

**Original article**

**Knowledge, Attitude and Practice of Contraceptives among Saudi Women in Aseer Region, Saudi Arabia**

Mubashar H<sup>1</sup>, Almushait M<sup>1</sup>, Sukit B<sup>1</sup>, Shaamash A<sup>2</sup>, Handady S<sup>3</sup>, Almutawa N<sup>4</sup>

**Abstract:**

**Objective:** The study was carried out to assess the knowledge, attitude towards, and practice of contraception and the factors that could affect its use among Saudi women in Aseer region of Saudi Arabia. **Methods:** This cross-sectional and hospital-based study was conducted in Aseer Region, Saudi Arabia, during one year (January, 2014 – December, 2014). Five-hundred women of reproductive age (18–45 year) were interviewed regarding their knowledge, attitude and practices of contraception. The inquiries were recorded by a predesigned questionnaire. Questions on methods of contraception known and source of knowledge and their practices were recorded. **Results:** The mean  $\pm$  SD of age was 32.7 + 7.2 years. (99.2%) of women heard and had knowledge of contraception, while (0.8%) said they did not know anything about contraception. (377 subjects, 75.4%) used contraception, while 123 subjects (24.6%) did not. Oral pill method of contraception was the most popular method known and practiced (87.0%, 32.2% respectively). The media seemed to be the major source of information (40.8%). In response to the reason for non-use, the majority said they wanted more children (10.2%). The major reason for the use of contraception was to limit family size (32.0%). The majority (79.6%) of women had good attitude towards contraception. **Conclusion:** The present study concludes that a significant proportion of respondents have good knowledge about contraception. But practice of contraception and compliance is low. Desire of more children is one of the major factors among reasons of the non-use of contraception.

**Keywords:** knowledge; attitude; practices, contraception, Saudi Arabia

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**Introduction**

For any country's productive capability, the size and assessment of its population is important<sup>1</sup>. The pace of the population growth in Saudi Arabia is one of the highest in the world, and a distinguishing feature of the Saudi Arabian population is their desire for large families<sup>2</sup>. The birth rate is as high 28.55 births per 1,000 people, one of the highest in the world. Recently, with improved health

care facilities and health care education, women in Saudi Arabia have been practicing the newer methods of contraception. Birth control has long been accepted among Saudi women, but traditional contraceptives incorrect practices result in unplanned pregnancies<sup>3,4</sup>, jeopardizing the health of the women and their families and putting a burden on society as a whole. In countries where the use of contraceptives is lower and the fertility is higher,

1. Mubashar H
2. Almushait M
3. Sukit B

Department of Obstetrics & Gynecology, College of Medicine, King Khalid University, Abha–Saudi Arabia

4. Shaamash A, Department of Obstetrics & Gynecology, College of Medicine, Assiut University, Assiut–Egypt
5. Handady S, Department of Obstetrics & Gynecology, Empreal Hospital, Khartoum–Sudan
6. Almutawa N, Department of Obstetrics & Gynecology, King Faisal Medical City, Aseer Region–Saudi Arabia

**Corresponds to:** Almushait Mona Abdullah, Department of Obstetrics & Gynecology, College of Medicine, King Khalid University, Abha, Saudi Arabia. **E-mail:** dr-almushait@hotmail.com

**Table I:** Socio-demographic characteristics

Variables	Frequency	Percent
<b>Age in years</b>		
15-25	104	20.8
26-35	235	47.0
36-40	103	20.6
> 40	58	11.6
Mean + SD32.2+1.2 years		
<b>Education</b>		
Illiterate	31	6.2
Primary	50	10.0
Secondary	116	23.2
University	161	32.2
Postgraduate	142	28.4
<b>Occupation</b>		
Worker	165	33.0
Housewife	335	67.0
<b>Parity</b>		
None	6	1.2
1	140	28.0
2-4	230	46.0
more than 5	124	24.8
Mean ± SD 1.9±0.7		
<b>Husband age</b>		
15-25	34	6.8
26-35	201	40.2
35-40	155	31.0
> 45	110	22.0
Total	500	100%

women are at risk of dying due to pregnancy and childbirth<sup>5</sup>. The published data addressing the issue of the knowledge, attitudes and practices among women of reproductive age towards contraception particularly in Abha, a city in the Aseer Region, Saudi Arabia, are very scarce as most of the available studies are conducted in the main cities like Riyadh, the capital. The aim of this study is to assess knowledge, attitudes, and practices towards contraception and the factors that could affect their use among Saudi women in the Aseer region of Saudi Arabia

