



## Knowledge, Attitude and Practice of Family Planning Among Married Couples Living in Farah Omar District, Burao, 2024

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### ABSTRACT

This cross-sectional study assessed the knowledge, attitudes, and practices related to family planning among 134 married couples in the Farah Omar district of Burao. Data were collected using structured questionnaires and analyzed through descriptive statistics with SPSS version 23. The study found that most couples had a high level of awareness and a positive attitude toward family planning. However, actual usage of family planning methods was low, possibly due to educational levels. A systematic random sampling method was used for participant selection

## INTRODUCTION

### Introduction of the Study

Family planning, or child spacing, allows couples to determine the number and timing of their children. The process involves the calculated spacing and limitation of births using contraception (WHO, 2020). Family planning (FP) also addresses maternal reproductive health, including appropriate birth spacing, preventing unintended pregnancies and abortions .

Preventing sexually transmitted infections (STIs), enhancing the overall well-being of the mother, fetus, and family (WHO, 2020). Individuals and couples voluntarily adopt family planning as a lifestyle based on informed decision-making, encompassing knowledge and responsible choices. Family planning involves a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods (Okech, 2011). Family planning addresses the reproductive health of the mother, promoting adequate birth spacing, preventing unwanted pregnancies and abortions, preventing sexually transmitted diseases, and enhancing the quality improvement of life for the mother, fetus, and the entire family (Puri, 2016). Knowledge of family planning methods among women of reproductive age is often limited or inaccurate. While some contraceptive options may be known, comprehensive information regarding their procurement and use remains elusive. Negative attitudes towards family planning are prevalent among some women, often stemming from inaccurate information. An assessment of the knowledge, attitudes, and practices (KAP) regarding family planning (FP) among women of reproductive age in the South Achefer District, Northwest Ethiopia, is the objective of this research (UNFPA, 2013).

"Attitude" is not explicitly defined within the framework of Family Planning, nor is it mentioned in the 2007 WHO handbook, aside from the context of providing contraception to women following miscarriage or abortion. According to the World Health Organization (2020), family planning enables individuals and couples to determine their desired family size, as well as the spacing and timing of births.

### Background of the Study

The global utilization rate of family planning methods among married women aged 15 to 49 is 62%, with modern methods comprising 56% of this figure. Current contraceptive technology offers a range of choices, including oral contraceptives, intrauterine devices, implants, injectables, condoms, and sterilization. High-income countries exhibit substantially greater rates among women (67% and 60%, respectively) in comparison to low-income countries (34% and 29%, respectively). This difference can be attributed to unequal access, availability, and demand for modern contraceptive methods. The adoption of family planning methods by married women displays substantial cross-national disparity, with rates ranging from 4% in South Sudan to 88% in Norway (Nworah, 2019). East and Southern Africa have witnessed considerable advancements in national family planning programs in recent decades; however, challenges remain. While fertility rates have fallen in the region, the average remains substantial, at 4.8 children per woman of reproductive age (Njau, 2016). Four nations within the region (Mauritius, Seychelles, Botswana, and South

Africa) have attained low fertility rates, averaging 2.4 children per woman of reproductive age. A reduction in fertility has been observed in four more countries: Lesotho, Namibia, Swaziland, and Zimbabwe. The average fertility rate is 3.3 children per woman. High fertility rates persist in the region's remaining fifteen countries – Angola, Burundi, Comoros, Democratic Republic of the Congo, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, and Zambia – with a mean of 5.2 children per woman (Kamala, 2018). Due to the scarcity of dependable local data on family planning, this study seeks to ascertain the knowledge, attitudes, and practices concerning family planning among couples residing in the Farah Omar district of Burao.

### **Problem Statement**

Inadequate or inappropriate family planning methods, coupled with negative attitudes towards these practices, contribute significantly to unplanned pregnancies, thereby elevating maternal and infant mortality rates in numerous countries (UNICEF, 2006). The lack of family planning use is a significant factor in child and maternal deaths. While most communities recognize the importance of family planning in reducing these deaths, resistance to modern methods persists among some religious leaders (Mwaikambo, 2019). High child mortality and a lack of family planning create a cycle resulting in high fertility rates and significant maternal mortality. Interruption of this cycle is achievable via interventions focused on reducing child mortality and promoting family planning. A strong correlation exists between parental confidence regarding child survival and the number of offspring they wish to have. Family planning initiatives demonstrably reduce child and maternal mortality rates (Oni, 2015). A significant gap exists within the literature concerning mortality data due to the reliance on primarily facility-based datasets. A comprehensive evaluation of community-based confidential inquiries is lacking (Puri, 2016).

