

**Attitude of university students towards family planning**  
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**Abstract**

**Background:** Attitude towards fertility regulation, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning. In addition community participation in planning and prioritization is an important aspect of family planning programme. To implement such programme, population acceptance is mandatory.

**Objectives:** This study was conducted to assess attitude of the university students towards family planning programme in future.

**Subjects and method:** A sample of 1900 students were randomly selected from five of the 15 colleges in Basrah University and interviewed according to special questionnaire.

**Results:** Most of respondents (71.7%) had a favorable attitude towards family planning. A significant association was found between student's attitude and certain socio-demographic and family characteristics, those were: female sex, being married, scientific colleges, urban residence and father's educational attainment. 25.3% of students approved future use of family planning and oral contraceptive pills was the most preferred method by respondents (15.6%). About 84.0% believed that decision-making regarding use of family planning methods was a joint process and 61.7% believed that religion is not against family planning.

**Conclusion:** More than one quarter of university students showed a negative attitude towards family planning programme which was similar to other studies in the nearby countries. Such negative attitude reflects the weakness of reproductive health education among future parents.

**Key words:** Attitude, family planning, Basrah, University students

**Introduction**

Fertility regulation is an important and effective means of improving the health of mothers and children. Since 1960, fertility has declined substantially in developing countries; increased practice of contraception is the primary direct cause of this historic development.<sup>(1)</sup> It is assumed that national family planning programmes have played a significant role in reducing the total fertility rate in the developing world from an average of six births per woman in the late 1960s to three births by the end of the 20<sup>th</sup> century.<sup>(2)</sup> Fertility is directly influenced by a set of social and biological factors, such as woman's age, education level and age at marriage, economic status, religious attitude, and use of contraceptives.<sup>(3,4)</sup>

WHO defined family planning programme as "a programme that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births".<sup>(5)</sup> Family planning, as an essential component of primary health care and reproductive health, contributes to reducing maternal and newborn morbidity and mortality and transmission of HIV.<sup>(6)</sup> Attitudes towards fertility regulation, access to the means of fertility regulation and communication between husband and wife about desired family size and timing of pregnancy are essential for effective family planning.<sup>(7)</sup> Acceptance of family planning methods varies within and between societies.<sup>(4,8)</sup> and is influenced by a complex interaction among many socio-cultural and demographic factors at the level of individual, family and society.<sup>(7,9)</sup> Children are a blessing from God, was the main reason for the refusal of contraceptive use.<sup>(10)</sup> The most commonly reported barriers to contraceptive use are lack of knowledge, health concerns, and social

disapproval.<sup>(11)</sup> Religion plays an important role in determining the attitude of the people in limiting the fertility.<sup>(13)</sup> Education, on other hand, is the most dynamic and influential tool for inducing a positive attitude among couples towards the methods and measures of family planning.<sup>(9, 12,14)</sup> Throughout the last four decades, data from different sources indicated a high level of fertility in Iraq and Basrah. In a study carried out on married women aged 15-50 years in Southern Iraq in two governorates, it was found that the average age at marriage was 18.2 years and a woman had average 4 lives births in Thi Qar and 4.4 in Basrah <sup>(15)</sup>. A study carried out in Basrah in 2008 indicated a fairly high fertility, a high desired number of children but a tendency for declining overall fertility rate during recent decades.<sup>(16)</sup> It is expected that universal availability of university education will much affect the pattern of fertility. Furthermore, the better educated members of society are most likely to be the agent of change that will encourage the diffusion of fertility regulation.<sup>(17)</sup> The present study was carried out to assess attitude of students in Basrah University towards family planning in the future.

**Subjects and Methods**

This study is a descriptive cross-sectional one which was conducted in Basrah city on university students for the period from 25<sup>th</sup> of February 2011 to 10<sup>th</sup> of May 2011.

**Subjects:**

The participants were university students in Basrah University. This restriction was adopted to assess the attitude of the future potential parents towards family planning programme and the desired family

size in future. In addition, up to our knowledge, no study had been done before on young unmarried group of people in Basrah.

#### **Sampling and sample size:**

A list of colleges in Basrah University was obtained (a total of 15 colleges), then five colleges were chosen by multistage sampling procedure (Arts, Historical Studies, Economic and Administration, Education and Medicine). From all departments of the first four colleges and College of Medicine, a random sample was drawn. The sample size was calculated according to the following equation:

$$N = \frac{(Z)^2 \times P(1-P)}{SE^2}$$

Where  $N$  is the desired sample size,  $Z = 1.96$  the level of significance at 95%,  $P$  = is the prevalence of the dependent variable in the community,  $SE$  = is the level of error tolerated at 0.05 level.