**Materials and methods**

This is a descriptive, cross-sectional and hospital-based study conducted in Abha Maternity and Pediatric Hospital (AMPH) and two private health centers in Saudi Arabia over a period of one year from January 2014 to December 2014. Five-hundred women of reproductive age (18–45

year) were interviewed regarding their knowledge, attitudes and practices of contraception. Questions on methods of contraception known and source of knowledge and their practices were recorded. The source of knowledge and the women’s attitudes towards the contraception in the form of motivation, involvement of spouse and/or self and acceptability of contraception were recorded. An Arabic version was used to collect data.

Sample size was calculated on the assumption that the rate of women aged 18–45 years to the total population was 22.3 %<sup>6</sup>, considering a degree of precision 0.05, a design effect 1.8 and non-response rate 10 %. A sample size of 500 married women was decided upon<sup>7</sup>. Statistical analysis was performed via SPSS software (Chicago, IL, USA). Percentages, frequencies and means were used to present the data.

Ethical clearance and approval for conducting this research was granted by the Ethics Committee of King Khalid University and the AMPD director. An informed written consent was obtained from every respondent who agreed to participate in the study.

**Results**

The socio-demographic characteristics are shown in Table I. A total of 500 women of reproductive age were included in the study. Most of the women were from the age group 26–35 years which comprised 235 (47.0%) and the mean age was 32.2±1.2 years. The majority of respondents (93.8%) are well-educated, 67% of them were housewives in regard to occupation, and over a half of the respondents’ husbands are university graduates or with post-graduate degrees (61.0%). 79% of the respondents are in social Class II and their income is between 5 and 15 thousands Riyals per month. The high percent in parity was for those who had a number of children from 2-4, 230 (46.0%) with a mean of 1.94 ± 0.758 child. As for the husbands, their age ranged between 15 to 45 years of age, 201 of which were aged between 25 to 35 years of age (40.2%). Results showed that the majority of participants (99.2%) of women in the study heard and had knowledge of contraception. Concerning methods known, all the women interviewed known at least more than 2 methods of contraception The best known methods was the oral pill (435, 87.0%) followed by the IUCD (337, 67.4%). Whereas, the least method known was spermicidal (23, 4.6%). Other methods such as vasectomy and implant were least commonly known by most respondents

**Table II:** Knowledge, methods known, and source of knowledge of contraception among respondents

Variables	Frequency	Percent
<b>Heard about contraceptives</b>		
No	4	0.8
Yes	496	99.2
<b>Oral pill</b>		
No	65	13.0
Yes	435	87.0
<b>Condom</b>		
No	321	64.2
Yes	179	35.8
<b>Safe period</b>		
No	390	78.0
Yes	110	22.0
<b>Implant</b>		
No	454	90.8
Yes	46	9.2
<b>Spermicidal</b>		
No	477	95.4
Yes	23	4.6
<b>Withdrawal</b>		
No	442	88.4
Yes	58	11.6
<b>Injection</b>		
No	327	65.4
Yes	173	34.6
<b>Tubal ligation</b>		
No	440	88.0
Yes	60	12.0
<b>Traditional methods</b>		
No	394	78.8
Yes	106	21.2
<b>IUCD</b>		
No	163	32.6
Yes	337	67.4
<b>Vasectomy</b>		
No	472	94.4
Yes	28	5.6
<b>Patch</b>		
No	395	79.0
Yes	105	21.0
<b>Breastfeeding</b>		
No	367	73.4
Yes	133	26.6
<b>Total</b>	<b>500</b>	

Source of information		
TV	88	17.6
Radio	6	1.2
Books & magazines	25	5.0
Internet	85	17.0
Doctor/Health workers	154	30.8
Parents	29	5.8
Husband	14	2.8
Sister/Brother	68	13.6
Friends	31	6.2
X ± SD	5.35±2.776	
<b>Total</b>	<b>500</b>	

(28, 5.6% and 46, 9.2%). When asked about their source of information on contraception, for the majority of participants (204 subjects, 40.8%) was the media like TV, the radio, internet, local news, newspapers and magazines. For 154 subjects (30.8%), the source of information was health personnel. 142 subjects (28.4%) received their information from social circles. (Table II).