### **Scope of Study**

This research will be conducted between February and July 2024 in the Togdher region, specifically in Burao city, among married couples residing in the Farah Omar District. The study will focus on assessing the knowledge, attitudes, and practices related to family planning among these couples.

### **Objective of the Study**

#### **Major Objective**

To determine the knowledge, attitudes, and practices of family planning among married couples living in the Farah Omar district in 2024.

#### **Specific Objectives**

- To assess the knowledge of family planning among married couples in the Farah Omar District.
- To evaluate the attitudes towards family planning among married couples in the Farah Omar district.
- To determine the practices of family planning among married couples in the Farah Omar District.

## **LITERATURE REVIEW**

### **Introduction**

Among the 1.9 billion Women of Reproductive Age group (15-49 years) worldwide in 2019, 1.1 billion have a need for family planning; of these, 842 million are using contraceptive methods, and 270 million have an unmet need for contraception (Stone, 2013)The proportion of the need for family planning satisfied by modern methods, Sustainable Development Goals (SDG) indicator 3.7.1, has stagnated globally at around 77% from 2015 to 2020 but increased from 55% to 58% in the Africa region (Rondini,2019) Only one contraceptive method, condoms, can prevent both a pregnancy and the transmission of sexually transmitted infections, including HIV.Use of contraception advances the human right of people to determine the number and spacing of their children.(WHO,2020)

### **Definition of Family Planning**

Family planning is "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility."(WHO,2020)

### **Types of family planning**

#### **Hormonal**

- Batch
- Implant
- Pills
- Injectable
- IUD

#### **Natural**

- LAM
- Calendar method
- Withdrawal
- Abstinence

#### **Artificial**

- Male condom
- Female condom
- Diaphragm
- Spermicides

#### **Sterilization**

- Male sterilization
- Female sterilization (WHO,2020)

### **Knowledge of Contraceptive Methods in Somaliland**

Birth spacing is directly related to a woman's knowledge of contraception. Individuals who have sufficient information on available contraceptive methods can make informed decisions about birth spacing. Therefore, it was important to assess the extent of knowledge of birth spacing methods among women of reproductive age. Information on contraceptive methods was collected by asking ever-married women if they had heard about the 14 different contraceptive methods that may be used to delay or avoid a pregnancy.

Eighty- one percent of women know of a contraceptive method, modern methods are more widely known than traditional methods at 80 percent and 25 percent respectively.

The most known method reported by both ever married women and currently married women is Lactational amenorrhea (LAM) at 73 percent followed by pills at 58 and 57 percent among the ever married and currently married women respectively and injectables at 53 and 52 percent among the ever married and currently married women respectively. The least known method is emergency contraception by 9 percent and standard days method by 12 percent of the currently married women (SLDHS,2020)

### **Practice of Contraceptive Methods in Somaliland**

This section presents information on the use of contraception among currently married women aged between 15-49 years and is an important measure of the success of birth spacing programs. The Contraceptive Prevalence Rate (CPR) is usually defined as the percentage of currently married women who are currently using contraception.

Seven percent of the currently married women are using a form of birth spacing. Five percent of the currently married women are using traditional methods and 1 percent are currently married using a modern method. Ninety-four percent of the currently married women are not currently using any contraception. Based on women's age categories contraceptive use is highest among married women of age 15-19, lowest among those above 40 years with none in the age group 45-49 using any method. (SLDHS,2020)

### **Knowledge of Family Planning**

knowledge does not translate into actual use. This is probably due to the fact that awareness about benefits of family planning is lacking as seen in our study in which 34% of women were not aware about the benefits of family planning probably because of lack of education about available contraceptive methods Nepal (Puri, 2016).

