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Research Article

KNOWLEDGE, ATTITUDE AND PRACTICE TOWARD FAMILY PLANNING AND CONTRACEPTIVE USE AMONG FEMALE ATTENDANTS IN AL-SHARQIYAH PRIMARY HEALTHCARE CENTER IN YANBU CITY, KSA, 2021

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Abstract

Background: Birth control or contraception has become a fundamental part of women's healthcare, by which unintended pregnancies are prevented, and family planning is achieved using effective and safe methods. **Methodology:** This was a cross-sectional study conducted among women attending primary health care in Yanbu to assess women's knowledge practice and attitude toward family planning and contraceptive use. The data was collected by the Google questionnaire, which includes 4 parts: sociodemographic data, knowledge, attitude, and family planning methods. **Results:** A total of 342 women were included in this study, 97.1% were married, and 60.2% had university degrees. More than half of the participants (53.2%) recorded good knowledge levels, only 2.9% had good attitudes, and 10.5% had a good practice. Educational level and occupation were significantly associated with family planning knowledge ($P=0.000$) and ($P=0.01$), respectively. The husband's occupation ($P=0.031$), the age at the first pregnancy ($P=0.041$), and the age of the youngest child ($P=0.001$) were all significantly associated with good and poor family planning knowledge. **Conclusions:** The current study demonstrated relatively good knowledge, poor attitudes, and fair practice regarding family planning and contraceptives among the female population in Yanbu city, Saudi Arabia. Education and occupation were associated with higher knowledge levels which imply the need for education health programs to aware the women of reproductive age about family planning.

Keywords: knowledge, attitude, practice, family planning, contraceptives; Saudi Arabia.

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BACKGROUND:

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through using contraceptive methods and the treatment of infertility [1]. Also, Family planning deals with the mother's reproductive health, having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases, and improving the quality of life of the mother fetus and family as a whole [2].

Birth control or contraception has become a fundamental part of women's healthcare, by which unintended pregnancies are prevented, and family planning is achieved using effective and safe methods [3]. Over the past few decades, a remarkable increase in contraceptives in developing countries has been associated with a reduced number of unintended pregnancies, thus reducing maternal mortality by approximately 40% [3].

The rapid overall shift in the Saudi Arabian community's sociodemographic trend, especially changes affecting women's education and work, is a significant factor in changing fertility beliefs and behaviors, with more tendencies toward birth spacing and results of contraceptives. They have a much higher birth rate and total fertility rate than developed countries; however, these rates are certainly markedly decreasing, and Saudi families become smaller [4].

According to Saudi Household Health Survey, the prevalence of contraceptive use was 30.4% in 2018. In Saudi Arabia, contraceptive use was influenced by factors such as working conditions, maternal age, educational level, parity, family size, and gender of the last child [8]. The most common contraceptive methods used in Saudi Arabia were oral and intrauterine contraceptives. With the current Saudi vision of 2030, contraception is considered a fundamental role in reproductive health improvement and women's empowerment. Family planning is not extensively used in Saudi Arabia, and the prevalence of contraceptives use is low compared with other developing countries [9 – 12]. The decision to use or not to use contraceptive methods is dependent mainly on numerous barriers that arise from administrative, cultural, cognitive, and psychosocial factors as well as physical barriers and barriers related to the method itself. Program managers and policymakers can strengthen family planning programs by reducing the barriers that prevent women from choosing and using different contraceptive methods [5]. Women in Saudi

Arabia nowadays become educated and more aware of family planning and contraceptive use.

Birth control or contraception has become a fundamental part of women's healthcare, by which unintended pregnancies are prevented, and family planning is achieved using effective and safe methods. Over the past few decades, a remarkable increase in the use of contraceptives in developing countries has been associated with a reduced number of unintended pregnancies, and thus, a reduction in maternal mortality by approximately 40% [3].

Multiple studies have been conducted regarding contraceptive use and family planning locally and globally. In 2010 A cross-sectional study was conducted among Saudi women attending primary care centers of Al-Qassim Region; the results identified the low knowledge level of the participant women regarding the variety of contraceptive methods. It showed acceptance of the use of contraceptives for birth spacing. There was a significant increase in contraceptive use among working women, 30 years and older, with a higher level of education [6].

