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Knowledge, Attitude and Practices about Contraceptive Methods among Female Employees in Riyadh

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Abstract: The usage of contraceptive has acknowledged as a significant part in reducing fertility and control of population, which in turn is important for the development of the nation. **Aim of the study:** The study aimed to assess Knowledge, Attitude and Practices about Contraceptive Methods among Female Employees in Riyadh. **Research Design:** A cross sectional descriptive study. **Subjects and sampling:** 294 female employee **Setting:** The study took place at Princess Nourah Bint Abdulrahman University in Riyadh during the period from January 2017 to June 2017. **Tools:** a constructed questionnaire to cover research objective was developed and distributed over participant. **Results:** The results of current study showed (71.4%) were using contraceptive methods, and the most practice between them was oral contraceptive pill 114. With regard to attitude the results showed that only 33.7 % of female thought that there are health benefits of using contraceptive, which indicating to the presence of a negative trend attitude using contraceptive methods among them. While the knowledge regarding to obtaining way to the contraception knowledge among respondents was poor in (65.0%), where they did not know at all about it. On the other hand, (27.6 %) of respondents indicated that family was their main way of knowledge of contraception.

Conclusion: In the light of the above results, there is an urgent need to improve the attitudes and knowledge of Saudi women in age of fertility towards the use of modern contraceptives.

Recommendations: More programs needed to emphasize the beneficial impacts of the use of contraception.

Keywords: Knowledge, Attitude, Practices, Contraceptive Methods

INTRODUCTION

Fast Population increase is a strain on the resources of many developing countries. Unregulated fertility, which adds to these circumstances, compromises the economic development and political stability of these nations. As a result, many nations consider restricting population growth to be a significant element of their general developmental objective of improving people's living standards and quality of life [1]. It has been noted in recent centuries that Saudi Arabia, along with other Middle Eastern nations, has concentrated on women's education in order to decrease the illiteracy of the Arab world [2]. Saudi Arabia has implemented plans to enhance access for women to advance education. In account of this, Princess Nourah bint Abdul Rahman University (PNU) for Women has created by the government, which plans to evolve into the world's largest center for sophisticated education for women [3]. The fast general transition in the socio-demographic shape of the Saudi society, in particular, the changes in female education and work, is a key factor in altering fertility views and behaviors with a greater tendency towards birth spacing and the use of contraceptives [4].

Contraception is a significant instrument not only in the desire for reproductive health, but also in the empowerment of women, leading to the perfect size of the family. [5]. Contraception is needed to reduce the rate of an unplanned pregnancy at all ages, some abortions, allow family distance and improve the health of females. [6]. Postpartum contraceptive use is a very significant matter for family planning programmed as a delay in contraceptive use

until the return of menstruation could boost unwanted pregnancy.

Among Muslims, contraceptive use by females has shown to be restricted and unpopular compared to other developing countries. This can be ascribed to many variables, the first being the Islamic perspective on family planning. [7]. The Islamic perspective from the Quran that explains what Saudi couples chose 'Joy of life' (this means) kids is a blessing as their top concern because it is based on the Islamic religion that kids have been stated in the Quran as a blessing and joy of life. [8, 9]. This elevated fertility attitude is linked to the original culture in prefer of large families; it also aligns with the Islamic religion, which denies the thought of restricting the size of the family. [4]. There are various kinds of contraception, including: long-acting reversible contraction such as implants or intrauterine devices (IUD), hormonal contraception such as oral pills or injections, barrier methods that prevent sperm from entering the vagina such as condoms, and fertility awareness that is learning the signs of fertility in your menstrual cycle to assist you plan or prevent pregnancy [10]. The number of kids was powerful variable of contraception and a beneficial factor. This ordinal indicator shows that the greater the number of kids, the stronger the probability of contraception. [11]. Other possible variables include geographical and economic inaccessibility, bias among providers, and bad choice of technique and reduced status of females, medical-legal limitations and fear of side effects. There are many barriers, such as lack of knowledge, which is important because women cannot now put their lives at risk. By then, the level of education between female employees and their lifestyle is