The study showed that 98% (153/156) of the students had knowledge about family planning and 86% (134/156) of them had heard about contraceptives and 69% knew about the source of availability of contraceptives. 73% (115/ 156) had gained information about family planning and contraception from the media, 33% from newspapers, 32% from friends and 21% from health personnel India (Ochieng, 2011).

knowledge respectively. Nearly half of the respondents reported relatives (mothers, sisters, and sisters in law ...etc.) as their main source of information, personal knowledge respectively. Nearly half of the respondents reported relatives (mothers, sisters, and sisters in law ...etc.) as their main source of information, personal experiences were the second stated source. All variables showed significant associations with knowledge, except duration of marriage Baghdad (Upreti, 2019)

The women were asked an open-ended question about what family planning meant to them. The results showed that the concept of family planning

was not well understood by women in the southern region of Jordan (Mahat,2020)

All of participants ever heard about family planning methods. The major sources of information were from health workers (57.5%) and radio (41.5%). Regarding Northwest Ethiopia (Kibret,2013)

More than two third, 213 (67.4 %) of respondents who participated in this study had adequate level of knowledge on family planning services compared to 103 (32.6 %) who had inadequate level of knowledge. Being in a lower class compared to a higher class was associated with inadequate knowledge on family planning services, and the difference was found to be statistically significant (41.9 % vs. 16.7 %;  $p < 0.02$ ). Students from co-education schools were more likely to have inadequate knowledge compared to those from non-co-education schools, and the difference was statistically significant (42.4 % vs. 22.8 %;  $P < 0.0001$ ) Tanzania (Mung'ong'o,2010)

The concept of family planning was well known to respondents:760 (94%) women and 795 (98%) men responded ever having heard of it. The median number of methods of contraception that were known among men was 5 (IQR = [2;8]) which was the same among women 5 (IQR = [3;6]); the mean was 5.4 for both sexes (95%CI<sub>men</sub>= [5.2;5.7] and 95%CI<sub>women</sub>= [5.2;5.5]). As such, there was no statistical difference between the sexes ( $p = 0.6585$ ). Different levels of knowledge were found across the kebeles: only 3of the 265 (1%) respondents in Haro knew more than 5 methods of contraception compared to values ranging from 34% to 60% for the other kebeles. No relationship was found between knowledge level and age, religion or ethnic affiliation. Formal education on the other hand, was associated to a higher knowledgeability about contraceptive methods (aOR = 2.07,  $p,0.001$ ), in particular among women (aOR<sub>women</sub>= 2.77 vs. aOR<sub>men</sub>= 1.49;  $p,0.01$ ) Method-specific knowledge levels varied from 12% for vaginal contraceptives (diaphragm, foam, jelly) to 94% for injectable contraceptives. Differences were found between men and women Ethiopia (Kirby,2019)

Only short-term hormonal methods like the contraceptive pill and injectable contraceptives were consistently well known by both sexes. Least known were the permanent methods, traditional methods and emergency contraception. Major differences between women and men were noted for the long-term hormonal methods ( $\chi^2(1, N = 1622) = 217.96, p,0.001$ ) and emergency contraception ( $\chi^2(1, N = 1622) = 140.12, p,0.001$ ). A total of 1064 (68%) respondents knew how to use contraceptives, with more women (77%) being knowledgeable about it than men (58%) ( $\chi^2(1, N = 1622) = 67.42, p,0.001$ ). Similarly, knowledge on contraceptive use decreased with increasing age even when correcting for sex (aOR<sub>per additional year of life</sub>= 0.98;  $p = 0.003$ ) 517 (64%) ever used a method of contraception; 350 (43%) were using contraception at the time of the survey. This difference in contraceptive use between men and women was corroborated by the focus group discussions as these showed that both married women and men mostly considered contraceptive use as a woman's task Ethiopia (Masatu,,2013)

knowledge on family planning approximately 40.0% of the respondents knew the family planning but 60% of the respondents don't know what family planning is. 13.3% of the respondents got the information from hospital, 10.0% of the respondents got information from friends, 7.3% of the respondents got information from health workers, while 6.0% of the respondents got information from radio and 3.3% of the respondents got information from relatives Somalia(MOH,2013)

The results from the household survey, the focus group discussions and key informant interviews indicate that most people have low knowledge of contraceptive methods. They also point to the fact that education and instructions on FP, including information on the availability of different types of contraceptives, have been inadequate. Sensitisation and awareness-raising efforts should target both adults and adolescent boys and girls, and promote public debate Djibouti (MoEVT,2011)

The gap between men's and women's knowledge of family planning is greater where overall knowledge of family planning is lower. This may reflect the relative status of men and women and/or the stage of family planning programme development in those countries. According to the Centre for African Family Studies (CAFS) Research Report no.2 of 1995, a high proportion of Kenyan men know about family planning and what it means Kenya (Kamala,2016).