Majority of 398 (79.6%) had favorable attitude while 102 (20.4%) were not in favor towards contraceptive methods. Regarding the practice of contraception, 123 (24.6%) were not practicing, 161 (32.2%) of respondents were using pills. 77 (15.4%) used IUCD, while tubal ligation was done for 3 (0.6%) (Table III).

Multiple responses to the reason for non-use were given by the interviewed women. They were primarily the desire for more children (10.2%), the fear of side effects (6.0%), followed by husband's disapproval (3.4%), and medical reasons (1.6%). The most common reason attributed to the use of contraceptives was to prevent pregnancies (32%). Followed by spacing (28.4%), then husbands' orders (8.2%), and medical disorders (3.4%) (Table IV).

#### **Discussion**

Socio-demographic determinants, such as age, rural/urban residence, women's education or family income and cultural influences are variables indirectly associated with contraception through their effects on the behavior of women and their health status. The effect of these factors is well documented in other similar studies<sup>8,9</sup>.

The results of the current study revealed that the knowledge for contraception was (99.2%), which is comparable to a study done by Farrag OA<sup>2</sup> in

**Table III:** Distribution of the respondents according to their attitudes towards contraception and methods of practice of contraception

Attitude towards contraception	Frequency	Percent
Not in favor	102	20.4
In favor	398	79.6
Methods practice	Frequency	Percent
No practice	123	24.6
Oral pill	161	32.2
Condom	32	06.4
Safe period	37	07.4
Implant	05	01.0
Spermicidal	03	00.6
Withdrawal	05	01.0
Injection	09	01.8
Tubal ligation	03	00.6
Traditional	22	04.4
IUCD	77	15.4
Patch	02	00.4
Breastfeeding	21	04.2
<b>Total</b>	<b>500</b>	<b>100.0</b>

**Table IV:** Reasons of the use and rejection of contraception among respondents

Options for NOT using	Frequency	Percent
Fear of side effects	30	06.0
Medical reason	08	01.6
Husband's opposition	17	03.4
Prohibited by religion	03	00.6
Ashamed to buy	01	00.2
Irregular sexual relation	01	00.2
Lack of information	07	01.4
Desire for more children	51	10.2
Lack of knowledge where to get it	01	00.2
Expensive	03	00.6
On treatment for infertility	01	00.2
Used	377	75.4
Total	500	100.0
Options for using	Frequency	Percent
To prevent pregnancies	160	32.0
To prevent STDs	08	01.6
Spacing of births	142	28.4
Husband's order	41	08.2
To prevent both pregnancies & STDS	09	01.8
Medical disorders	17	03.4
Not used	123	24.6
Total	500	100.0

the Eastern Province of Saudi Arabia. Also in a Lahore study (Pakistan)<sup>10</sup>, contraceptive knowledge rate was 99%, which supports our study. On the other hand, our findings are somewhat high, compared with those reported by an Indian study which revealed a knowledge rate of 82.2%<sup>11</sup>.

Fikree *et al.* stated that women were more likely to use contraceptives when messages of family planning were delivered through the media<sup>12</sup>. The media, like television, the internet, and newspapers, played a major role in raising awareness: 40.8% responded in the present study as getting information through such media. Other studies by Jabbar *et al* and Khawaja *et al*, have also noticed similar findings in which multimedia and family planning workers were the main sources of knowledge regarding contraception in the community<sup>4,13</sup>.

In contrast to our findings, other studies reported relatives and friends being the major source of information<sup>14,15</sup>. Overall, the media seems to play a major role in providing information regarding contraception and could do more by spreading practical information. Also, health personnel (30.8%) and social circles (husband, friends and relatives) (28.7%) have contributed to impart knowledge for contraception in our study. This is different from the Indian study, which showed that the social circle (70%) and the media (39%) were the main sources of information<sup>11</sup>.

It is interesting to find that 79.6% of the women approve of and have a positive attitude towards contraception. This shows that women are in favor of contraception, which is almost the same and comparable to studies done by Al-Sekait MA<sup>8</sup>, among Saudi Arabian women; an India study has already described similar findings<sup>11</sup>.