Based on the above calculation the estimated sample size that is required is 1893 students. The sample size was extended to 1900 students; 380 students from each selected college.

#### **Methods:**

A special questionnaire was used to cover first socio-demographic characteristics of students including the age which was written in completed years at last birthday, sex, college, marital status which was grouped as married and unmarried, and place of residence which was either urban or rural. Second family characteristics of students including academic attainments of the student's parents, economic level and number of siblings and family members the students have. Third student's attitude towards family planning including either positive or negative attitude, future use of family planning

methods and the preferred method, decision maker regarding the use of these methods and the students' opinion about religion's attitude towards family planning. The collected data were coded and analyzed using the Statistical Package for Social Science (SPSS-Version 15), the data were presented in simple self explanatory tabulation and frequencies were calculated. Chi-squared test ( $\chi^2$ ) or Fisher's exact test was conducted where appropriate to determine the association between different variables, a P-value of  $< 0.05$  was considered to be statistically significant.

## **Results**

### **Characteristics of the studied students**

The age of the respondents ranged between 18 and 32 years with a mean of  $21.1 \pm 2.0$  years, females represent 62.5% and 92.8% were unmarried at the time of study. About two thirds (67.4%) were from urban areas.

### **Attitude towards family planning**

Most of the participants (71.7%) had a positive attitude towards family planning programme. However, when the attitude was examined against a number of variables, clear variations were detected as shown in Tables 1-3. Positive attitude was significantly more prevalent ( $P < 0.05$ ) among female students, married students and students from urban areas. A significant but inconsistent variation in attitude was also observed in relation to students from different colleges and father education. On the other hand, no signification association could be seen between attitude and each of mother education and student age ( $P > 0.05$ ).

(Table 1) The relationship between students' attitude and sex, marital status, place of residence and

Variable	Attitude				Total		
	Positive		Negative		No.	%	
	No.	%	No.	%	No.	%	
<b>Sex</b>	Male	488	68.5	224	31.5	712	100.0
	Female	875	73.7	313	26.3	1188	100.0
$\chi^2 = 5.74$ df=1		P<0.05					
<b>Marital status</b>	Married	121	88.3	16	11.7	137	100.0
	Unmarried	1242	70.4	521	29.6	1763	100.0
$\chi^2 = 20.03$ df = 1		P < 0.01					
<b>Residence</b>	Urban	943	73.7	337	26.3	1280	100.0
	Rural	420	67.7	200	32.3	620	100.0
$\chi^2 = 7.24$ df = 1		P < 0.01					
<b>College</b>	Arts	258	67.9	122	32.1	380	100.0
	Historical Studies	283	74.5	97	25.5	380	100.0

Economic/Administration	235	61.8	145	38.2	380	100.0
Education	288	75.8	92	24.2	380	100.0
Medicine	299	78.7	81	21.3	380	100.0
$\chi^2 = 34.65$		df = 4		P < 0.01		
Total	1363	100.0	537	100.0	1900	100.0

(Table 2) The relationship between attitude and parents' education

A. Father's Education	Attitude				Total	
	Positive		Negative		No.	%
	No.	%	No.	%	No.	%
Primary or less	139	76.8	42	23.2	181	100.0
Intermediate	216	66.1	111	33.9	327	100.0
Secondary	268	77.7	77	22.3	345	100.0
Higher education	740	70.7	307	29.3	1047	100.0
<b>Total</b>	1363	71.7	537	28.3	1900	100.0
$\chi^2 = 14.1$		df = 3		P < 0.01		
B. Mother's Education	Attitude				Total	
	Positive		Negative		No.	%
	No.	%	No.	%	No.	%
Primary or less	418	70.7	173	29.3	591	100.0
Intermediate	283	69.5	124	30.5	407	100.0
Secondary	268	71.5	107	28.5	375	100.0
Higher education	394	74.8	133	25.2	527	100.0
<b>Total</b>	1363	71.7	537	28.3	1900	100.0
$\chi^2 = 3.67$		df = 3		P > 0.05		

(Table 3) The relationship between students' attitude and the age

Age	Attitude				Total	
	Positive		Negative		No.	%
	No.	%	No.	%	No.	%
18 – 20	532	70.1	227	29.9	759	100.0
21 – 23	718	72.4	274	27.6	992	100.0
24 +	113	75.8	36	24.2	149	100.0
<b>Total</b>	1363	71.7	537	28.3	1900	100.0
$\chi^2 = 2.5$		df = 2		P > 0.05		

**Future use of family planning methods**

Nearly one quarter of participants approved the future use of family planning methods but most of them did not know whether to use them or not (Table 4 A). Oral contraceptive pills was the most preferred method by respondents (15.6%) followed by intra-uterine device (3.0%) but most of participants did not know any method (Table 4 B). Most of respondents (83.9%) believed that decision-making regarding use of family planning methods was a joint process (Table 5) and 61.7% believed that religion is not against family planning programme (Table 6).