Another cross-sectional study was done in 2016 at Almadinah, Saudi Arabia, conducted by over 300 female teachers. It revealed limited knowledge of contraceptive methods, high intention to use contraceptives, and average contraceptives among the studied population [4].

Furthermore, a cross-sectional study in 2016 was conducted in the Aseer Region, Saudi Arabia, for one year. Five hundred women of reproductive age were interviewed regarding their knowledge, attitude, and practices of contraception. It shows that a significant proportion of respondents have good knowledge about contraception. But the practice of contraception and compliance is low. The desire for more children is one of the major factors among reasons for the non-use of contraception [5].

The most recent cross-sectional study in 2018 in Jeddah conducted 979 female participants. The study showed knowledge gaps in the use of different contraception methods. The most common contraceptive methods among Saudi women in Jeddah are pills and intrauterine devices. Education played a big role in using different types of contraception [3]. There are a lot of unplanned pregnancies and incorrect use for contraceptive methods among women of reproductive age. Also, there are no studies conducted in Yanbu city regarding family planning. This study

was conducted to assess the knowledge and attitude toward family planning and contraceptive use.

Objectives

General Objective

To assess women's knowledge practice and attitude toward family planning and contraceptive use.

Specific objective

- To assess the knowledge of women of reproductive age about contraceptive use.
- To explore their attitude toward fertility and family planning.
- To determine their practice toward contraception and the reasons for use and non-use of contraceptives.
- To determine the association between socioeconomic characteristics and contraceptive knowledge and use and family planning.

METHODOLOGY:

Study Design

Questionnaire-based analytical cross-sectional study.

Study Area and Setting

The study was conducted in Yanbu Albhar, Yanbu city, Saudi Arabia. Yanbu is a port city on the Red Sea coast in Al Madinah Province of Western Saudi Arabia, the research was conducted in Al-Sharqiyah primary health care center in Yanbu. The data were collected from Al-Sharqiyah Primary Healthcare Center in Yanbu City.

Study Population and Target Group

The study population included all female's attendance in Al-Sharqiyah Primary Healthcare Center in Yanbu City.

Inclusion Criteria

The current study included participants with the following criteria:

- Saudi females.
- Females in reproductive age between 18 to 45 years old
- Females regardless of the medical history.
- Pregnant and non-pregnant women.
- Married women.
- The educated females.
- Patients who agreed and consented to participate in the study.

Exclusion Criteria

- Men.

- Non-Saudi females.
- Single women.
- Participants younger than 18 years old.
- Women aging more than 45 years old.
- The uneducated females.

Sample Size

The sample size was calculated by sample size formula considering the confidence interval 95%, a degree of precision 0.05:

$$n = z^2 p (1-p) / d^2$$

Where:

N = sample size

Z = is the standard normal deviation $z = 1.96$ (at CI 95%) $p =$ expected prevalence $p = 0.5$ $d =$ precision $d = 0.05$

Expected frequency = 5%, Worst acceptable = 5, Confidence interval = 95%. The calculated sample size = 384 and the researcher sample size were 342 participants.

Sample Technique

The study was collected through a self-administration designed questionnaire that was available in the form of an online Google form, the total number of samples were 342 women.

Data Collection

The questionnaire was collected from an Ethiopian study conducted in 2017 [2]. The questionnaire was initially drafted in English and subsequently translated into Arabic and translated back into English to ensure its validity and consistency. The data collected by the Google questionnaire includes four parts: sociodemographic data, knowledge, attitude, and family planning methods.

Data Analysis

The data were analyzed using the IBM SPSS statistics program version 26. The Chi-square test was used for testing the significance P-value of ≤ 0.05 was considered statistically significant.

Ethical Consideration

The approval of the Joint program ethical committee and Ministry of Health (MOH) institutional review board (IRB) was obtained. Al-Sharqiyah primary healthcare center Director consent was obtained. The participants were asked to provide a written consent to participate in this study. Privacy and confidentiality of data were secured.

