

## RESEARCH ARTICLE

## KNOWLEDGE AND PRACTICE OF FAMILY PLANNING METHODS AMONG THE MARRIED WOMEN OF REPRODUCTIVE AGE GROUP ATTENDING SOS HOSPITAL IN MOGADISHU SOMALIA

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## ARTICLE DETAILS

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## ABSTRACT

**Objectives:** To assess the knowledge, and practice on family planning among the married women of reproductive age group attending At SOS Hospital Mogadishu Somalia. **Methodology:** It was descriptive, cross-sectional and facility -based study in SOS hospital in Mogadishu-Somalia State during six months (November 2017 – April 2018). A total of 150 women of child bearing age were interviewed regarding their awareness and practices of contraception. **Results:** The mean  $\pm$  SD of age was  $30.7 \pm 7.2$  years. The minority of women (40.0%) heard and had knowledge about family planning, while (60.0%) said did not know anything about family planning. Sixty five women (43.3%) practiced family planning, while eight five women (56.7%) did not. **Conclusion:** The present study concludes that a significant proportion of respondents have poor knowledge about family planning. And practice of contraception and compliance is low.

## KEYWORDS

Contraception, Knowledge, Practice, Family Planning

## 1. INTRODUCTION

Family planning (FP) is defined as a way of thinking and living that is adopted voluntarily upon the bases of knowledge, attitude, and responsible decisions by individuals and couples (World Health Organization, 2006). Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods (Central Statistical Agency, 2016).

Family planning deals with reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases and improving the quality of life of mother, fetus and family as a whole (World Health Organization, 2017; United Nations, 2009).

The Federal Ministry of Health (FMOH) has undertaken many initiatives to reduce maternal mortality. Among these initiatives, the most important is the provision of family planning at all levels of the healthcare system (Central Statistical Agency, 2014; Federal Ministry of Health, 2011). Currently, short-term modern family planning methods are available at all levels of governmental and private health facilities, while long-term method is being provided in health centers, hospitals and private clinics.

Most of reproductive age women know little or incorrect information about family planning methods. Even when they know some names of contraceptives, they don't know where to get them or how to use it. These women have negative attitude about family planning, while some have heard false and misleading information (Gaur et al., 2008).

Africa: Family Planning Programs Lessons for Meeting the MDGs 2011 an analysis of modern contraceptive prevalence rates (CPR) indecent Demographic and Health Surveys (DHS) shows that three countries have achieved a much more rapid increase in CPR than any other countries in sub-Saharan Africa: Ethiopia, Malawi and Rwanda. The annual increase in CPR of modern methods among married women of reproductive age was 2.3% in Ethiopia (2005–2011), 2.4% in Malawi (), and a dramatic 6.9%.

Rwanda: (2005–2010), according to the DHS reports for the years noted Somaliland is part of these developing countries that have great number of population; mostly they are women and children who have not sufficient health care, education housing, safe water supply and other all health requirements (Khan et al., 2007).

Somalia: on average, Somali women have more than six children during their lifetime, A direct result of only 1 % of the population using modern contraception and over 25 % of all women having an unmet need for family planning research based evidence have indicated that use of modern family planning methods is one of the key strategies in the reduction of MMR. On the other hand another study also showed that contraceptive user 3% of international displacement people in Somalia received from pharmacy while 75% of those urban displacement people who use contraceptives had got from mother child health (MCH) and 1% were received from private hospital (Health Unlimited, 2008). There is 21.4% of unmet cases and all of those cases was young girls while older women who were unmet needs for family planning are 4.8% in number, this issue is very sensitive among the Somalia population whether culturally or religion (Murad, 2010). And the current study aimed in

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assessing the knowledge and practice of FP among women of reproductive age group attending Banadir hospital Mogadishu Somalia.

## 2. MATERIAL AND METHODS

It was descriptive, cross-sectional and facility -based study in SOS hospital in Mogadishu-Somalia State during six months (November 2017 – April 2018). One hundred and fifty women of child bearing age were selected by non-probability sampling technique from the target population of the SOS hospital in Mogadishu-Somalia. Women interviewed regarding their awareness and practices of contraception. The inquiries were recorded by semi-structured questionnaire. Questions regarding methods of contraception known and source of knowledge and their practices were recorded.

The source of knowledge and the women's practice towards the contraception in the form of motivation, involvement of spouse and acceptability of contraception were recorded. Statistical analysis was

analyzed by using SPSS, version 16.0, all the responses obtained from the Participants was coded numerically and entered into the SPSS, version 16.0 for analysis. Descriptive statistical analysis was used to calculate the frequencies and Percentages. The descriptive analysis of data was presented as tables.

Ethical clearance and approval for conducting this research was obtained from the general manager of the SOS hospital and informed written consent was obtained from every respondent who agreed to participate in the study. Of course, the respondents informed that the study is not associated with experimental or therapeutic intervention while information was collected from her.

