

KNOLEDGE AND ATTITUDES OF FAMILY PLANNING

IN KHARTOUM PROVINCE, SUDAN

By

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I. INTRODUCTION:

Methods of pregnancy prevention were known long time age in Moslem countries in general. Many Moslem scholars had knowledge of birth control methods. Some of the earliest arabic medical texts included birth control prescriptions (1). Speaking of arabic medical scholars Himes points out that" the rational element in their knowledge was remarkable for the period and far ahead of European knowledge. How wide spread was such knowledge, is hard to guess" (1).

The strong and continuous cultural relationship of the Sudan with Egypt and other Moslem countries, would lead us to suspect that birth control knowldege has been carried by the saints and learned men who travelled to the Sudan since the time of the Funjs in the sixteenth century (2). However, we find no direct reference to such knowledge or wide spread use of birth control until recent times.

Several sociologists and medical students have written about the native methods used in the treatment of sterility and habitual abortion. The causes of these two cases are superstitiously believed to be the influence of an evil eye or an evil spirit. Treatment is by amulets and charms prescribed by a (feki) (3). Herbs may also be used to delay or prevent pregnancy.

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Also, there is some reference to prescriptions for causing sterility and abortion. Some of the common methods used for causing abortion are: " 1. The woman takes some Mulukhia seeds (jews mallow) with water. 2. She applies as a tampon the milk of the ushar tree (*Calotropis procera*). To cause sterility a woman is told to swallow the seeds of *Ricinus Communis*, the usual dose is three to five seeds, but the woman takes a number of seeds equal to the years she wants fertilization stopped" (4). It is worth mentioning that this last method is known and used by women nowadays.

In 1965 the Family Planning Association was formed by some volunteers working in the fields of medicine, education and sociology. The main objective was to provide family planning advice and services for those with neither the means nor the knowledge to plan and space their families. The SFPA conducted surveys to measure and study attitudes and concepts in urban and rural regarding family planning (5).

In 1977 a fertility survey of Khartoum province was carried out in which questions about knowledge, attitudes and practice of family planning were asked to married women in the age group 15-49 and their husbands. The purpose of this paper is to present the results concerning the knowledge and attitudes to family planning of the survey women in urban and rural Khartoum (6). The urban sample consisted of 1475 women and 1036 husbands. The rural sample consisted of 494 women and 264 husbands.

II. KNOWLEDGE OF CONTRACEPTION

The women of the survey were asked whether they knew that "Nowadays, some women do or use things in order to delay being pregnant or to stop having more births". Those who responded positively to this question were asked about the methods of which they had heard. The contraceptive methods mentioned in the list shown-or read -to respondents included: the pill, injection, IUD, diaphragm and condom. Non-appliance methods were also mentioned such as rhythm, abstinence, withdrawal and prolonged lactation. Male and female sterilization were also included. Respondents were, in addition encouraged to mention other local methods known to them.

It is clear from the data presented in table (1) that the overwhelming majority of women in both urban and rural areas and in all marriage cohorts knew about birth control. Moreover, it seems that in the near future, this kind of knowledge will be universal in the urban as well as the rural areas of Khartoum province. This upward trend is suggested by the fact that the proportions of women reporting their knowledge of contraception is extremely high in the recent marriage cohorts.

Although the number of women who are ignorant of birth control is too small for statistical analysis, individually they can be described. In the rural as well as the urban sample, these women are mainly of a rural residential background, they are illiterate or with very little primary education, their husbands are occupied in manual work and their family's income is less than fifty pounds per month.

The data in table (3) shows the different responses to the question " How do you feel about using these methods 'the methods of contraception' to prevent or delay a pregnancy ? by the rural wives belonging to different categories.

It has already been shown that an overwhelming majority of the rural women knew about methods of contraception. However, only 49% of them approved of birth control, 12% would approve under certain circumstances while 36% disapproved.

A marked educational differential exists among the rural women as far as the attitude to use of birth control methods is concerned. While only about one fifth of the women who had had some secondary education disapproved of the use of contraceptive methods, the proportion was high among the illiterate women almost reaching 43%. It is also shown that the proportion of those who approved of such use is higher among rural women with a rural residence before marriage. The great difference in the proportion of those who "approve under certain circumstances" between the wives with different residential background suggest that those with a rural background tend to think of birth control only as a cure or a solution for a specific undesirable and temporary situation.

The difference in the attitude of the rural women to birth control becomes clear when examining the data classified by duration of marriage. As the level of acceptance decreases for the older marriage cohorts, the level of disagreement continues to increase. The women who have been married for 10-19 year are the most sensitive group to the circumstances under which birth control should be used.

Socio-economic status is also a good predictor to the attitude of the rural women to the use of birth control methods, Their use is relatively highly approved by women in the high socio economic group and received disapproval among members of the low socio economic group. The realization of the circumstances under which birth control could be used is also in direct relationship with the socio economic status.

In spite of the caution which should be exercised in interpreting the results of the above analysis, it could be said that although birth control is widely known in the rural areas of Khartoum province its use is approved by less than half of the women. The level of approval is significant among highly educated wives, with an urban residential background, recently married and belonging to the high socio-economic group.