RESULTS:

Table (1) shows the sociodemographic characteristics of 342 included women. Less than half of them (48%) aged more than 35 years, 33.9% aged from 30-34

years, 16.4% from 25-29 years, and only 1.8% aged less than 25 years. The majority of the participants (97.1%) were married, 1.2% were divorced, and 7.8% were widowed. Most participants had a university degree (60.2%), and 15.2% had secondary education. More than half of the husbands (52.6%) had a university education, 27.5% had a diploma, and only 2.3% had primary education. Most participants (62.6%) have family income over 10000 SR, and only 12.9% have less than 5000 SR. Over half of the included women (53.2%) were employed, and most of the husbands (85.4%) were employed. Less than half of the participants (45.6%) aged from (20-24) years at their first pregnancy, 34.5% aged from (25-30) years, 12.3% aged over 30 years, and only 7.6% aged less than 20 years. Most participants' families (80.1%) consist of 4 or more members, and only 2.9% consisted of 2 members. Most participants (89.5%) are not currently pregnant. 64.9% have three children or more, 14.6% have two children, 13.5% have one child, and 7% have no children. 39.8% of the participants reported that the age of their youngest child was from 1-4 years, and 17.5% aged less than one year.

Table (2) shows the frequency distribution of the responses to knowledge questions. The majority of the participants (90.1%) have heard of some form of contraceptive in their life, 64.3% did not think that the family planning means limiting family size, 55.6% did not think that the family planning used to avoid unwanted pregnancy, 55% think that the family planning means spacing child birth, 94.2% heard of methods to delay or avoid pregnancy, 87.1% believed that the pills are methods to delay or avoid pregnancy, 65.5% think that the condoms are methods to delay or avoid pregnancy, 55.6% did not think the implants are methods to delay or avoid pregnancy, 73.1% think that the IUDs are methods to delay or avoid pregnancy, 59.1% think that the traditional and natural methods are methods to delay or avoid pregnancy, 55.6% did not think that the pills are the safer family planning methods, 76.6% did not think that the injection is the safer family planning methods, 87.7% did not think that the Condoms are the safer family planning methods, 90.6% did not think that the Implants are the safer family planning methods, 58.5% did not think that the IUDs are the safer family planning methods, 70.8% did not think that the traditional and natural methods are the safer family planning methods, 89.5% think that having fewer children is important for the mother health, 85.5% did not think that child spacing or having fewer children is important for the health of child, 52.6% think that child spacing or having fewer children is important luck of money, 57.3% think that breastfeeding is types of natural/traditional family

planning methods, 57.9% did not think that Safety period is types of natural/traditional family planning methods, 76.6% think that the isolation is types of natural/traditional family planning methods, 63.2% did not think that Bleeding is side effects of family planning, 56.7% did not think that Irregular menstruation is side effects of family planning, 69% of the participants think that the weight gain is side effects of family planning, 88.3% think that the mood swings is side effects of family planning, and 54.4% think that the headache is side effects of family planning.

Table (3) demonstrated the level of knowledge toward family planning and contraceptive use among the female population. More than half of the participants (53.2%) demonstrated a good knowledge level, while 46.8% recorded poor knowledge regarding family planning and contraceptive use.

Table (4) shows the frequency distribution of the responses to attitude questions. The majority of the participants, 97.1%, think that family planning is important, 84.2% discussed family planning with their partner, 80.1% did not think that the family planning methods completely prevent pregnancy, 77.8% did not think that using family planning is expose to infertility, 92.4% did not think that the family planning is contradicted to their religion and 84.2% did not think that the family planning is contradicted to their culture.

Table (5) demonstrates the level of attitudes toward family planning and contraceptive use among the female population. The poor attitude was detected among most participants (63.2%), 33.9% recorded fair attitudes, and only 2.9% had good attitudes.