## 3. RESULT

The information was collected from secondary sources such as Research articles, books, reports, news and other various e-sources including Google, Google Scholar, Research Gate, Directory Of Open Access Journal etc during the preparation of this manuscript.

**Table 1: Socio-demographic characteristic of the study population.**

Variable	Category	Frequency(n=150)	Percentage (%)
Age in years Mean and std. deviation <b>30.7</b> <b>± 7.2</b>	15-25	40	26.7
	25-30	60	40.0
	30-35	36	24.0
	35-45	14	9.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
Residency	rural	60	40.0
	urban	90	60.0
	<b>Total</b>	<b>150</b>	<b>100.0</b>
educational status	literate	100	66.7
	illiterate	50	33.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
Level of education	primary	40	26.7
	secondary	35	23.3
	diploma	17	11.3
	bachelor and above	8	5.3
	<b>Total</b>	<b>100</b>	<b>100.0</b>
what is your occupation	housewife	55	36.7
	student	15	10.0
	business	25	16.7
	government services	15	10.0
	private services	30	20.0
	others	10	6.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>
what is your monthly income	<150 USD	85	56.7
	200-400 USD	35	23.3
	above 400 USD	30	20.0
	<b>Total</b>	<b>150</b>	<b>100.0</b>
ever given birth	yes	85	56.7
	no	65	43.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
number of child	0-2 children	95	63.3
	>2 children	55	36.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>

Regarding the distribution of respondents based on socio-demographic factors (table 1), about 26.7% of the respondents were 15-25 years old, 40.0% of the respondents were 25-30 years old, 24.0% of the respondents were 30-35 years old and 9.3% of the respondents were 35-45 years old. Regarding the residency of the respondents the majority of the respondents were urban 60%. Education is very important socio-demographic factor, in this study according to mothers educational status 66.7% of the respondents were literate while 33.3% of the respondents were illiterate. Among the respondents who were literate 26.7% were primary, 23.3% were secondary, while 11.3% were diploma and only 5.3% were bachelor and above. Regarding occupation of the mother 36.7% were housewife, 10.0% were student, 16.7% were business, 10.0% were government services, 20.0% were private services only 6.7% were others. Regarding monthly income of the respondents 56.7% of the respondents were <150 USD, 23.3% of the respondents were between 200-400 USD, and 20.0% of the respondents were above 400 USD. Among the respondents who ever give birth were 56.7% and those who never give birth were 43.3%. Respondents who had 0-2 children were 63.3%, while those who had >2 children were 36.7%

Table 2 Shows the knowledge on family planning approximately 40.0% of the respondents knew the family planning but 60% of the respondents don't know what family planning is. 13.3% of the respondents got the information from hospital, 10.0% of the respondents got information from friends, 7.3% of the respondents got information from health workers, while 6.0% of the respondents got information from radio and 3.3% of the respondents got information from relatives. About 46.7% of the respondents said family planning is not available in the district while 53.3% say is available. The most available places of family planning are hospitals 13.3%, 9.3% was PHC, 10.7% was private hospitals, while 13.3% was pharmacy and only 6.7% was nursing homes. Contraception 36.7% of the respondents said is prevention of contraception (i.e. getting pregnant), 63.3% of the respondents had no idea. Contraceptive methods 16.7% of the respondents known male condom, 13.3% known female condom, 10.7% known safe period, 12.0% known injectable, 7.3% known oral pills, 6.7% known intrauterine device, 12.7% known female sterilization, only 3.3% known spermicides and 6.7% know maternal breastfeeding. Among the respondents who ever visited family planning centre were 32.7% and those who never visited

<b>Table 2: Knowledge on family planning</b>			
<b>Variable</b>	<b>Category</b>	<b>Frequency(n=150)</b>	<b>Percentage (%)</b>
have you ever heard of family planning	yes	60	40.0
	no	90	60.0
	<b>Total</b>	<b>150</b>	<b>100.0</b>
if yes, mention the source of information	hospital	20	13.3
	friends	15	10.0
	health worker	11	7.3
	radio	9	6.0
	relatives	5	3.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
is there any place of availability F.P methods	yes	80	53.3
	no	70	46.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>
if yes, mention the places if availability FP method	hospital	20	13.3
	PHC	14	9.3
	private hospital	16	10.7
	pharmacy	20	13.3
	nursing home	10	6.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>
family planning is	limitation of births	40	26.7
	spacing of births	35	23.3
	stopping births	25	16.7
	limitation ad spacing of births	39	26.0
	no idea	11	7.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
contraception is	prevention of contraception(i.e. getting pregnant)	55	36.7
	no idea	95	63.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
contraceptive methods known	male condom	25	16.7
	female condom	20	13.3
	safe period	16	10.7
	injectable	18	12.0
	oral pills	11	7.3
	intrauterine device	10	6.7
	female sterilization	19	12.7
	male sterilization	16	10.7
	spermicides	5	3.3
	maternal breastfeeding	10	6.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>
ever visited a family planning center	yes	49	32.7
	no	101	67.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
ever heard about contraception	yes	50	33.3
	no	100	66.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>
does your husband support using fb methods	yes	60	40.0
	no	90	60.0
	<b>Total</b>	<b>150</b>	<b>100.0</b>
did your husband know that you are using FP methods	yes	52	34.7
	no	98	65.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>

