

DETERMINANTS OF FAMILY PLANNING ACCEPTANCE IN A LOW SOCIOECONOMIC GROUP OF WOMEN

By

Dr. MERVAT EL-RAFIE

Department of Public Health, Faculty of Medicine, Cairo University

INTRODUCTION

Many factors are found to affect acceptance of women to contraceptive services. These factors are either originating from the attitude of the whole community as the ideal family size accepted, the attitude towards limiting family size or not, age of marriage and the best time of having the first and last baby as well as the attitude towards acceptance of contraception. The factors might also be related to the whole family as the educational level of the couple, the economic status, employment and occupation especially of the women, age of both husband and wife, their past experience towards having children and pregnancy outcome, whether living in cities or rural area as well as their marital and sexual relationship.

The attitude of the women themselves towards the service was found to be a very important fact in her acceptance. This attitude was found to be highly positive especially in the post partum period, after passing a period of physiological and psychological stress, i.e. the period of pregnancy.

In KAP studies, it was found that the knowledge and attitude are very important for acceptance of any service. But neither both of the massure that the woman will use the contraceptive method or continue its use.

This study was conducted to investigate the factors which are associated with acceptance of women to family planning devices in the post partum period.

METHODOLOGY

In one of the Maternal and Child Health Centre, near by the University Hospital, 334 women in the low socioeconomic class were interviewed. All of them were in their last trimester of pregnancy, II-V para. The different methods of family planning were demonstrated to them, with stressing the importance of using the intra-uterine device in the post partum period especially for the group who wanted to lactate their children. At the same time the possible suppressant effect of the pills on the milk secretion was demonstrated. This aimed to motivate them mainly to use the loop, being a low socioeconomic group and this device is the most suitable for them.

After labour a home visit was conducted to each of them, education of family planning was repeated and the group who accepted the loop was taken to the Centre for insertion and those accepted the pills or any other method was given to them with demonstration of the method of use and importance of continuation and hazards of interrupting the use of the method.

RESULTS AND DISCUSSION

I.—*Effect of socioeconomic factors on acceptance of contraception :*

From 334 women only 72 accepted receiving the service in the post partum period. So acceptance rate accounted for 21%, a low acceptance and expected in such group of people.

33 of the acceptors (45.8%) used the pills and the rest used the loops.

Age :

TABLE 1

Distribution of the Group by Age and Acceptance
of Family Planning Service

Age (years)	Accepters		Nonacceptors	
	No.	%	No.	%
< 20	5	7.0	34	13.0
20 —	34	47.2	114	43.5
25 —	20	27.7	77	29.5
30 —	11	15.3	33	12.6
35 +	2	2.8	4	1.5
Total	72	100	262	100

Concerning the effect of age, it is clear from the above table that below 20 years of age acceptors of the service were less than the nonacceptors (7 and 13% respectively) and the difference was of a border-line significance, indicating that in young age in such a group of women acceptance of the service is not high i.e. in need for more educational knowledge and effort in family planning programme.

On the other hand, in the group above 30 years of age the acceptors were more than the nonacceptors (18.1 and 14.1% respectively) but the difference was not significant.

Duration of marriage.:

TABLE 2
Distribution of the Group by Duration of Marriage
and Acceptance of Family Planning Service

Duration of marriage (years)	Accepters		Nonacceptors	
	No.	%	No.	%
< 5	16	22.2	100	38.1
5 —	42	58.2	108	41.2
10 +	14	19.6	54	20.7
Total	72	100	262	100

From the above table, it is clear that in the group married for less than 5 years acceptors of the service were less than the nonacceptors (22.2 and 38.1% respectively) and the difference was statistically significant at 95% confidence level. For the group married 5—10 years acceptors were more than the nonacceptors and the difference was also significant. These findings indicate that in the group newly married (less than 5 years of marriage), family planning is not highly accepted (till having the first and even the second baby), with increase in the duration of marriage acceptance of family planning increase.

Education of wives :

TABLE 3

Distribution of the Group by Education of the Wives
and Acceptance of Family Planning Service

Education of Wives	Accepters		Nonaccepters	
	No.	%	No.	%
Illiterate	56	77.8	219	83.6
Primary education	11	15.2	34	13.0
Preparatory and higher education (more than 6 years of educa- tion)	5	7.0	9	3.4
Total	72	100	262	100

From the above table, it is clear that in the illiterate group the accepters were less than the nonaccepters (77.8 and 83.6% respectively) while in the group of more than 6 years of education (necessary for changing knowledge and attitude of women) the opposite is present (7.0 and 3.4% for accepters and nonaccepters respectively), but the differences were not significant in both conditions, and high rate of illiteracy might weigh the results towards one side and make the effect of women education not marked in acceptance of family planning service in such group of people.