Table (6) shows the frequency distribution of the responses to practices questions. Most of the participants (83.6%) of the participants used contraceptive methods. Regarding the type of contraceptive method, 52% of the participants used pills, 75.4% did not use injectables, 98.2% did not use Condoms, 95.3% did not use implants, 74.3% did not use IUDs, 66.7% did not use traditional and natural methods, and finally the majority (83.6%) stopped using contraceptives and started family planning methods.

Table (7) demonstrated the level of practice toward family planning and contraceptive use among the included population. The fair practice was detected among 78.1% of the participants, 11.4% recorded poor practice, and 10.5% had good practice levels.

Table (8) investigates the participants' sociodemographic characteristics in association with good and poor family planning knowledge. Educational level and occupation were significantly associated with family planning knowledge ($P=0.000$) and ($P=0.01$), respectively. A total of 124 participants with university degrees had good knowledge, while 82

participants of them had poor knowledge regarding family planning. The husband's occupation ($P=0.031$), the age at the first pregnancy ($P=0.041$), and the age of the youngest child ($P=0.001$) were all significantly associated with good and poor family planning knowledge.

Table 1: The sociodemographic characteristics of the participants (n=342).

Parameter	Frequency (%)
Age group	
Less than 25	6 (1.8%)
25 Less than 30	56 (16.4%)
30 Less than 35	116 (33.9%)
More than 35	164 (48%)
Marital status	
Married	332 (97.1%)
Divorce	4 (1.2%)
Widowed	6 (1.8%)
Educational level	
Middle school	14 (4.1%)
Secondary school	52 (15.2%)
Diploma	50 (14.6%)
University	206 (60.2%)
Postgraduate	20 (5.8%)
husband's educational level	
Primary school	8 (2.3%)
Middle school	28 (8.2%)
Diploma	94 (27.5%)
University	180 (52.6%)
Postgraduate	32 (9.4%)
Family income	
Less than 5000	44 (12.9%)
5000 – 10000	84 (24.6%)
More than 10000	214 (62.6%)
Occupation	
Employed	182 (53.2%)
Unemployed	160 (46.8%)
husband's occupation	
Employed	292 (85.4%)
Unemployed	50 (14.6%)
Age at first pregnancy	
Less than 20	26 (7.6%)
20 Less than 25	156 (45.6%)
25 Less than 30	118 (34.5%)
More than 30	42 (12.3%)
family members	
One member	22 (6.4%)
2 members	10 (2.9%)

3 members	36 (10.5%)
4 and more members	274 (80.1%)
Currently pregnant	
Yes	36 (10.5%)
No	306 (89.5%)
Number of offspring	
Have no children	24 (7%)
Have 1 child	46 (13.5%)
Have 2 children	50 (14.6%)
Have 3 or more children	222 (64.9%)
The age of the youngest child	
NA	22 (6.4%)
Less than one year	60 (17.5%)
(1 less than 5) years	136 (39.8%)
(5 less than 10) years	50 (14.6%)
10 And above	74 (21.6%)
Total	342 (100%)

Table 2: Frequency distribution of the responses to knowledge questions (n=342).