Table (4) presents the same set of data for the urban women of the sample. The data show that the level of approval of the use of birth control among the urban women is higher than that for the women in the rural sample, although not very much. The proportion of conditional approvals is nearly the same for the two samples. It is noted that in spite of the nearly universal knowledge of contraception among the urban women of the survey, the urban-rural differential is not very marked as far as their attitude to the use of birth control is concerned.

The pattern of differentials that was described for the rural wives also applies to the urban women. Here also, the wife's education duration of marriage and socio-economic status are powerful

predicators of the attitude the urban wives hold for the use of contraceptives. The level of approval is high for females with secondary and above education, for wives recently married and for members of the high socio-economic group. It is also shown that women who have an urban residential background are more likely to approve the use of contraceptives.

IV. REASONS FOR THE GIVEN ATTITUDES

The women were also asked to give reasons why they feel as they do about the use of contraception. The relative importance of the different views is shown in table (5). The respondents were left to give their reasons with no help from the interviewer. Although this method allowed the respondents to give an unbiased reply, it seems probable that respondents were reluctant to state reasons that seemed to them too obvious to be mentioned. The answers to this question should not be used in a simple way, and it is emphasised that more elaborate research is needed in this area. However, we can only present our results until more accurate and detailed data are made available on the subject.

As to the reasons given by those who approved the use of birth control it is important to realise that the relative importance of the different attitudes is the same among urban and rural women in the province of Khartoum. The most important concern was the possibility of better upbringing and education that could be given to each child when the family is smaller. The second most common reason, of almost equal weight, was economic constraints. The third

reason was to avoid endangering the mother's health. Although the first two reasons were strongly appreciated by the rural women, the third reason received relatively less support. The idea of repeated births being hazardous to the health of the mother is not supported by rural women. On the contrary some rural women believe that giving birth is a way of restoring youth and good health. The other reasons given, especially by the urban women, included reference to the population problem as manifested by "the city being more crowded and difficult to live in".

For the group of women who stated that they would approve the use of birth control under certain circumstances, reasons were given that had more or less the same relative importance among urban and rural wives. "When the health of the mother is in danger" receives highest concern especially among the rural women. In most cases, being in a dangerous medical condition was the only situation in which the rural women would allow the use of birth control methods. The condition of poverty received the second priority among the rural as well as the urban wives. While the urban women gave more weight to the use of birth control after reaching the desired number of children than the spacing of births, the rural wives believed the other way around. However, the difference is not very great and requires-as already been mentioned-further investigation.

Among those women who disapproved the use of birth control, an urban-rural differential exists in the relative weight given to the different reasons. In the rural sample, religion was a main reason given by the majority of the wives against the use of birth control.

rol. Following this reason is the harmful effect of contraceptives on the health of the woman. These were also the two most important reasons in the urban sample but in the opposite order. The reasons given under "others" were mainly of religious nature in both the rural and the urban samples. "Using birth control is standing against the will of God", " we were told by people who read books that birth control is forbidden", are examples of statements made by women belonging to this group. The last reason given was that the use of these methods is immoral and against the tradition of society. It seems that the two main objections to the use of birth control are the ideas of it being harmful to health and that it is forbidden by Islamic teachings.

The same questions were asked of the husbands who were interviewed in the urban and rural samples. Table (6) shows the attitudes of the rural husbands to the use of birth control. The proportion of those who approve of the used in the rural sample was higher among wives than among husbands (49% and 23% respectively). On the other hand the proportion of husbands giving conditional approval was higher than that of the wives (22% for wives). Accordingly, the proportion of rural respondents who disapproved of the use of birth control was higher among husbands than wives.

In spite of this marked difference in the level of acceptance between wives and husbands, the same pattern of differentials occurs among the husbands as among the wives. As seen from table (6) the use of birth control was approved by recently married men belonging to the high socio-economic class. It seems that the wife-husband differential in the attitudes to the use of birth control is

only in the extent of approval but no difference exists as far as the pattern of variation of the attitudes between different categories of the population is concerned.

The data of table (7) show the same information for the urban husbands. Again the level of acceptance by the urban husbands of the use of contraception was slightly higher than that of the rural husbands. At the same time, it was extremely low also compared to that of the urban wife. While about 30% of the husbands approved of the use of birth control, 56% of the wives did. The proportions of husbands approving contraceptive use under certain circumstances and of husbands disapproving altogether, were higher than the similar proportion of wives.

The pattern of differential attitudes to the use of birth control is exactly the same as that described above for the rural husbands which was in turn similar to that observed among the wives of both samples. It seems that the distribution of the attitudes on the use of contraception among the different categories of the population is very similar among husbands and wives and between urban and rural residents. The only difference is in the level of acceptance.

The close similarity of the relative importance of the different reasons given by the respondents in support of their attitudes is also interesting. Table (8) shows such reasons given by the urban and rural husbands which is greatly similar to those discussed before and presented in table (5) for the wives, as far as priorities are concerned.