Education of husbands :

Concerning the effect of the education of husbands on acceptance of family planning service by the women, it is clear from the above table that in the group of husbands of 6 or more years of education the accepters were more than the nonaccepters (30.6 and 11.6% respectively) and the difference is significant at 95% confidence level i.e. in a low socioeconomic class education of husbands plays an important role in affecting the knowledge, attitude and practice of their wives to family planning i.e. men's opinion has an upper hand,

TABLE 4

Distribution of the Group by Education of Husbands
and Acceptance of Family Planning Service

Education of Husbands	Accepters		Nonacceptors	
	No.	%	No.	%
Illiterate	32	45.8	144	55.0
Primary education	13	18.1	58	21.8
Preparatory and higher educa- tion (more than 6 years of educa- tion)	22	30.6	30	11.6
Unknown	4	5.5	30	11.6
Total	72	100	262	100

in directing their wives. This point denotes the importance of directing our educational programme in family planning to men especially in the low socioeconomic class.

Income :

TABLE 5

Distribution of the Group by Income per month
and Acceptance of Family Planning Service

Income per month (L.E.)	Accepters		Nonacceptors	
	No.	%	No.	%
< 10	17	23.5	66	25.3
10 —	14	20.0	76	29.0
15 —	19	26.0	54	20.6
20 —	5	7.0	21	8.0
25 +	7	9.7	10	3.4
Unknown	10	13.8	35	13.7
Total	72	100	262	100

From (Table 5) we can notice that more than one-tenth of the group did not know their monthly income, either due to unfixed salary or as sign of indifference.

In the group of 25 L.E. income or more the acceptors were more than the nonacceptors (9.7 and 3.4% respectively), but the difference was not significant (small number). This finding denotes that with increase in income, reflected mainly from education, acceptance of family planning will be more.

From tables (1—5), it could be concluded that in a low socio-economic class of women acceptance of family planning was high when the education of women or men exceeds 6 years, and this effect was more marked in case of men ; also when the income exceeds 25 L.E. per month.

On the other hand, the newly married or young aged women (less than 20 years and married less than 5 years) acceptance of the service is low denoting a hard core group of women need more education and effort in family planning.

II.—Effect of Obstetric History on Acceptance of Contraception :

History of Previous Use of Contraception :

TABLE 6

Distribution of the Group by History of Previous Use of Contraception and Acceptance of Family Planning Service

Previous Use	Acceptors		Nonacceptors	
	No.	%	No.	%
Users	39	54.2	60	22.8
Nonusers	33	45.8	202	77.2
Total	72	100	262	100

The above table demonstrates a very interesting fact and that is 54.2% of the acceptors had used contraceptive techniques before, compared to 22.8% of the nonacceptors and the difference is significant at a 95% confidence level.

This fact denotes that the first experience of using contraception is very important and if the woman was satisfied with it, she will think of repeating the experience after having a new pregnancy.

Previous Number of Pregnancies :

TABLE 7

Distribution of the Group by Previous Number of Pregnancies and Acceptance of Family Planning Service

Previous Number of Pregnancies	Accepters		Nonacceptors	
	No.	%	No.	%
2	19	26.4	79	30.2
4	15	20.8	60	22.9
5	19	26.4	49	18.7
Total	72	100	262	100

In this group of women primipara were excluded as their acceptance is expected to be low, also those above 5 pregnancies as their acceptance is expected to be high. From the above table, it is clear that acceptors in women of more than 4 pregnancies were higher than nonacceptors (26.4 and 18.7% respectively) but the difference was not significant. While in the other three groups acceptors were less. This fact denotes that above the fourth pregnancy practice of the women to family planning is more than in the second, third or fourth ones. So our hard core groups here are women having 2—4 pregnancies before.

Outcome of the Last Pregnancy :

From the following table, it could be seen that in the group of women who had living babies and the babies were in good health during puerperum acceptors of family planning were less than the nonacceptors with a border line significance (62.5 and 72.6% respectively). In many of them their refusal for fear on lactation was given as a cause even after explaining to them that the loops had no effect on lactation, but pills might be suppressant. This explains the importance of health education in convincing the group, also the

TABLE 8

Distribution of the Group by their Last Outcome of Pregnancy and Acceptance of Family Planning Service

Last Outcome of Pregnancy	Acceptors		Nonacceptors	
	No.	%	No.	%
Living and healthy	45	62.5	190	72.6
Still birth	0	0	0	0
Born alive and died	5	7.0	5	1.9
Living and sick	22	30.5	67	25.5
Total	72	100	262	100

importance of making other methods with no effect on lactation available to them. Because being a low socioeconomic class lactation of baby is very important in their life as other methods of artificial feeding are very expensive in comparison to their income.