Parameter	Yes	No
1. Have you ever heard of family planning?	308 (90.1%)	34 (9.9%)
2. Family planning means limiting family size?	122 (35.7%)	220 (64.3%)
3. Family planning used to avoid unwanted pregnancy?	152 (44.4%)	190 (55.6%)
4. Family planning means spacing childbirth?	188 (55%)	154 (45%)
5. Have you ever heard of methods to delay or avoid pregnancy?	322 (94.2%)	20 (5.8%)
6. Pills are methods to delay or avoid pregnancy?	298 (87.1%)	44 (12.9%)
7. Injectable are methods to delay or avoid pregnancy?	236 (69%)	106 (31%)
8. Condoms are methods to delay or avoid pregnancy?	118 (34.5%)	224 (65.5%)
9. Implants are methods to delay or avoid pregnancy?	152 (44.4%)	190 (55.6%)
10. IUDs are methods to delay or avoid pregnancy?	250 (73.1%)	92 (26.9%)
11. Traditional and natural methods are methods to delay or avoid pregnancy?	202 (59.1%)	140 (40.9%)
12. Family planning methods you think are safer are Pills?	152 (44.4%)	190 (55.6%)
13. Family planning methods you think are safer are injectable?	80 (23.4%)	262 (76.6%)
14. Family planning methods you think are safer are condoms?	42 (12.3%)	300 (87.7%)
15. Family planning methods you think are safer are implants?	32 (9.4%)	310 (90.6%)
16. Family planning methods you think are safer are IUDs?	142 (41.5%)	200 (58.5%)
17. Family planning methods you think are safer are traditional and natural methods?	100 (29.2%)	242 (70.8%)
18. Do you think that child spacing or having fewer children is important for the mother's health?	306 (89.5%)	36 (10.5%)
19. Do you think that child spacing or having fewer children is important for the child's health?	142 (41.5%)	200 (58.5%)
20. Do you think that child spacing or having fewer children is important Luck of money child?	180 (52.6%)	162 (47.4%)
21. Breastfeeding is types of natural/traditional family planning methods	196 (57.3%)	146 (42.7%)
22. Safety period is types of natural/traditional family planning methods	144 (42.1%)	198 (57.9%)
23. Isolation is types of natural/traditional family planning methods	262 (76.6%)	80 (23.4%)
24. Bleeding is side effects of family planning	126 (36.8%)	216 (63.2%)

25. Irregular menstruation is side effects of family planning	148 (43.3%)	194 (56.7%)
26. Weight gain is side effects of family planning	236 (69%)	106 (31%)
27. Mood swings is side effects of family planning	302 (88.3%)	40 (11.7%)
28. Headache is side effects of family planning	186 (54.4%)	156 (45.6%)

Table 3: Level of knowledge among the sample (n=342).

Level of knowledge (%)	
Level	Frequency
Good	182 (53.2%)
Poor	160 (46.8%)
Total	342 (100)

Tables 4: Frequency distribution of the responses to attitude questions (n=342).

Parameter	Yes	No
1. Do you think family planning is important?	332 (97.1%)	10 (2.9%)
2. Have you ever discussed family planning with your partner?	288 (84.2%)	54 (15.8%)
1. Do you think that family planning methods completely prevent pregnancy?	68 (19.9%)	274 (80.1%)
2. Do you think that using family planning is expose to infertility?	76 (22.2%)	266 (77.8%)
3. Do you think that family planning contradicts your religion?	26 (7.6%)	316 (92.4%)
4. Do you think that family planning contradicts your culture?	54 (15.8%)	288 (84.2%)

Table 5: The level of attitudes among the sample (n=342).

Level of Attitudes	
Level	Frequency (%)
Good	10 (2.9%)
Fair	116 (33.9%)
Poor	216 (63.2%)
Total	342 (100%)

Table 6. Frequency distribution of the responses to practices questions (n=342).

Parameter	Yes	No
1. Have you ever used a contraceptive method?	286 (83.6%)	56 (16.4%)
2. Pills are the type of contraceptive method you are using?	178 (52%)	164 (48%)
3. Injectables are the type of contraceptive method you are using?	84 (24.6%)	258 (75.4%)
4. Condoms are the type of contraceptive method you are using?	6 (1.8%)	336 (98.2%)
5. Implants are the type of contraceptive method you are using?	16 (4.7%)	326 (95.3%)
6. IUDs are the type of contraceptive method you are using?	88 (25.7%)	254 (74.3%)
7. Traditional and natural are the type of contraceptive method are you using?	114 (33.3%)	228 (66.7%)
Parameter	Response	Frequency (%)
If you ever used contraceptive methods but not currently using them, what is your main reason to stop using them currently?	Using family planning methods	286 (83.6%)
	Desire to become pregnant	28 (8.2%)
	Ignorance of family planning methods	2 (0.6%)
	Due to side effect	12 (3.5%)
	Husband refused	2 (0.6%)

	problems to buy medicine	2 (0.6%)
	Health problem	10 (2.9%)

Table 7: Level of practice among participants (n=342).

Level of Practice	
Level	Frequency (%)
Good	36 (10.5%)
Fair	267 (78.1%)
Poor	39 (11.4%)
Total	342 (100%)

Table 8: The sociodemographic characteristics of the participants in association with good and poor FB knowledge (n=342).