(Table 4) Future use of family planning and preferred method

A. Future Use	Male		Female		Total	
	No.	%	No.	%	No.	%
Will use	191	26.8	289	24.3	480	25.3
Will not use	23	3.2	20	1.7	43	2.2
Don't know	498	70.0	879	74.0	1377	72.5
<b>Total</b>	712	100.0	1188	100.0	1900	100.0
$\chi^2 = 6.81$		df = 2		P < 0.05		
B. Preferred method	Male		Female		Total	
	No.	%	No.	%	No.	%
Don't know any method	521	73.2	899	75.7	1420	74.7

Oral C.C Pills	107	15.0	189	15.9	296	15.6
Injectable C.C	8	1.1	27	2.3	35	1.8
Intrauterine C.C Device	22	3.1	35	2.9	57	3.0
Male Condom	28	3.9	2	0.2	30	1.6
Safe period	3	0.4	31	2.6	34	1.8
Breast feeding	1	0.1	1	0.1	2	0.1
Coitus interruptus	22	3.1	4	0.3	26	1.4
Tubal ligation	0	0	0	0	0	0
<b>Total</b>	712	100.0	1188	100.0	1900	100.0
Fishers exact test = 84.23 P < 0.01						

**(Table 5) Decision maker for using family planning methods**

Decision Maker	Male		Female		Total	
	No.	%	No.	%	No.	%
Man	149	20.9	47	4.0	196	10.3
Woman	4	0.6	106	8.9	110	5.8
Both	559	78.5	1035	87.1	1594	83.9
<b>Total</b>	712	100.0	1188	100.0	1900	100.0

$\chi^2 = 181.98$

df = 2

P &lt; 0.01

**(Table 6) Religions attitude from family planning programme**

Religion Attitude	Male		Female		Total	
	No.	%	No.	%	No.	%
Against	53	7.4	74	6.2	127	6.7
Not against	437	61.4	736	62.0	1173	61.7
Don't know	222	31.2	378	31.8	600	31.6
<b>Total</b>	712	100.0	1188	100.0	1900	100.0

$\chi^2 = 1.06$

df = 2

P &gt; 0.05

**Discussion:**

Analysis of the results showed that approximately (72.0%) of respondents had favorable attitude towards family planning which is nearly similar to the study done on males teacher in Iran<sup>(18)</sup> and lower than that in other studies.<sup>(19-21)</sup> The results indicate that the participants' attitude towards family planning programme was statistically related to the respondents' sex, college, marital status, place of residence and educational level of their mothers.

Although most of respondents had a positive attitude towards family planning, most of them (72.5%) are uncertain yet whether to use or not these methods in the future. Nearly one quarter of them approved future use of family planning methods which is lower than that showed in other studies: in Iran (97.0%)<sup>(18)</sup> and in Orissa City- India (33.0%).<sup>(19)</sup> About 16.0% of participants preferred oral contraceptive pills in future while in other studies the leading method to be used in the future was condom (66.0%).<sup>(19)</sup> Nearly 84.0% of respondents believed that decision-making regarding use of contraceptive methods was a joint one among men and women. The importance here is that the respondents didn't believe that the decision should be made by only the man or only the woman. These results are supported by other studies.<sup>(20-22)</sup> Most of

respondents believed that religion is not against family planning. Such combination of high percentages of students with positive attitude and the belief that religion is not against family regulation, together with widely spread education is expected to enhance the acceptance and actual use of family planning in the future. However, the poor knowledge about various methods and the uncertainty of whether to use these methods or not in the future is a drawback. Educational activities are needed to improve future parent's knowledge of family planning methods and to facilitate their decision-making and decision taking processes about such future practice. Actually such educationally activities are highly required given the fact that the participants expressed clear view about their preference of getting married after basic university education, smaller family size and sufficient pregnancy spacing (results are not shown in this paper) Such results are also indicated in other studies.<sup>(20, 23)</sup>

As a result we can conclude that the fairly high proportion of participants that showed a negative attitude towards and poor knowledge of important aspects of family planning was due to low level of reproductive education among them. The results of this study is study could serve as a pilot study for

subsequent surveys and help in enhancing better

practice of reproductive health in Iraq.

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