

Knowledge, Attitude and Practice on Family Planning among Married Muslim Women of Reproductive Age

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ABSTRACT

Background: Maternal mortality is associated with the unmet need of family planning. Family planning has been subjected as taboos in the Muslim community with low use of its methods. Gulariya Municipality is the second largest community for Muslim. This research focuses on knowledge, attitude and practice of family planning among Muslim women of reproductive age.

Methods: Descriptive cross-sectional study design was undertaken in Gulariya Municipality. Married Muslim women of reproductive age group from 164 households were interviewed using systematic random sampling. Key informant interview was also applied.

Results: The percentage of women who have knowledge on family planning methods was found 94.5%. On the means of contraception, most of the women (73.2%) knew about Depo. The attitude of the respondents was seen positive. A total of 79.3% of women were found to have practiced temporary means of family planning while none of the women surveyed were found using permanent family planning methods. Association between all socio-economic and demographic factors with knowledge of family planning methods were found insignificant at 0.05 level of significance. However, association between wealth rank and practices on family planning shows statistically significant association.

Conclusions: Majority of women have knowledge on family planning, but still lack knowledge on few method like condom. Most of them found practicing family planning, despite the practice was not seen being done regularly. Language barrier seems to be influencing knowledge, attitude and practice of family planning. The research warrants newer strategies to be developed and employed to deal with the multi-disciplinary prospective of family planning among Muslim women.

Keywords: Family planning; knowledge, attitude and practice; muslim women

INTRODUCTION

Family planning (FP) is individual, and couple's goal to avoid unwanted birth; to regulate the interval between pregnancies; to determine the number of children. The challenges of population growth and maternal mortality ratio (MMR) are growing, particularly referring the unmet need.¹⁻³ Overall data shows 22.5 percent for unmet needs.

Muslim occupies third largest community in Nepal, and second largest portion of population at Bardiya (2.60 percent out of 426,576 population).^{4, 5} FP among Muslim women shows CPR of 17 percent.⁶ This article describes on knowledge, attitude and practices of FP methods among Muslim married women of reproductive age

(MWRA) at Gulariya municipality, in Bardiya district.

METHODS

A descriptive cross-sectional study design was undertaken. Muslim married women of reproductive age (MWRA) (18-49 years old) was used as unit of analysis. Systematic random sampling was employed in the study. Out of 11,230 households, Muslim were residing in 834 households. Sampling Frame was created using interval of 5. Applying sample size formula Unmet need of FP as 27.4 percent from NDHS 2011 researchers achieve 164 households as sample size, including 5 percent non-response rate. Data were collected using interview and key informants interview (KII) as techniques, and semi-structured questionnaire and KII guideline as

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tools respectively. Collected data were cleaned and entered using Epi-data 3.1, and analysis was performed using Pearson Chi-square and Fischer Exact Test in MS-Excel and SPSS 19 version. Respondent’s consent was taken verbally and in written form. The study protocol underwent ethical review from Ethical review board in NHRC as well as College ethical board. Structured questionnaire was used to access the knowledge of women on the various available method of contraception was assessed. Similarly, attitude of the women on healthy timing and spacing, spousal discussion on family planning as well as knowledge of family planning among unmarried girl were assessed through the structured questionnaire. Similarly, KII with the FCHV, FPAN chief, Religious scholar and DHO was used to learn more on the prevalent practice on family planning among the Muslim women of Gulariya. The data was collected from January 7th to 30th 2015.

RESULTS

The table 1 below presents the individual characteristics of the study population. More than 80 % of respondent were 25 years or above. The mean age of the respondent was 29.91years with SD of 6.01 years. On the other hand, 65 percent of the respondents’ husbands were literate followed by 34.8 percent illiterate. 27.4 percent of MWRA were belonging to family having less than a thousand monthly income.

Nearly 50% of them were married at the age 15-19years. Almost 50 percent of them have given birth to their baby in early 15 years. 50 percent of the MWRA were having 3-4 children and 13.4 percent were having 5 and more children.

Table 2 presents the distribution of knowledge among various methods of contraceptives. Among 155 responses, found highest knowledge for minilap and vasectomy as 94.5 percent followed by Depo. Remarkably only 33.5 percent have knowledge on condom, and none of them were known about the traditional method. The information from KII explained that almost all of the Muslim MWRA have knowledge on FP and have been using one or other means of FP. The means are being used only after they have had four or more children.

Regarding, the sources of knowledge among the respondents, 61 percent of the respondent had knowledge on FP through health worker/FCHV/Hospital. Similarly, 27.4 percent had knowledge through family member followed by television with 1.8 percent and radio with 0.6 percent.

Table 1. Distribution of Individual Characteristics of Respondents.

