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KNOWLEDGE ATTITUDE AAND PRACTICE OF MALE PARTNER REGARDING FAMILY PLANNING, EASTERN PROVINCE, SAUDI ARABIA

Obstetrics & Gynaecology

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ABSTRACT

BACKGROUND: Family planning is the act of controlling birth numbers and intervals by using contraception or voluntary sterilization, the availability of a variety of female contraceptive methods led to an increase in family planning programs and researches that targets women. It is important to identify the perception of Saudi men, regarding the use of contraception methods and the effect of socio-demographic characteristics on this perception and to identify their requirements to encourage them to be involved in family planning. this study is aimed to address the knowledge, practice and attitude of Saudi men toward family planning. **METHOD:** A descriptive cross-sectional study in 2020 on 1610 respondents using a structured questionnaire distributed online. **RESULT:** Most of the respondents heard about the term of family planning (69.1%), and were able to recognize the most commonly used contraceptives however, the majority of our sample are not using contraception (56.3%). their attitude toward family planning was positive. **Conclusion:** Our sample population has a positive attitude toward family planning and they were willing to participate in family planning counseling and health care visit.

KEYWORDS

INTRODUCTION

Family planning is known as the act of controlling birth numbers and intervals by using contraception or voluntary sterilization. Its importance lies in the enormous effect of unplanned and unspaced pregnancy on both women and child health. A study targeting postpartum women showed that almost 53% of women had unplanned pregnancies, this may affect both mother and fetus health due to unsafe pregnancy termination, delayed obstetric follow up, decreased educational opportunities, and financial situation. [1] Moreover, unwanted pregnancy carries also a greater risk for maternal depression, poor nutrition during pregnancy, self-abuse, and couple relationship dissolution and the child is at greater risk of low birth weight, child abuse, and having poor nutritional and educational support[2] Hence, birth spacing has been listed by WHO to be one of the six essential elements need to achieve safe motherhood[3] , It is increasingly recognized that male participation improves the rate of use of family planning methods by women to achieve this goal[4]. In the Middle Eastern context, most regional studies conducted outside Saudi Arabia have reported higher rates of contraceptive use than Saudi Arabia[5]. A study done in Altayef in 2015 has identified husband refusal as one of the three most important obstacles for contraception use along with fear of side effect and problem of accessibility [6], In Saudi Arabia, where grand multiparity is prevalent [7], a lot of studies have been done to evaluate female awareness of and participation in family planning programs, while data regarding male involvement are scanty. Male involvement is not necessarily mean the use of the male contraception method but also their encouragement and support for their partners to use family planning, Couple communication for example is important for improving contraceptive use and it is a component of many interventions to promote male engagement leading to utilizing contraception more properly. This does not only improve the rate of usage, but it leads to effective use and continuation of contraceptive methods. Moreover, as they are the decision-maker in Islamic society, It is important to identify the perception of Saudi men, regarding the use of contraception methods and the effect of socio-demographic characteristics on this perception and to identify their requirements to encourage them to be involved in family planning.

OBJECTIVES

this study is intended to answer the following questions: What is the awareness and participation level of men in family planning in Saudi Arabia and What is the Effect of sociodemographic factors on population attitude regarding family planning among men in Eastern Province, Saudi Arabia

METHODOLOGY

This was a descriptive cross-sectional study that was conducted in 2020 using a structured questionnaire that was distributed to be filled by married men in Eastern province, Saudi Arabia.

SAMPLE AND SETTING

The sample was collected using convenient sampling, the questionnaire was distributed online through social media because this study was conducted during the pandemic and quarantine time. the sample size was estimated to be 1500, however, the responses were 1610, 71 were from AL Khobar, 244 from Dammam, and 1295 from Qatif. The inclusion criteria were: Saudi married or previously married men above the age of 18 years who lives in one of the three cities in the eastern province.

DATA COLLECTION AND STUDTY TOOL

The data was collected through a validated questioner that was created by the author of the Jordanian article "Men's perceptions of and participation in family planning in Aqaba and Ma'an governorates, Jordan" he was contacted and approved the use of their data collection tools, then it was translated to Arabic by two bilingual health professional and tested through blind back-translation by a professional translator. The English1 and English 2 was checked by a professional bilingual epidemiologist who approved the translation as it was reliable with an accuracy of more than 95%.

The survey was designed to assess the demographic details of the participants, their recognition of the different type of contraceptive method, their attitude toward family planning and contraception, and their practice of contraception, the introduction of the questionnaire involves participants reassurance about privacy as the data are anonymous and response to the questionnaire was considered as a consent to participate in the study.