On the other hand, in the group who had neonatal death of the infant, acceptors of the service were more than the nonacceptors (7.0 and 1.9% respectively) but the difference was not significant (small number). This demonstrates an important fact and that is early infant death compels the women to accept the service immediately after that, contrary to the fact known that one of the motives of family planning refusal is infant death. The psychological status of losing a baby after a stress period of pregnancy might explain this fact.

The same fact is also clear in the group of women who had a living but sick baby. This directs our attention to make use of these two opportunities, infant death and its sickness to educate the mother about family planning as the physical and psychological stress present helps in her acceptance.

Conclusion :

The previous study demonstrated some important facts in the factors associated with acceptance of women, family planning service in the low socioeconomic class.

1. Acceptance for both pills and loops was nearly equal (45.8 and 54.2%). This differs from the ratio found in the whole community 1 : 4 loops to pills. This directs the attention to the importance of health education, and how mentioning of the effect of loop insertion on increase lactation convince many women (more than half the group) to use the loop.

2. Age of woman and duration of her marriage are important in affecting her practice to family planning. Acceptance in women below 20 years or married for less than 5 years was significantly low. This denotes that this group is a hard core one in family planning programme, and it is important to direct our education towards them and stress it in order to convince them to practice the available services.

3. In low socioeconomic class, effect of woman education on her attitude and practice of family planning is not marked because the majority of them are illiterate. Effect of education of husbands is more marked and acceptance was found statistically higher in woman whose husbands had 6 years more of education.

Concerning the income acceptors of service were higher in the group whose income was 25 pounds or more. Here income is mainly reflected from the education and the occupation of the husbands and so it is related to the previous fact.

4. In group who had previously used contraceptive methods acceptors were statistically higher than the nonacceptors. This directs the attention to the importance of the first trial in contraception and if it is successful it will lead to repetition of it after having the wanted number of children.

5. When the previous number of pregnancies were taking in consideration, it was found that up to the fourth pregnancy acceptors were less than nonacceptors (but the difference was not significant) reflecting the fact that below 4 pregnancies family planning acceptance is not high, so demonstrating another hard core group need more education in family planning programme. On the other hand, above the fifth pregnancy acceptors were more than nonacceptors (but also the difference was not significant). This might denote that acceptance of the service increases after having the wanted number of children.

(6) When the last outcome of pregnancy was taking in consideration to find out its effect on acceptance and practice of family planning we found that in group of women who had a living healthy baby acceptors were less than nonacceptors but the difference was not significant. In many of the nonacceptors, fear on lactation was mentioned as a cause. On the other hand, in the group who had neonatal or a living but sick baby acceptors were more than nonacceptors but the difference was also not significant. This finding might direct the attention that contrary to the known fact that infant death leads to refusal of family planning service, immediately on happening of the event, acceptance of the service is more, this is mainly due to psychological causes. So we can make use of the event of infant death or his sickness and try to convince women to use family planning in order to be sure of having a healthy baby on her next pregnancy.

REFERENCES

1. Apgar, V., «Outcome of prematurity». *Clin. Obst. and Gyn.* Vol. 7, No. 64, 1964, p. 741.
2. Berelson, B., et al., *Family planning and population programme. A review of the world development*, Chicago Press, 1963, Chapter 21, 46, 51.
3. Corkey, E., «A family planning programme for the low income families». *J. Marr. and Family Planning*, Vol. 64, 1959, p. 478.
4. El-Rafie, M., «The effect of pregnancy spacing on perinatal losses». *Eighth Statistical Conference*, April 1972.
5. Gutmacher, A., *The complete book of birth control*, Ballentine book, 1961.
6. Labib, F. M., «Education of Egyptian female as related to her age of marriage and attitude towards family planning». *Fifth Statistical Conference*, April, 1963.
7. Rose, F. W., «Impact of New Family Planning approach on rural maternal and child health coverage in developing countries». *Am. J. Pub. H.*, Vol. 54, No. 8, 1967, p. 1327.
8. Siegel, E., «Family Planning in the Strategy of Health». *North Carolina Medical Journal*, Feb. 1968.