#### **Attitude on Family Planning**

The majority (88.5%) of the respondents ever discussed on family planning issues with their partners and wants to use it in the future. About 24.5% of the participants reported that they believe family planning exposes to infertility. Almost 23 (22.8%) of study participants reported that using family planning contradicts with their religion and culture. Regarding the overall attitude, 224 (58.8%) of the participants had favorable attitude and 157 (41.2%) had unfavorable attitude towards family planning.( Kibret, 2013)

It is noticeable that respondents showed a positive attitude toward family planning. More than half of the respondents (52.8%) said that they considered family planning for the health of the mother and their children. Almost 35% said that women should know about family planning as it is a specific issue for women's health. In addition, 8.8% said they addressed family planning for their own standard of living. This may be due to the scarcity of resources, an environment in which children may be viewed as resource consumers who affect the living standard of the family. Though almost all respondents demonstrate positive attitudes in discussing family planning, some respondents disapprove of unmarried or single women discussing contraception.(Kirby,2019)

The mean score for overall attitude of FP was 4.0 ( $\pm 2.5$  SD), and more than half (52.3%, 95% CI: 50.5%, 54.1%) of the respondents had a favorable attitude (above mean score) towards FP. The mean attitude score of FP also differed by location of residence where 4.5 ( $\pm 2.4$  SD) for urban residents and 3.8 ( $\pm 2.5$  SD) among rural dwellers. Meanwhile, there was a high regional variation in attitude

mean score of FP with the lowest score in Somali ( $2.4 \pm 1.8$  SD) and highest score in BG ( $5.8 \pm 2$  SD) (MoH, 2013)

### **Practice of Family Planning**

Contraceptive use varies widely within countries as well. In most, a higher proportion of urban than rural couples use contraception; the distinction is particularly stark in Syria, where 34 percent of urban, but only 5 percent of rural, women were using contraception in 1978. In the Ivory Coast, Kenya, and Mexico, contraceptive use in rural areas is roughly half the rate in urban areas, and in Egypt it is less than a third E & Asia (UNAIDS,2011)

Most students thought that contraceptives were used to prevent unwanted pregnancy (35%) and for birth spacing (30%). 26% thought that the contraceptives could be used to have a child when required and about 23% thought that they could be used to prevent infections. 71% (111/156) of students thought that contraceptive use was beneficial, 13% (21/156) thought otherwise. 78% of students wanted to adopt family planning in the future but only 52% (81/156) were willing to use some contraceptive method in the future India (Ochieng,2011)

Practices of family planning: Among the interviewed sample, 842 (84.2%) had ever used a FP method. The mean and standard deviation of ever used methods was  $1.6 \pm 1.1$  within a range of 0-6 methods Iraq [14].

Oral contraceptive pills were practiced by 9% of the women in Pakistani study. In another study conducted in rural area in Pakistan22 only 6% of the women practiced pills. Although 50% were aware about it but fear of side effects made it a less popular choice Pakistan (Stone,2013)

Women who had used family planning were asked what method they had ever used. Ever-use of contraceptive methods showed that oral contraceptive pills and the IUD were the most used methods Jordan (Mahat,2020)

Three fourth (75.3%) of study participants ever used contraceptive methods. The main types were pills (7.4%) and injectable (77.2%). The most common current reasons for not using were a desire to have a child (53.2%) and pre- furred method not available (46.8%). Almost half (50.4%) of study participants had good practice and the rest 49.6% had poor practice Northwest Ethiopia Kibret,2012