changing[12]. The comprehensive search for literature on the internet has shown that many studies have carried out in Saudi Arabia. In a study done in Taif concluded that the percentage of use of family planning among female employees aged 15-49 years was 67.7% [7]. Another study revealed that the use of contraceptive kinds was apparently high among Saudi participants, and this could be because most of them had a high level of education [4, 13]. On the other hand, AL Mansour, 2012 mentioned that the majority of female employees shows the bad understanding and adverse attitude of Saudi female toward oral contraceptive pills as a type of contraception. [14]. This study, therefore, aimed to assess knowledge, attitude and practices about contraceptive methods among women employees at Princess Nourah bint Abdulrahman university, Riyadh, Saudi Arabia.

MATERIAL AND METHODS

Research design:

Cross-sectional study design used to assess Knowledge, Attitude and Practices about Contraceptive Methods among women Employees at Princess Nourah Bint Abdulrahman University.

Subjects and sampling:

This study was include women employee at Princess Nourah Bint Abdulrahman University in Riyadh. A convenience sample of 294 women employee at Princess Nourah Bint Abdulrahman University in Riyadh. (Box 1)

Herbert Larkin Equation: Where,

$$n = \frac{p(1-p)}{(SE \div 1) + [p(1-p) \div N]}$$

n: sample size

N: Population size

t: Confidence level at 95% (standard value of 1.96)

SE: error proportion= 0.05

P: the probability (30%-60%) or = 50%.

Setting:

This study was carried out in Princess Nourah Bint Abdulrahman University, Riyadh, Saudi Arabia from January 2017 June 2017.

Tools:

The tools of the current study were designed to assess knowledge, attitude and practices about contraceptive methods among women employees at Princess Nourah Bint Abdulrahman University.

Tools development:

After reviewing of national and international literatures, this review was a guide for developing tool; the questionnaire divided into 3 parts: The first part has the demographic data, including age, educational level, and years of marriage, socio economic class, health condition, and number of desired children, number of children, religion, and nationality. **The second part** has two questions and four branch in total question 29 that gather practice, fertility and reasons related to the contraceptive method among female employee. The third part has two branches in total 10 questions that gathered information about knowledge to ward contraceptive method & about the attitudes among women employee.

Validity and reliability of tools:

The instrument was submitted to a panel of experts after translation from English to Arabic language. The panel was composed of three faculty members in health colleges. Ten employees who are not included in the main study were included in the pilot study. The reliability Chronbach alpha was (0.91).

Box 1: Number of participants at Princess Nourah Bint Abdulrahman University facility

Faculty	Total	%	Sample size calculated
1-Dentistry	40	3.18	9
2-Nursing	55	4.38	13
3-Medicine	55	4.38	13
4-Pharmacy	61	4.68	14
5-Health and rehabilitation	78	6.21	18
6- Sciences	159	12.66	38
7-Computer and information sciences	91	7.25	21
8-Languages and translation	83	6.61	19
9- Education	130	10.35	31
10-Business administration	106	8.44	25
11- Social work	96	7.64	22
12- Art and design	99	7.88	23
13- Literature	138	10.98	33
14- Community	65	5.18	15
Total	N =1256	100	n = 294

Data analysis:

Frequency and percentage was used to analyze data to determine the knowledge, attitude and practices about contraceptive methods among women employees in PNU. The data was sorted, coded, and analyzed by using SPSS (Stand for statistical product and service solution), version 20.

Ethical considerations: The research was apply for the institutional review board (IRB) approval from the research unit in Princess Nourah Bint Abdulrahman University. Consent form was took from all contestants prior to

information collection stage. The researcher ensures that questionnaires were anonymous and perceived confidential. Participants informed that their participation was optional even though they can stop at any phase during the progression of the research.