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the respondents who ever visited family planning centre were 32.7% and those who never visited family planning centre were 67.3%. Respondents who ever heard contraception were 33.3%, while those who never heard contraception were 66.7%. Among the respondents who support their husbands using family planning were 40.0% while those who didn't support their husbands were 60.0%. The respondents who knew their husbands that they are using family planning were 34.7% while 65.3% didn't know

Table 3: shows practice of family methods approximately 43.3% of the respondents were using family planning while 56.7% of respondents were not using the family planning services. 10.0% of the respondents were using condom, 6.7% of the respondents were using contraceptive pills, 7.3% of the respondents were using injectable hormones, 6.0% of the respondents were using IUD while 4.7% of the respondents were using female sterilization and only 8.7% of the respondents were using withdrawal. 46.7% of the respondents were currently used while 53.3% were not used the family planning. 13.3% of the respondents used

condom, 10.0% of the respondents used pills, 3.3% of the respondents used injectable hormones, 4.0% of the respondents used IUD while 4.0%

of the respondents used female sterilization and only 12.0% used withdrawal.

**Table 3: Practice of family planning methods**

Variable	Category	Frequency	Percentage
have you used FP method	yes	65	43.3
	no	85	56.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>
If yes, what are the methods you have been used?	condom	15	10.0
	pills	10	6.7
	injectable hormones	11	7.3
	IUD	9	6.0
	female sterilization	7	4.7
	withdrawal	13	8.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>
are you currently using family planning services	yes	70	46.7
	no	80	53.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
if yes, which method are you using	condom	20	13.3
	pills	15	10.0
	injectable hormones	5	3.3
	IUD	6	4.0
	female sterilization	6	4.0
	withdrawal	18	12.0
	<b>Total</b>	<b>150</b>	<b>100.0</b>

#### 4. DISCUSSION

Findings show that the knowledge about family planning methods is very low among the respondents since 40% of the total respondents agreed to have heard about family planning, this result is similar to other study relating to the reproductive health issues of types people in Kaduna State (Shweta, 2010). The same goes for another study done in Cambodia showed that 43% of respondents had heard about contraceptives. Also as compared with the study of Sara Barer et al who carried out study on Barriers to family planning service utilization among Sudanese women in Khartoum locality, the knowledge of contraceptive use is (41%) which is same and comparable with our study (Khawaja et al., 2004). low level of knowledge 39% has also been reported at Lahore study Pakistan and Indian study revealed knowledge rate of 42.2% (Government of Nepal, 2014). In our study condom was the most well-known method followed by pills and withdrawal. Similar results are seen in other developing countries and demographic survey. The level of knowledge on at least one form of contraception among the participants of this study was 30% and which is somehow similar to national level (Gagnonetal, 2010).

However, past studies shows that Radio use to be the highest source of information on family planning closely followed by friends and television. Similarly, study undertaken in Iraq showed that health personnel 54%, Relatives 41.2% and friends 4.8% were the major sources of information (Alex et al., 1993). In contrast, a study conducted in Kashi Vidyapeeth Block showed that, the common sources of information were Mass media (35.0%) followed by health personnel 31.3%, magazines 20.0% and

personal relations i.e. spouse friends and relatives 13.8%. In our study association of educational status of the respondents with knowledge of contraception was found to be statistically significant. Similar association was seen in a study done in Qatar, but Contrary to our results studies done in Klang Valley of Malaysia and Kashi Vidyapeeth Varanasi revealed no statistical significant association of educational status of the respondents with knowledge of contraception (Annika, 2009). On the other hand association of residency of respondents with family planning is was also found to be statistically significant which is also revealed by studies conducted in Malaysia, Qatar and Varanasi. The study revealed that out of 150 study participants 43.3% were currently using contraceptive methods (Austrida et al., 2008). This is similar finding with central development region of Nepal Annual report. A study conducted in Kashi Vidyapeeth Block showed that, of the 41.5% were current users (Barkat et al., 2000). Similarly, a study conducted in Cambodia showed 42.1% of respondents were using contraception at the time of the study (Bhopal, 1997). In our study the most common among them was condom, followed by Oral Contraceptive Pills and withdrawal.