Parameter	Good family planning Knowledge	Poor family planning Knowledge	X ²	P-value
Age				
• Less than 25	0 (0.0%)	6 (1.8%)	7.012	0.072
• 25 Less than 30	30 (8.8%)	26 (7.6%)		
• 30 Less than 35	62 (18.1%)	541 (5.8%)		
• More than 35	90 (26.3%)	74 (21.6%)		
Marital status				
• Married	178 (52.0%)	154 (45.0%)	5.007	0.082
• Divorce	0 (0.0%)	4 (1.2%)		
• Widowed	4 (1.2%)	2 (0.6%)		
Educational level				
• Middle school	6 (1.8%)	8 (2.3%)	32.819	0.000
• Secondary school	20 (5.8%)	32 (9.4%)		
• Diploma	14 (4.1%)	36 (10.5%)		
• University	124 (36.3%)	82 (24.0%)		
• Postgraduate	18 (5.3%)	2 (0.6%)		
Husband's educational level				
• Primary school	4 (1.2%)	4 (1.2%)	6.397	0.171
• Middle school	14 (4.1%)	14 (4.1%)		
• Diploma	42 (12.3%)	52 (15.2%)		
• University	100 (29.2%)	80 (23.4%)		
• Postgraduate	22 (6.4%)	10 (2.9%)		
Family income				
• Less than 5000	20 (5.8%)	24 (7.0%)	3.358	0.187
• 5000 – 10000	40 (11.7%)	44 (12.9%)		
• More than 10000	12 (3.5%)	92 (26.9%)		
Employment				
• Employed	112 (32.7%)	70 (20.5%)	10.822	0.01

• Unemployed	70 (20.5%)	90 (26.3%)		
• Husband's employment				
• Employed	162 (47.4%)	130 (38.0%)	4.109	0.031
• Unemployed	20 (5.8%)	30 (8.8%)		
• Age at first pregnancy				
• Less than 20	16 (4.7%)	10 (2.9%)	8.23	0.041
• 20 Less than 25	70 (20.5%)	86 (25.1%)		
• 25 Less than 30	72 (21.1%)	46 (13.5%)		
• More than 30	24 (7.0%)	18 (5.3%)		
• Family members				
• One member	10 (2.9%)	12 (3.5%)	2.136	0.545
• 2 members	4 (1.2%)	6 (1.8%)		
• 3 members	22 (6.4%)	14 (4.1%)		
• 4 and more members	146 (42.7%)	128 (37.4%)		
• Currently pregnant				
• Yes	20 (5.8%)	16 (4.7%)	0.088	0.766
• No	162 (47.4%)	144 (42.1%)		
• Children number				
• Have no children	8 (2.3%)	16 (4.7%)	5.9	0.117
• Have 1 child	28 (8.2%)	18 (5.3%)		
• Have 2 children	30 (8.8%)	20 (5.8%)		
• Have 3 or more children	116 (33.9%)	106 (31.0%)		
• Age of your youngest child				
• No	6 (1.8%)	16 (4.7%)	19.366	0.001
• Less than one year	44 (12.9%)	16 (4.7%)		
• (1 Less than 5) years	76 (22.2%)	60 (17.5%)		
• (5 Less than 10) years	22 (6.4%)	28 (8.2%)		
• 10 And above	34 (9.9%)	40 (11.7%)		

DISCUSSION:

Family planning is a foundation for family wellbeing, with many advantages for women's health, attitude, and sense of autonomy [16]. This study aims to estimate women's knowledge practice and attitude toward family planning and contraceptive use in Yanbu city, Saudi Arabia.

This study found that the majority of the participants have heard of some form of contraceptive in their life, did not think that the family planning means limiting family size, heard of methods to delay or avoid pregnancy, believed that the pills are methods to delay or avoid pregnancy, think that the condoms are methods to delay or avoid pregnancy, think that the IUDS are methods to delay or avoid pregnancy, think that the injection is the safer family planning methods, did not think that the Condoms are the safer family

planning methods, did not think that the Implants are the safer family planning methods, did not think that the traditional and natural methods are the safer family planning methods, think that having fewer children is important for the mother health, did not think that child spacing or having fewer children is important for the health of child, think that the isolation is types of natural/traditional family planning methods, and think that the isolation is types of natural/ traditional family planning methods.