RESULTS

Results in (Table 1) shows that of the 294 female employees in regards to marital status, 279 (94.9%) were married, while 13 (4.4%) of them were divorced, and two (0.7%) of them were widowed. According to the age,

about 165 (56.1%) were with age (31-48) years old, 112 (38.1%) of them were with age (20-30) years old, while 17 (5.8%) of them were with age (more than 48). With regard to education level, the above of 179 (60.9%) of participants had (bachelor) degree, 41 (13.9%) of them graduated from (high school), 41 (13.9%) of them had (high education), while 33 (11.2%) of them had (diploma).

According to the age of marriage, 279 (94.6%) had married at the age between (18-30) years, while 16 (5.4%) had married at the age between (31- 48) years. With regard to duration of marriage, about 112 (38.1%) of the study population had married from (6-15) years, 88 (29.9%) of them had married from (more than 15 years), 69 (23.5%) of them had married from (1-5) years, while 25 (8.5%) of them had married from (less than one year). According to number of desired children, 175 (59.5%) of respondents desired to have (4-7) children, 106 (36.1%) desired to have (1-3) children, 7 (2.4%) desired to have (8-12) children, while 6 (2.0%) of the study sample members desired to have (more than 12) child.

With regard to socio economic class, most of participants have (moderate) one 237 (80.6%), while 32 (10.9%) of them have (high) socio economic class, and about 25 (8.5%) of them have (low) one. According to the religion and nationality, most of study sample were Muslims 292 (99.3 %), and Saudi 280 (95.2%).

Table (2) shows that 210 respondents (71.4%) are using contraceptive methods, the most practice was oral contraceptive pill 114 (47.1%) followed by IUD 44 (18.2%) and withdrawal method 39 (16.1%). Meanwhile, the least practice of using contraceptive was female sterilization 2 (0.8%).

Table (4) shows that the most fertility-related reason for non-using contraceptives among respondents was planning to get pregnant 70 (23.8%), followed by they are currently breastfeeding 57 (19.4%) and presence of difficulties in

getting pregnant 51 (17.3%), Meanwhile, the least reason among respondents was hysterectomy 2 (1.1%). On other hand, the most reasons that related to the methods for non-using contraceptives among respondents was it is effecting on normal body functions (67%), followed by. Meanwhile, the least reason among respondents was cannot bear the cost (16.3%) and the appropriate method is not available (11.6%).

Table (5) shows that 87.1% of respondent thought that they must counseling specialized in women health about contraceptive use, and about 7.8% thought that there is no need to consultation service. In addition, 59.5 % of respondent said that they had problem while using contraceptive methods, as well, only 33.7 % of respondent thought that there are health benefits of using contraceptive.

Table (6) shows that the knowledge regarding to both of man and woman need to know about contraception and responsibility for contraception among majority of respondents were good (94.9 %, 79.9%) respectively. The table also shows that there was a good knowledge regarding to the priority consideration of choosing contraceptive methods among majority of respondents, where (42.9%) and (38.1%) depended on both safety of contraceptive methods and contraceptive effectiveness (respectively) as priorities in choosing contraceptive methods.

However, the knowledge regarding to for emergency contraception knowledge among respondents was poor in (65.0%), where they did not know at all about it.

Table (7) when respondents were asked about source of knowledge of contraception, majority of them (27.6 %) indicated that family was their main way of knowledge of contraception, followed by classmates and friends (23.1 %), and Medical staff (20.4%). While newspaper and periodicals beside informal publications came as the least obtaining way of knowledge of contraception

Table 1. Demographics of the respondents (n=294)

Characteristics	No	%
Marital status		
Married	279	94.9
Single	0	0
Divorced	13	4.4
Widowed	2	0.7
Age		
20-30	112	38.1
31-48	165	56.1
More than 48	17	5.8
Educational level		
High school	41	13.9
Diploma	33	11.2
Bachelor	179	60.9
High education	41	13.9
Age at Marriage		
18-30	278	94.6
31-48	16	5.4
Less than one year	25	8.5
Duration of marriage		
1 to 5 years	69	23.5
6 to 15 years	112	38.1
More than 15 years	88	29.9
Number of desired children		
1 to 3	106	36.1