In addition, family planning experts should prioritize further research and development into minimizing the poor knowledge of family planning. This study did not include FP methods utilization among married men and that information about men was collected from their wives indirectly. As it is a cross-sectional study it could be difficult to establish cause and effect relationship between the variables and study was conducted in certain only one hospital so finding cannot be generalized to overall population.

## 5. CONCLUSION

The study concludes that a significant proportion of respondents have poor knowledge and practice of using contraception was also poor. The reasons that could cause respondents low knowledge of family planning like the mothers did not access to school, where only few number was primary level while some others went to Secondary school. Women wanted more children and husband support of family planning are significant reasons for poor practice of contraceptive methods among respondents.

### 5.1 Recommendation

Based on the findings and discussions of the research, the following recommendations were made;

- To promote use family planning in Somalia
- To established good planning in the community every where

The ministry of health should design mass health education programs and messages specifically designed to target all sections of the community.

## REFERENCES

2006. A study of knowledge, attitude and practice (KAP) of family planning among the women of rural Karachi, Kulsoom kazi, social work.
- Alex, C.E. 1993. The Influence of Spouses Over Each Other's Contraceptive Attitudes in Ghana, *stud fam plan.* 1993 May-Jun, 24(3): 163-74.
- Annika, L. 2009. How much can a KAP survey tell us about people's knowledge, attitudes and practices? Some observations from medical anthropology research on malaria in pregnancy in Malawi: *Anthropology matters*, 11(1).
- Austrida, G. 2008. Reaching adolescents in rural areas: exploratory study on factors contributing to low utilization of family planning services among adolescents in Mangochi district - Malawi. *UIO*, (6).
- Barkat-e-khuda, Roy, N.C., Rahman, D.M. 2000. Family planning and fertility in Bangladesh. *Asia Pac Popul J.* 2000 Mar, 15(1): 41-54.
- Bhopal, R. 1997. Is research into ethnicity and health racist, unsound or important science? *MBJ*, 3.
- Central Statistical Agency. 2014. Ethiopia Mini Demographic and Health Survey 2014. Addis Ababa, <http://www.dktethiopia.org/publications/ethiopia-mini-demographic-and-health-survey-2014>. Accessed 12 Feb 2018.
- Central Statistical Agency. 2016. Ethiopian Demographic and Health Survey 2016 key indicators report. Addis Ababa and Maryland, Ethiopia.
- Federal Ministry of Health. 2011. National Guideline for Family Planning Services in Ethiopia. [http://www.moh.gov.et/documents/20181/21665/National+Family+Planning+Guideline\\_Ethiopia\\_2011.pdf/](http://www.moh.gov.et/documents/20181/21665/National+Family+Planning+Guideline_Ethiopia_2011.pdf/). Accessed 17 Feb 2018.
- Gagnonetal, A.J. 2010. South Asian migrant women and HIV/STIs: Knowledge, attitudes and practices and the role of sexual power, *Health & Place*, 16 (1): 10-15.
- Gaur, D.R., Goel, M.K., Goel, M. 2008. Contraceptive practices and related factors among female in predominantly rural Muslim area of North India. *Inter- net J World Heal Soc Polit*, 5(1): 1-5.
- Government of Nepal. 2014. Annual report. Kathmandu. <http://www.measuredhs.com/topics/FamilyPlanning.cfm> (2005, accessed 12 September 2015).
- Khan, S., Mishra, V., Arnold, F., et al. 2007. Contraceptive trends in developing countries. <http://www.popline.org/node/199753>, cessed 9 April 2016.
- Khawaja, N., Tayyeb, R., Malik, N. 2004. Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *J Obstet Gynaecol*, 24: 564-567.
- Murad, A., Harlina, S., Hazim, W. Knowledge, Attitude and Practice towards family planning among married in a sub-Urban area of Klang Valley.
- Shweta, S.M.B. Knowledge and Pattern of Family Planning adoption Kashi Vidyapeeth Block, Varanasi Dist. (UP). *Indian J Prev Soc Med* 2010; 41: 21-27.
- United Nations. World contraceptive use, 2009 wall chart. New York United Nations Population Division: United Nations; 2009. [http://www.un.org/esa/population/publications/contraceptive\\_2009/contracept\\_2009\\_wallchart\\_front.pdf](http://www.un.org/esa/population/publications/contraceptive_2009/contracept_2009_wallchart_front.pdf). Accessed 3 Mar 2018.
- World Health Organization. Fact sheets on family planning, World Health Organization. <https://www.cycletechnologies.com/single-post/2017/02/14/World-Health-Organization-Updated-Family-Planning-Contraception-Fact-Sheet>. Accessed 8 Feb 2018.
- World Health Organization. Standards for maternal and neonatal care. Geneva: World Health Organization, 2006.

