondents obtained in formations from limited sources. This is mostly restricted to only to those of health extension worker of the Kebele. Regarding to their educational status of respondents almost 41.38 % were illiterates and more than half of literates respondents were 1-8 grade or 21.55 % to family planning methods.

The benefits of improving female education go beyond individual productivity and income. When fertility decrease population pressure decreases. Education improves women health. One reasons for this is that more schooling seems to occur her greater control over the frequency and spacing of child bearing.

Regarding to the reasons why the respondents do not use family planning services most of respondent reply their husbands do not agree & the religious influences. Actually the poor awareness of husbands about the family planning services has its own effects. Because most of respondents were house wife and they couldn't decide by themselves to use any contraceptives. When we concerning the influence of the religion most of the religion institution do not encourage their followers to use any contraceptive methods. Even those respondents who were use family planning services do not know other advantage of using family planning services in addition to limiting their family size but apart from this family planning services is also beneficial for the health of mothers and has a great influence of overall socio-economy of the country.

Regarding to source of information the respondents gain. Information from the health post, radio but most of the respondents obtained from one limited source. We know women who recall messages in the several media are exposed to only a few or on media source.

The health workers were asked whether the HP has the professional and special center for family planning services. But they said the HP has special center professionals and social center for this service.

The Health workers were asked whether the HC gives family planning education for the community. They said yes, but they conduct the program every 3 (three) months for those who come to HC only such types of program is not sufficient to address the messages of family planning programs to the community.

Socio- demographic variables are among important factors influencing individual's decisions on contraception and fertility (Dabral and Malik, 2004; Igwegbe et al., 2009; Burke and Ambasa-Shisanya, 2011). Results from Table 1 indicate that although majority of study participants (nearly half) aged between 20-30 years i.e. younger, however, substantial proportion of respondents (41%) aged more than 30 years. Since marriage/childbearing in rural Africa starts early (Duze and Mohamed, 2006; Atuyambe, 2008),

this observation indicates sizeable number of study participants were in age in which they could already have several children and hence could need modern contraceptives for child limiting. Polygamous type of marriage may negatively influence husband-wife communication on family issues including those related to fertility and contraception.

Furthermore, studies have shown individuals that are monogamous and have positive attitudes towards contraceptives will be more inclined to use contraceptives than those in polygamous marriage. This is more particularly so due to competition to bear children among the co-wives (Duze and Mohamed, 2006). Results in Table 1 indicate type of marriage by 81% of total respondents was monogamy, implying nearly one-fifth (i.e. 20%) of respondents, a noticeable proportion, were in polygamy type of marriage. Results from Table 1 also indicate good literacy level for the study population and hence more likely possessing good ability to understand message in health promotion materials (i.e., posters, brochures), including those involving family planning (Mgabo et al., 2010). About 78% of the sampled individuals had primary education and 20%, that is one in every five married women of reproductive age had at least secondary education. Religious affiliation by most of the respondents was Protestant accounting for nearly threequarters (74.4%) of total respondents, followed by Catholic accounting for 18.1% of total respondents and the rest were Moslem; to some extent reflecting existence variations in religious affiliation/ideology in a study populations and hence possibly differences in beliefs and practices towards modern contraceptives (Dey and Goswami, 2009; Dhingra et al., 2010; Burke and Ambasa-Shisanya, 2011). Similarly, although majority of study participants were Gogo, however a considerable proportion of them (40%) were coming from other tribes and hence possibly existence of cultural differences in a study population, which may in turn influences their beliefs and practices towards modern contraceptives (Singh, 2006; Ndaruhuye et al., 2009; Dey and Goswami, 2009). Socio- economic status (in this study proxied by family income) as well as distance to the nearest health facility may influence woman health seeking behavior including modern contraception (Amin et al., 2010; Woldemicael and Beaujot, 2011). Results from Table 1 indicate households involved in this study distributed across various categories of social economic status with majority of them (58.8%) having family income of below 500, 000 Tsh. per annum and a quarter having family income per annum of between 500, 000 to 1,000,000 Tsh. Distance to the nearest health facilities by around one third (36%) of study participant was more than 5 km (i.e. located at distant areas).

CONCLUSION

As it has already been stated in the introductory part, the main objectives of this study were to investigate KAP about family planning in Bido Kebele women. According to finding before this research the problem are mainly related to the educational status of that respondents, awareness of husbands, the influence of religion, limited access to information and activity of health workers. Based on the findings of this study, the followings conclusion could be forwarded.

Positive attitude towards family planning knowledge can promote a good reproductive health and well-being. This study reveals that education is one of the significant confounding factors to increase the knowledge and practice of family planning among immigrants. However, further research is needed to explain the observed difference in family planning knowledge, attitude and contraceptive uses (e.g. age groups, ethnicity) among immigrants.

RECOMMENDATIONS

To improve the negative attitudes, lack of knowledge, practice and awareness about family planning services in Bido Kebele women living these issues for only one organization do not give the expected goals. Because the issue is the one that shape everything in the country, So that it is better to share Health facilities, Religion, people, school, and school club.

Actually more efforts are required from HFs as professionals; Therefore, the point to be improved was that the family planning education. Because it should be given routinely and also they should try to increase awareness of husbands on family planning by including them in them in their educational schedules.

As finding indicates education is the major reason for why the respondents were not using FP services. Because education enhance their abilities. Therefore, Government should try to give chance for women to develop their educational status. In order to minimize the shortages of skilled man power Governments should prepare on service training and trained professionals.

Their role could be decisive for awareness creating program they should in encourage the use family planning services for their followers just by telling the reality or big differences between illegal ablutions and contraceptives.

Their role includes are changing luck of knowledge, Attitudes, Practice and awareness about family planning services. Schools should organize students and give information on family planning. Even the students are engaged for family planning services they can transmit information for their families.

To encourage for using modern contraceptives among immigrants there is need of available information about the benefits of these modern contraceptives.

The study reveals that one-third respondents had a history of requesting abortion. To identify the relevant cause for not using contraceptives in relation to unplanned pregnancy further studies are needed.

This study had a time constraint. Therefore, more in depth knowledge about the cultural beliefs and social norms related to family planning discussion with regard to unmarried women further research should be carried out by qualitative research.

Reproductive health relevant service and information should be delivered to newly arrived immigrants with consideration towards their native tongue.

Health care providers should reflect on the difficulties among immigrants reproductive health that is related to language and cultural differences.

Health care staffs need to be empowered in order to manage culturally sensitive issues related to immigrants health.

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