DATA ANALYSIS AND PLAN

SPSS software version 25.0 was used to analyze the data and screen it for missing and extreme values. A frequency distribution, mean, standard deviation, and correlation using chi-squared test were used to answer our research questions and to test the association and relation between the sociodemographic information and the total attituded

RESULTS

DEMOGRAPHIC CHARACTERSTICS

The mean age of the participants was 44-year-old ranging from 23 – 82 years, 3.7% had more than one wife, the number of kids was ranging from 0 to 16 with an average number of 3.4, the majority of the participant received college and higher education (73.1%), and 22.9 were high school graduate,3.4% were secondary school educated and 0.7% were primary school educated. The majority of participants

(42.7%) had an income of more than 15000SR and (7.6%) had an income less than 5000SR. Details of the demographic characteristics are shown in Table 1

RECOGNITION AND USE OF FAMILY PLANNING METHODS

Most of the respondents heard about the term of family planning (69.1%), 93.4% have heard about contraception method, the most recognized methods were male condom 88.6%, OCP 86.4%, the remaining methods are listed in the table below. Regarding the use of contraception 43.7% are reporting personal or partner use of contraception, the most used methods were male condom 51.2% followed by the natural method in the form of withdrawal 46.2% and OCP in 13.9%, the least used methods were female condom 0.3% and spermicidal gel 0.4% the rate of use of the rest of methods are mentioned in the table. Moreover, the use of contraception was a shared decision between the couple in 84.4% of responses, while 6% reported self-decision and in 9.6% the wife was the decision-maker. Details are shown in Table 2

Table 1 Sociodemographic data

Age range by year	**Number**	**Percentage %**
18 - 25	17	1.1%
26 - 35	378	23.5%
36 - 45	563	35%
More than 45	652	40.5%
Level of education	Number	Percentage
Primary school	11	0.7%
Secondary school	55	3.4%
High school	368	22.9%
College degree	1028	63.9%
Higher education	148	9.2%
Area of Residency		
AL Khobar	71	4.4%
Dammam	244	15.2%
Qatif	1295	80.4%
Income by S.R.		
Less than 5000	122	7.6%
5000 - <10000	374	23.2%
10000 - < 15000	427	26.5%
More than 15000	687	42.7%
Total Number of Children		
0	118	7.3%
1-3	779	48.4%
4-6	570	35.4%
More than 7	143	8.9%
Number of male children		
0	320	19.9%
1-3	1066	66.2%
4-6	195	12.1%
More than 7	29	1.8%
Number of Female children		
0	359	22.3%
1-3	1097	68.1%
4-6	142	8.8%
More than 7	12	0.7%
Number of wives		
One wife	1551	96.3%
More than one	59	3.7%

Table 2 knowledge and use table

Have you heard about family planning?	**Number**	**Percentage**
yes	1113	69.1%
No	497	30.9%
have you heard of the contraception method?		
Yes	1503	93.4%
No	107	6.6%
Are you or your wife using a contraception method now?	**Number of Yes**	**Percentage**
Yes	703	43.7%
No	903	56.3%
Which of the following contraception have you heard about?	**Number of Yes N=1503**	**percentage**
Oral contraception	1300	86.4%
Male condom	1332	88.6%
Lactational Amenorrhea	542	36.1%
Periodic abstinence	533	35.4%
withdrawal	1263	84%
Intrauterine device	1125	74.8%
Hormonal injections	323	21.5%
Hormonal Implants	130	8.6%
Female condom	421	28%
Spermicidal foam and gel	145	9.6%
Female sterilization	194	12.9%
Male sterilization	277	18.5%
What is the contraception method you are using?	**Number**	**percentage**
Oral contraception	98	13.9%
Male condom	360	51.2%
Lactational Amenorrhea	10	1.4%
Periodic abstinence	52	7.4%
withdrawal	325	46.2%
Intrauterine device	58	8.2%
Hormonal injections	4	0.6%
Hormonal Implants	6	0.8%
Female condom	2	0.3%
Spermicidal foam and gel	3	0.4
Female sterilization	7	1%
Male sterilization	30	4.2%

SOCIODEMOGRAPHIC DATA ASSOCIATION WITH CURRENT CONTRACEPTION USE

The analysis between the participation level and various sociodemographic and reproductive characteristics showed that the current use of contraception and the participant age was significantly associated factors (P <0.001) with a significant correlation (P=0.008), with most of the people who are older than 45 are not using contraception. there was also a significant association with the total number of kids (P <0.001), number of male kids (P=0.002) the current use of contraception was also significantly associated with the number of female kids(P=0.005), with a significant correlation, no significant association was found between income, educational level and current use of contraception (P=0.34) (P=0.63) respectively.