4 to7	175	59.5
8 to12	7	2.4
More than 12	6	2.0
Number of children	192	65.3
1 to3		
4 to7	99	33.7
8 to12	3	1.0
Socio-Economic class		
Low	25	8.5
Moderate	237	80.6
High	32	10.9
Religion		
Islam	292	99.3
Other	2	0.7
Nationality		
Saudi	280	95.2
Non-Saudi	14	4.8

Table2. Practice of using contraceptive among respondents

	N	(%)
1-Using contraceptive methods		
No	84	28.6
Yes	210	71.4
2-Practice of using contraceptive		
Oral contraceptive pill	114	47.1
Female sterilization	2	0.8
Implantation	3	1.2
IUD	44	18.2
Calendar method	10	4.1
Withdrawal method	39	16.1
Female condom	9	3.7
Injection	3	1.2
patch	18	7.4
Total	242*	100

*Allowed multiple response

Table 3. Practice of reasons for not using contraceptives among respondents

	N	%
Reasons for not using contraceptives		
Currently pregnant	21	7.1
Currently breastfeeding	57	19.4
Had difficulties getting pregnant	51	17.3
Planning to get pregnant	70	23.8
Experiencing Irregular in sexual relationship	32	10.8
Had hysterectomy	2	.7
In menopausal phase	17	5.9
Married & there is no sexuality contact	39	13.3
Other reasons of not using contraceptive methods	5	1.7
Total	190*	100
Reasons related to the methods		
have Health reasons:		
yes	24	8.2
No	270	91.8
If yes, mention it:		
A clot	5	20.8
Want to be pregnant	4	16.7
My husband has low sperm count	2	8.3
I had difficulties getting pregnant	3	12.5
Hypertension	5	20.8
Overweight	1	4.2
It caused health problems to me (nausea, anemia)	4	16.7
Total	24	100
Afraid of side-effects		
Yes	193	65.6
No	101	34.4
having difficulty to go to the health center		
yes	108	36.7
No	186	63.3
The appropriate method is not available		

yes	34	11.6
No	260	88.4
It is effecting on normal body functions		
yes	197	67
No	97	33
I cannot bear the cost		
yes	48	16.3
No	246	83.7

*Allowed multiple response

Table 5. The attitude toward contraceptive use among respondents

	N	(%)
Ways of contraceptive use		
Counseling specialized in women health	256	87.1
Ask friends	15	5.1
Without consultation	23	7.8
Problem while using contraceptive methods		
Yes	175	59.5
No	119	40.5
Health benefits of using contraceptive		
Yes	99	33.7
No	66	22.4
May be	129	43.9

Table 6. The knowledge toward contraceptive use among respondents

	N	%
Importance of knowledge about contraceptive		
Yes	279	94.9
No	15	5.1
Responsibility for contraception		
Man	10	3.4
Woman	45	15.3
Both of them have responsibility	235	79.9
Both of them without responsibility	4	1.4
The priority consideration of choosing contraceptive methods		
Contraceptive effectiveness	112	38.1
The feeling of using contraceptive methods	25	8.5
The convenience of buying contraceptive tools	31	10.5
The safety of contraceptive methods	126	42.9
The side effects of Oral contraceptive pills		
Affecting fertility	40	13.6
Affecting the regularity of the menstrual cycle	46	15.6
Risk of weight gain	83	28.2
Nausea/vomit	53	18.1
No side effects	72	24.5
Husband convenience of contraceptives methods		
Yes	217	73.8
No	77	26.2

*Allowed multiple response

Table7. Source of information toward contraceptive

	N	%
Source of information		
Popular readings of articles science	16	5.4
Newspaper and periodicals	0	0
Network	47	16.0
Radio and TV	10	3.4
Classmates and friends	68	23.1
Course education	3	1.0
Family	81	27.6
The family planning professionals	4	1.4
Lectures	5	1.7
Medical staff	60	20.4
Informal publications	0	0%

DISCUSSION

Socioeconomic features the same as age, marital status, education level, age of marriage, duration of marriage,

number of desired children, socio economic class, religion and nationality were factors adversely connected with contraception due to their impacts on women's actions and their state of health. The effects of these variables well established in several other comparable research.