Characteristics	Frequency	Percentage
Age of the Respondents		
Mean age±SD	29.91±6.01	
Education Level		
Illiterate	76	46.3
Literate	88	53.6
Age at Marriage		
Mean age at marriage±SD	17.51±3.2	
Number of Children		
1 to 2	64	39
3 to 4	78	47.6
5 and over	22	13.4
Birth Spacing of Children		
<2 years	57	34.8
≥ 2 years	107	65.2
Husband’s Education		
Illiterate	57	34.8
Literate	107	65.2
Family Type		
Nuclear	134	81.7
Joint	30	18.3
Monthly Income		
<1000	45	27.4
1000-10000	100	61
10000-15000	19	11.6
Total	164	100

Table 2. Distribution of Knowledge on FP methods.*

FP Method	Frequency	Percentage
Implants	24	14.6
Copper-T	47	28.7
Condom	55	33.5
Pills	70	42.7
Depo	120	73.2
Minilap	155	94.5
Vasectomy	155	94.5
Traditional	0	0

*Multiple responses

Table 3 shows 76.8 percent out of 164 respondents were found ‘strongly agree’ on statement ‘after 20 years is the ideal time to have first child’. Similarly, 73.8 percent respondents were strongly agreed with the statement

‘having children after 35 years is the risk to the health of mother’. 97.6 percent respondents strongly agreed that ‘spousal discussion needed on family planning’ followed by agree with 2.4 percent. Interestingly, none of the respondents were found against the statement. Whereas, 67.7 percent were strongly agreed on ‘Unmarried girls should know about the FP’. More than three fourth, of the respondents strongly believed that ‘two children are required for happy family’.

Table 3. Distribution of Attitude on Family Planning

Statement	Frequency	Percent
After 20 years is the ideal time to have first child		
Strongly agree	126	76.8
Agree	3	1.8
Disagree	34	20.7
Strongly Disagree	1	0.6
Having children after 35 years is risk to the health of mother		
Strongly Agree	121	73.8
Agree Disagree	10	6.1
Strongly Disagree	24	14.6
	9	5.5
Need Spousal discussion on FP service use		
Strongly agree	160	97.6
Agree	4	2.4
Unmarried girls should know about FP		
Strongly agree	111	67.7
Agree	10	6.1
Disagree	28	17.1
Strongly disagree	15	9.1
Two children for happy family		
Strongly agree	134	81.7
Agree	16	9.8
Disagree	7	4.3
Strongly disagree	7	4.3

Out of 164 respondents, 79.3 percent were found practicing family planning methods. Similarly, table 4 presents that majority of the respondent used depo as their family planning method followed by condom with 8.5% and pills with 13.4%. Similarly, implant users were the least with 3%.

The information from KII on FP was found inconsistent. KII explained that Muslim women were using contraceptive, but only after giving many birth. Hence, both the fertility rate and use of contraceptive remains high among them. The permanent FP was still not accepted by the Muslim MWRA of Gulariya, municipality. It is practiced

rarely and secretly reaching to India and some other district of Nepal. FP practice was better in the area with heterogeneous community (Hindu and Muslim) than the clustered area of only Muslim community. Various reasons were given by the respondent for not practicing FP from which, the majority has given language barrier (10.4%).

Table 4. Distribution of Respondent's Practice on FP method.

	Frequency	Percentage
FP Practice		
Yes	130	79.3
No	34	20.7
Used Method		
Implants	5	3
Pills	22	13.4
Copper-T	11	6.7
Condom	14	8.5
Depo	78	47.6
Minilap	0	0
Vasectomy	0	0
Traditional Method	0	0
Total	130	79.3
Reasons for not Practice		
Absence of husband	5	3
Absence of quality health services	1	0.6
Religion prohibition	3	1.8
Fear of side effect	6	3.7
Language barrier	17	10.4
Total	34	20.7

Information from KII on reasons for not practicing FP was somehow different than the quantitative information. The reasons for not practicing temporary family planning method were lack of awareness among women and absent of support from husband. But, the reasons for not practicing permanent method was only the religious one. Use of permanent methods was against their religion. According to *Maulana*, “Though we can take injections or tablets, permanent methods of FP in Islam is forbidden”. Hence, religious belief leads to low practice of FP among Muslim.

No variable was found statistically significant with FP knowledge as well as Practice as in table 5. Only wealth rank demonstrated a significant association of FP practice. Which means wealth rank with lower one was less likely to practice FP by factor 0 than higher wealth rank.

Table 5. Association of Respondent's Characteristics with FP Knowledge and Practice.