Table 3 Attitude table

Item	**Agree %**	**Neutral %**	**Disagree %**
couples should space birth at least two years	76.2	18.1	5.7
after birth couple should begin using family planning before resume a sexual relationship	75.3	18.6	6.1
If couples make proper spacing, the next child will be healthier	63.2	26.6	10.2
If couples delay the birth of their next child, the mother will be healthier	78.6	16.1	5.2
Having more children is a sign of Power	5.4	15.5	79.1
Having more children is a sign of man masculinity	4.6	11.6	83.9
Having more children is a sign of women fertility	15.2	21.2	63.5
Family planning gives parents time to take care of their children	82.9	11.9	5.3
If couples have only girls, they should continue having children until they have a boy	9.2	27	63.8
family Planning concerns women only, man shouldn't care about it	4.5	7	88.4
women don't prefer to talk with their husbands about Family Planning	9.8	24.2	66.1
men don't prefer to talk with their wives about Family planning	9.5	20.4	70.1
the woman doesn't prefer her husband interferes with her decisions regarding family planning	12.6	22.9	64.5

Men have to encourage their wives to use family planning methods	67.8	23.9	8.4
Man has to accompany his wife when she goes to a physician for family planning purposes	66	24	9.9
Man has to discuss with the health service provider family planning choices that he and his wife need to have	67.3	21.3	11.4

SOCIODEMOGRAPHIC DATA ASSOCIATION WITH TOTALAATTITUDE

The total attitude score was calculated for each response and classified to positive, neutral, and negative based on the mean and 1 standard deviation. the mean score was 3.94 and the standard deviation is 0.53. Chi-squared test was used to correlate between sociodemographic data and total attitude.

There was a significant association between the age of the participants and the total attitude (P= 0.03), with those who are 36 years old and more had a negative attitude towards family planning.

The total number of kids and number of male kids were both significantly associated with the total attitude (P=0.002) (P <0.001) respectively, those who had 7 or more total or male kids had more negative attitude in comparison with those who had fewer kids, on the other hand, those who had 1-3 kids had a positive attitude. however, there was no significant relationship between the number of female kids, the level of education, the monthly income of the participants, and the total attitude

DISCUSSION

Contraception plays a key role in minimizing the impact of uncontrolled family planning, the availability of a variety of female contraceptive methods leads to an increase in family planning programs and researches that targets women. [8] It is increasingly recognized that male participation improves the rate of use of family planning methods by women. [4]

This study is aimed to address the knowledge practice and attitude of Saudi men toward family planning, the result showed that most of our participant have heard about family planning(69.1%),(93%) have heard about one or more contraception methods, the top three recognized methods were male condom(88.6%), OCP(86.4%) and withdrawal (84%) and this was reflected on their practice being the most commonly used methods, in comparison to three studies done in Abha Qassim and Al-Jouf that also showed oral contraceptives is the most commonly used method, male partner participation through the use of male condom was very low (2.4%, 7%, 10%)[9,10,11] respectively. this reflects good male participation in our study population (51.2%). On the other hand, the least recognized method was the spermicidal foams (9.6%) possibly because this method along with female condoms are not available in our community however 28% of those who heard about contraception recognized the female condom which reflects a good knowledge from our participant however the majority of them are currently not using contraception (56.3%).

Regarding decision making,(77.1%) stated that both husband and wife shared the decision of contraception, a study was done in Jeddah studying the gender and cultural influence on reproductive decision making showed that when fertility decision was mutual family size declines [12], in our study those who shared decision with their wives were less likely to have a large family of 7 and more (7.9%) in comparison with one spouse decision that was around 14%. These data reflect the positive effect of couple communication and shared decision making on family size, a discussion between couples helps in making the right call regarding family planning for which each partner will express their benefit and harm to the other in term of physical mental health and financial situation.

Our result about the attitude showed that the respondents highly agreed on the spacing between births of two years or more and high level of awareness on the effect of child spacing on the health of both child and mother, this attitude was accordant with a result in Abha among male and female couples who agreed that the proper spacing between children is not less than 2 years (87.9%). [9]

Regarding the Attitude of male regarding the gender of their children, 63.8 % agreed that couple who have girls don't have to continue until they have boys, this means that meanwhile, the preference of male children is not predominant in our study population, this is also consistent with the study that was done in Abha among male and female partner were most of the respondents has indifference regarding the gender of their upcoming child, on the other hand in a study in Jeddah which was done in 2015 were also done among men and women both of them had a preference for male children.

Regarding male involvement in family planning, there is high agreement that Men have to encourage their wives to use the family planning method (67.8%), (66.0%) agreed that they should accompany their wives to clinics for family planning purposes. (67.3%) believe that they have to discuss with health care providers about available family planning choices, although this is not well established in our health care system, male partners are willing to be involved with their wives in family planning and couple counseling health services.

CONCLUSION

our sample population had a positive attitude toward family planning and they were willing to participate in family planning counseling and health care visit, although they are not being targeted in these programs, we recommend to involve married men in family planning program that usually takes place in postpartum visit, also we should target the young women who seek contraception in the clinic for couple counseling because giving the male partner such education will improve the support and encouragement from husbands to their wives, this, in turn, improve the rate of use of family planning by the woman.

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