[11,15,16,17].In this study, more than a half of female employees at Princess Nourah Bint Abdulrahman University in Riyadh were using contraceptive methods(71.4%), similar connection with study, confirming The fact that the non-illiterate population of the Middle East is a frequent user of contraception [18].From the same point of view,Quereishi et al 2017 concluded thatawareness has also risen with a rise in the level of education.[19].

In relation to the most practice among them was oral contraceptive pill was the majority, followed by IUD less than a quarter of the participants while the least practice was lactation amenorrhea, and foam none of the participants use it. This is consistent with the result of studies in Saudi Arabia [7,14,20,21] which reported that the incidence of contraception among Saudi females of reproductive age between the ages of fifteen and forty-nine was seventy-six percentage points and that oral contraception was fifty-three percentage points, eight percent being the most widely used contraceptive method followed by intrauterine and injectable hormonal contraception. While other study in Indiarevealed that Female sterilization was the most prevalent technique selected by contraceptive users[22].

In this study, the most fertility-related reason for non-using contraceptives among respondents was planning to get pregnant, while the most reasons that related to the methods for non-using contraceptives among respondents was fear of contraceptives -related side effects). This is consistent with the result reported by Al-Sheeha (2010)[4]that showed an elevated level of fertility is linked to the indigenous culture in favor of large families, the Islamic religion, which denies the idea of restricting the size of the family, and ignores contraception after pregnancy by families. These results also coincide with what mentioned by Elweshah. Et al. (2017)[12] that families Refusal to use contraception after childbirth may be due to fear of side effects.

In regards to attitude about contraceptive methods among female employees in Riyadh, the results showed that most of the respondent had a problem while using contraceptive methods, and only less than half of them thought that there are health benefits of using contraceptive, which indicates to the presence of a negative trend attitude using contraceptive methods among them. Related result gotten in the r done by Pegu, et.al 2014[23]that concluded that the majority of males and females showed an adverse attitude towards contraception.

In this study, the knowledge regarding both need to know about contraception and responsibility for contraception among the majority of respondents were good respectively. While the knowledge regarding obtaining a way to the contraception knowledge among respondents was poor in, where they did not know at all about it. This is the opposite of a study done in Riyadh, which concluded that the average level of women's contraceptive knowledge score was comparatively low.[24]; On the other hand, the majority of respondents indicated that family was their main way of knowledge of contraception, followed by classmates and friends, this findings are contradicting with other studies which concluded that the main source of female's

understanding of contraceptives was the medical care team; the physician, nurse, and pharmacist[20,24].

The major limitation of our study was a low response rate, which leads to taking more time to complete required sample. The other is that the study carried out at a single university in the (Princess Norah University) and hence has limited generalizability, Also The questionnaire was in one area (Riyadh), and had one gender (women), was lead to limited sample & result.

CONCLUSION AND RECOMMENDATIONS

The purpose of this study was to assess the knowledge, attitude, and practice among women employees in PNU. The results of the present study demonstrated a limited knowledge of the variety of contraceptive methods and positive attitude regarding contraceptive. The participants showed high intention to use contraceptives.

In the light of the above results, In the future, it is recommended to increase awareness of contraceptives by social media and leaflets that can distributed in health centers and university institutions. On the other hand, both couples must agree on the proper means of pregnancy and full understanding of the contraceptive selection mechanism.

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