Characteristics	Family Planning Knowledge		P value	Family Planning Practice		P Value
	No	Yes		No	Yes	
	n (%)	n (%)		n (%)	n (%)	
Type of family						
Nuclear	9(6.70%)	125(93.30%)	0.368	25(18.7%)	109(81.3%)	0.093
Joint	0(0%)	30(100%)		9(30%)	21(70%)	
Women's' age						
<20 Years	0(0%)	13(100%)	1	3 (23.1%)	10(76.9%)	0.776
≥20 Years	9(6%)	142(94%)		31 (20.5%)	120 (79.5%)	
Wealth rank						
Lower	6(7.3%)	76(92.7%)	0.495	27(32.9%)	55(67.1)	0
Higher	3(3.7%)	70(96.3%)		7(8.5%)	75(91.5%)	
Age of women at 1st child						
<21	6(6.30%)	89(93.70%)	0.093	24(25.3%)	71(74.7%)	0.093
≥21	3(4.30%)	66(95.70%)		10(14.5%)	59(85.5%)	
Age of husband						
15-29	0(0%)	19(100%)	0.766	3(15.80%)	16(84.20%)	0.766
30 and over	9(6.3%)	135(93.80)		31(21.50%)	113(75.50)	
Birth spacing						
>2 years	3(5.30%)	54(94.70%)	1	13(22.8%)	44(77.2%)	0.632
≥2 years	6(5.60%)	101(94.40%)		21(19.62%)	86(80.37%)	
Number of children						
≥2	3(4.7%)	61(95.30%)	1	12(18.80%)	52(81.30%)	0.616
<2	6(6%)	94(94%)		22(34%)	78(130%)	

DISCUSSION

Various literatures present ‘Muslim’ as a religious barrier towards use of FP.^{7, 8} Despite of increase in CPR, literacy and social changes, the indicators among Muslim MWRA were found unsatisfactory. Mean age at marriage was 17.51 followed by mean age at first child to be 19.41. A study among Muslim women on Delhi slum found mean age of marriage as 17.2 years.⁹ These study findings shows 47.5 percent have 3-4 children and 13.4 percent having 5 and more children. The critical situation of Muslim women is their compulsion on getting children, within less than two years of birth spacing, which accounts for 34.8 percent of Muslim MWRA. However, WHO states in some countries birth spacing for more than 2 years apart can be intervention to reduce child death by up to a third.³ Within the basis that there were limited FP indicators ethnically segregated at national level, this study could be a basis for analyzing further programs for Muslim women.

NDHS presents the knowledge of FP methods among 99 percent of MWRA of which commonly known methods were sterilization (99%), injectable (98%) and condom

(98%).¹⁰ However, report does not reveal data among Muslim women. Study among Muslim women in Delhi, found knowledge of contraceptives among 93 percent.⁹ This study suggests deprivation of knowledge among Muslim women. Knowledge on FP among Muslim MWRA was 94.5%. Respondent's knowledge on the Depo is highest with 73.2% and knowledge on implants is lowest with 14.6 %. Looking at the knowledge on permanent FP, 94.5% of them had knowledge on permanent FP.

The attitude of respondents under this study was found strongly agreed in almost all of the positive statement of the study. This study shows the utilization of temporary FP methods was better in Muslim women of Gulariya in comparison to the national context. 79.3% of the MWRA were using FP methods, which was very high rate than NDHS 2011 report, which shows 50 percent use.¹⁰ Likewise, female sterilization (15%) and injectable (9%) usage at national level were high than the findings of this research. Contraceptive use rate among Muslim women of Urban slum in Delhi found 8.6 percent.⁹ Similarly, the study done among Muslim community Dhakdhai VDC, practice on FP methods is only 32%. Higher users were of Depo, which is similar to this study. But the least users

were of pills (6%) which is different from this study, and also male and female sterilization was better than this study with 80% and 68% respectively.¹¹

No individual characteristics were found associated with the FP Knowledge in this study. Only the wealth rank was found associated with the FP practices. Various literatures found association between individual determinants and FP knowledge and practices. The study by Singh et al in 2003 found literacy status was not associated with contraceptive use among Muslim women.⁹ This study shows no significant association between education level of respondents and FP knowledge and practices. However, study conducted by Renjhen et al. used total of 443 samples of whom 3.3 percent were Muslim women, and cited the use of modern FP methods increases with the education except decline in female sterilization.¹² Similarly, studying among currently married women, Palamuleni, 2013 identifies, age, education, number of children, discussion of FP with partner and occupation were associated with the FP practice.¹³ Formal education has been associated with the FP knowledge in the study by Tilahun in Ethiopia.¹⁴ Also, study in Uganda by Assimwe et al. in 2013 found education level, household wealth and desire for children were significantly associated with FP use.¹⁵

CONCLUSIONS

One third of the respondents have knowledge about condom, almost all of them have knowledge about Minilap and Vasectomy. Health workers, FCHVs, Hospitals were found as main sources of knowledge on FP methods. At the time of study, four fifths of the respondents were found ever practiced FP methods; Depo was most popular among nearly half of the respondents followed by Pills. However, traditional methods were not found ever practiced. Language barrier followed by fear of side effects of FP methods were the main reasons for not practicing FP methods.

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