The contraceptive usage in our study was (75.4%), compared to the KAP survey conducted in 1999 by Al-Sekait, M.A and Ogbeide, DA, and the prevalence of contraceptives among married women has increased by 35%, but is nearly equal to that found by Al-Turky HA 2011 in Saudi Arabia (74%)<sup>3</sup>. To the contrary, in Baghdad, the contraceptive prevalence rate was (28.40%)<sup>16</sup>, in Qatar (47.8%)<sup>17</sup> and in India 45%,<sup>18</sup> which is a very low prevalence rate compared with our study.

The present study reveals that, OCP is the most commonly used method, followed by IUCD, injectables, safe period and other methods, which is similar to that in other studies. Their preference is based on the belief that they are safe and easy methods<sup>9</sup>.

The study shows that, the desire for more children, fear of side effects, and husband' opposition are the main reasons for not using contraceptives among the respondents, a finding that has been similar to and comparable with other studies<sup>12-14</sup>, the reasons given for non-use are fear of side effects and personal or husbands' attitudes towards contraception and women's desire for more children.

### **Conclusion**

The study concludes that a significant proportion

of respondents have good knowledge and favorable attitude towards contraception. But the practice of using contraception is low. The main reason for not using contraception is the desire for more children. Socio-demographic factors like the education level and husbands' support of contraception are found to influence the use of contraceptive methods among our respondents.

**Conflict of interest:** None

### **References:**

1. Khan A, Hashmi H, Naqvi E. Awareness and practice of contraception among child bearing age women. *Journal of Surgery Pakistan*. 2011; **16** (4).
2. Farrag O.A. et al. Attitude towards fertility control in the Eastern province of Saudi Arabia. *Saudi Med J*, 1983; **4**(2): 111-116.
3. Al-Turki HA. Contraception: attitudes and experiences of Saudi Arabian women. *Health Care for Women International*. 2011; **32**:134 – 139.
4. Jabbar FA, Wong SS, Al-Meshari, AA. Practice and methods of contraception among Saudi women in Riyadh. *Fam Pract*. 1988; **5**(2):126–8.
5. Roudi-Fahimi F, Abdul Monem A, Ashford L, El-Adawy, M. Women's need for family planning in Arab countries. 2012. *Pan Arab Project for Family health at Arab States Regional Office*.
6. U.S. Census Bureau, International Data Base. Midyear Population, by Age and Sex. Saudi Arabia 2007.
7. Lwanga SK, Lemeshow S. Sample size determination in health studies. A practical manual. WHO, Geneva, 1991.
8. Al-Sekait, M.A; Prevalence of contraception used among Saudi Arabian women. *Saudi Med J*. 1999; **20**(9): 687-690.
9. Ogbeide, DA: Profile of acceptors of contraception in a family practice clinic. *Saudi Med J*; 1999; **2**(10): 817-818.
10. Humayun S. Knowledge and practices of family planning in grand multiparas. *J Coll Physicians Surg Pak* 2002; **12**: 522-5.
11. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP Survey). *J Obstet Gynecol India* 2005; **55**: 546-50.
12. Fikree FF, Khan A, Kadir MM, Sajan F, Rahbar MH. What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan? *Int Fam Plann Perspect* 2001; **27**:130-6.
13. Khawaja NP, Tayyab R, Malik N. Awareness and practice of contraception among Pakistani women attending tertiary care hospital. *J Obstet Gynecol* 2004;**24**:564-7.
14. Chopra S, Dhaliwal L. Knowledge, attitude and practices of contraception in urban population of North India. *Arch Gynecol Obstet* 2010; **281**:273-7.
15. Omo-Aghoja LO, Omo-Aghoja VW, Aghoja CO, Okonofua FE, Aghedo O, Umueri C, Otayohwo R, Feyi-Waboso P, Onowhakpor EA, Inikori KA. Factors associated with the knowledge, practice and perceptions of contraception in rural Southern Nigeria. *Ghana Med J* 2009; **43**:115–21.
16. Hussain, H. et al. Field survey on maternal health of Al-Rashdia villages in Baghdad. *J. Com. Med. Iraq*. 1995; **9**(2): 91-93.
- 17.12. Arbab AA, Bener A, AbdulMalik M. Prevalence awareness and determinants of contraceptive use in Qatari women. *East Mediterr Health J* 2011; **17**:8-11.
18. Bhasin SK, Pant M, Metha M, Kumar S. Prevalence of usage of different contraceptive methods in East India: A cross sectional study. *Indian J Community Med* 2005; **30**:53-5.