Similarly, **Prachi et al.** reported that just 2% of the women were unaware of family planning strategies, while 98% of them had learned about them. Around 54.4% of women received contraceptive information from the media. Almost all of them (95.8%) had heard of oral contraceptive pills. Condoms were mentioned by 74.2% of them, Copper-T was mentioned by 72

percent, and tubectomy was mentioned by over half of them (67%) [17]. **Srivastva *et al.*** reported that 82% knew about female sterilization, 50% knew about vasectomy, and IUCD was the most well-known temporary form (61%), followed by OC pills (60%) and condoms (50%) [18].

However, in the current study, relatively lower levels of knowledge were demonstrated regarding the use of family planning in avoiding unwanted pregnancy, the use of implants, the safety of contraceptive pills, the safety of IUDs in family planning, and the side effects of family planning. In general, nearly half of the participants in this study recorded good knowledge regarding family planning and contraceptive use. This estimate was higher than **Kasa *et al.***, who reported that the level of awareness and attitude toward family planning and the level of use of family planning were both poor [19] and lower than **Mustafa *et al.*** [20]. Women's literacy levels highlight the importance of education in combating overpopulation and promoting contraceptives.

We found a significant association between the educational level and occupation and family planning knowledge. The husband's occupation, the age at the first pregnancy, and the age of the youngest child were all also significantly associated with the knowledge level of family planning knowledge. In India, **Quereishi *et al.*** also demonstrated a significant association between the increasing level of education and the awareness towards family planning and contraceptive use [21]. Education was found to be the most important influence factor in the majority of studies. Education changes people's attitudes and behaviors, so it may directly impact fertility [22]. Consequently, education is thought to boost women's ability to resist subjugation and gain more influence in decision-making. Family planning programs must include a variety of high-quality options for women to restrict or space their births and tailor services to the specific needs of women with various sociodemographic characteristics.

Our findings demonstrated poor attitudes towards family planning among most participants; however, fair practice levels were reported among large scale of the included women. **Sajid *et al.*** reported much higher positive attitudes among Pakistanian women [22] and India [23]. Similar poor attitudes were recorded in Ethiopia [24] and Ghana [25]. Another Saudi study reported higher practice levels among 65.4% of the included population regarding family planning. **Kasa *et al.*** reported good practice levels among nearly half of the Ethiopian women (50.4%) [19]. **Sharma *et al.***

also reported good practice among 55.9% of the included Indian women [26].

Limitations

The data of this study was collected through an online questionnaire which may bias the reliability of the collected information. The study was conducted in one district among the female population of one city in Saudi Arabia, so we cannot generalize our findings. We did not utilize a qualitative data collection approach to gather study participants' internal feelings about family planning, allowing for triangulation. Furthermore, the obstacles to using contraceptives have not been discussed.

CONCLUSION:

The current study demonstrated relatively good knowledge, poor attitudes, and fair practice regarding family planning and contraceptives among the female population in Yanbu city, Saudi Arabia. Education and occupation were associated with higher knowledge levels which imply the need for education health programs to aware the women of reproductive age about family planning. Before implementing a family planning program, it is important to assess the community's level of knowledge and practices. To support contraception, there is a need to educate and inspire parents and enhance family planning services. We also found that the husband's occupation, the age at the first pregnancy, and the age of the youngest child were all also significantly associated with the knowledge level of family planning knowledge.

Recommendations

Further research conducted in wider areas in Saudi Arabia should be implemented to attain more generable and reliable findings. Health educational campaigns to aware parents, particularly women in their reproductive age, should be carried out to enhance their awareness about family planning and increase the knowledge towards the safety of family planning measures. We should establish specialized clinics in family planning to awareness for both males and females. Contraception methods should be provided in public health centers.

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