V. CONCLUSIONS:

In general, it could be said that in Khartoum province the knowledge of some method of preventing conception is already widespread among males as well as among females. Very slight urban-rural differentials in knowledge are noticed. There are indications of relative ignorance of contraception among the illiterates, manual workers and those with a very low family income. These differentials are very weak and cannot be antagonistic to the rapidly spreading knowledge in the province.

Some methods of birth control are better known than others among the different groups of the population. It has been shown that the urban rural differential concerning knowledge of specific methods is not strong as far as wives and also husbands are concerned. The only noticeable differential, in this respect, is between the rural husbands and his wife.

Table (3)

Wife's attitude to birth control in different categories (rural) %

Category	Attitude				
	Approve	Approve under circumsta- nces	Disapprove	D.K	Total %
<u>By Wife's Education</u>					
Illiterate	40	12	43	5	100
Primary	56	13	29	1	100
Secondary	66	12	22	-	100
<u>By Type of residence before marriage</u>					
Urban	58	16	34	2	100
Rural	48	13	36	3	100
<u>By duration of Marriage</u>					
0 - 9	54	12	31	3	100
10-19	47	14	36	3	100
20-29	43	10	41	6	100
30+	77	13	50	-	100
<u>By socio economic-status</u>					
Low	43	12	41	4	100
Middle	53	13	31	3	100
High	67	15	18	-	100
Total	49	12	36	3	100
Number of women	238	60	174	16	488

Table (1)

The percentage of women who know about birth control by marriage cohort.

Duration of marriage	Rural%	Urban %
0 - 9	99.0	99.6
10 - 19	98.8	99.8
20 +	99.12	96.1
All	99.0	99.2

Table (2)

The percentage of respondents who reported knowledge of contraception, specific method (of those who reported knowledge).

Method	Rural		Urban	
	Wives%	Husbands%	Wives%	Husbands%
Pill	100	98	100	100
Injection	87	41	99	57
IUD	76	27	86	52
Diaphragm	32	11	48	23
Condom	43	47	65	64
Rhythm	50	54	65	58
Abstinence	42	46	56	53
Withdrawal	43	45	58	58
Female sterilization	86	54	90	63
Male sterilization	26	22	41	50
Lactation	88	28	44	17
Others (local)	2	3	2	3
Total %	99	97	99	98
Number of respondents	489	225	1464	1016

Table (4)

Wife's attitude to birth control in different categories (urban) %

Category	Attitude				Total %
	Approve	Approve under circum- stances	disapprove	D.K	
<u>By Wife's education</u>					
Illiterate	44	12	39	5	100
Primary	60	11	27	2	100
Secondary	69	14	16	1	100
University	74	23	1	1	100
<u>By the type of residence before marriage</u>					
Urban	58	12	27	3	100
Rural	45	12	23	2	100
<u>By duration of marriage</u>					
0- 9	62	11	25	2	100
10-19	62	12	23	2	100
20-29	49	15	32	4	100
30+	39	9	47	5	100
<u>By socio-economic status</u>					
Low	41	9	45	5	100
Middle	52	12	32	4	100
High	67	14	17	1	100
All	56	12	29	3	100
Number of women	821	178	418	43	1460

D.K. = Don't know

Table (5)

Reasons given by wives for their attitudes to birth control %

Response	Rural	Urban
<u>I. Approve of birth control (N)</u>	238	821
- The care that can be given to each child	86	69
- The family's economic situation	83	67
- The health of the mother	51	57
- Other reasons	3	19
<u>II. Approve under certain circumstances (N)</u>	60	178
- When the mother's health is in danger	83	56
- When poor economic situation	42	42
- After having the desired number of children	29	37
- For spacing births	38	34
<u>III. Disapprove of birth control (N)</u>	174	418
- Against religion	84	66
- Harmful to the mother's health	81	70
- Immoral	18	2
- Other reasons	4	5

N - number of respondents

Table (6)

Husband's attitude to birth control in different categories
(Rural)%

Category	Attitude				Total
	Approve	Approve under circumstances	Disapprove	D.K	
<u>By duration of marriage</u>					
0- 9	29	31	38	2	100
10-19	22	22	53	4	100
20-29	19	11	67	3	100
30+	17	8	57	-	100
<u>By socio-economic status</u>					
Low	20	18	57	5	100
Middle	21	29	49	1	100
High	42	26	32	-	100
All	23	22	52	3	100
Number of husbands	61	57	137	8	263

Table (7)

Husband's attitude to birth control in different categories (Urban)%

Category	Attitude				Total
	Approve	Approve under circumstances	Disapprove	D.K	
<u>By duration of marriage</u>					
0- 9	38	26	35	1	100
10-19	35	25	40	-	100
20-29	21	21	57	1	100
30+	14	11	73	2	100
<u>By socio-economic status</u>					
Low	9	14	75	2	100
Middle	18	20	60	2	100
High	46	28	25	1	100
All	30	22	47	1	100
Number of husbands	305	231	485	12	1033