Of the 316 respondents, 187(59.2 %) were encouraged to use family planning services by their parents compared with 37(11.7%) who were encouraged by their religious leaders. However, only 5.6 % (18/316) of respondents had sought family planning services in their lifetime. Females were more likely than males to report contraceptive use (55. 6% vs. 44.4%). Out of 18 respondents, 8 (44 .4 %) reported that they sought family planning services whenever they planned to have sex. Of the 18 respondents, 8(44.4 %) seek family planning services in the past month, 6 (33.3 %) in the past one year and, 4(22.3 %) in the past 5 years respectively. The types of contraceptives used are shown in Figure 2. The most common contraceptive used by males was the condom (100%), while among females it was the injection (30%) Tanzania (Mung'ong'o,2010)

We did not consider husbands' number of children at first contraceptive use as only 4 (0.2%) males reported having ever used contraceptives. Condom

use was thus very low. Among women, same factors were also determinants for contraceptives having ever used. Reasons given by males for not using contraception included being recently married 235 (29%) and lack of knowledge of the different types of methods 235 (30%). The reason for not using contraception given by both male and females was the desire to have children (419 (51.8%) men and 203 (44%) women). Among women fear of side effects was reported by 106 (23%) as the reason for not using contraception (see Figure 1). Likewise, the qualitative findings also indicate fear of contraceptives' side effects as a barrier to use contraception by women: Ethiopia. practice of family methods approximately 43.3% of the respondents were using family planning while 56.7% of respondents were not using the family planning services in Somalia (MOH,2013)

Family Planning utilization among women is usually measured by calculating the rate of contraceptive prevalence, which is the percentage "of at risk" women of reproductive age (15-49) who are using a method of contraception. For example, there are about 850 million married couples of reproductive ages in the world, of which about 400 million are estimated to be using some method of contraception (Mauldin and Segal, 1988). Thus, the approximate rate of contraceptive prevalence in the world is 47 percent Kenya .

Importantly, it was found that (40.0%) of women practice family planning. Although this figure has increased from other studies done in the past which quoted utilization rate as 24% ever use. This percentage might have increased, especially in Khartoum Locality, due to the wide publicity which has been undertaken by both the State and the Federal Ministry of Health regarding contraception Sudan (Okech,2011).

## **METHODOLOGY**

### **Research Design**

This study was employed a community-based cross-sectional design to gather detailed and factual information. The cross-sectional approach involves using questionnaires and interviews to obtain the necessary data related to the research questions and model.

### **Study Area and Population**

The study was conducted in Burao, Somaliland, the second capital city of Somaliland. Burao is divided into four major districts, each containing six villages: Farah Omar, Mohamed Ali, Sheikh Basher, and Lixle. The study was focused specifically on the Farah Omar district, which includes eight villages: Gaha, Hodan, Manhal, Qasabka, London, Wadohawdka, Baarsiigo, and Badacas. Each village in Farah Omar has approximately 400 households, totaling around 3,200 households in the district. The study was conducted from February to July 2024 . The target population were all married couples living in Burao city, while the study population were married couples residing in the Farah Omar district. The target population for the study was 134 married couples.

### **Sampling Technique**

Systematic random sampling was used to select the study participants. Slovin's formula was used to calculate the sample size for the study's objectives. Slovin's formula:  $n = N / (1 + Ne^2)$

Where:

- $n$  = Sample size
- $N$  = Total population
- $e$  = Error margin

Substituting the values:

$$n = 134 / (1 + 134 * 0.1^2)$$

Therefore:  $n \approx 100$  respondents

### **Variables**

- Dependent variable: Knowledge, attitude, and practice of family planning
- Independent variables: Socio-demographic level (Age, Marital status, Occupation, Educational level, Income), Cultural beliefs, Religious beliefs

### **Operational Definitions**

#### **1. Knowledge:**

- Good knowledge: A participant who answers more than half of the knowledge questions correctly.
- Poor knowledge: A participant who answers half or less of the knowledge questions correctly (Nworah, 2019).

#### **2. Attitude:**

- Good attitude: A participant who answers more than half of the attitude questions positively.
- Poor attitude: A participant who answers half or less of the attitude questions positively (Nworah, 2019).

#### **3. Practice:**

- Good practice: A participant who answers more than half of the practice questions indicating positive family planning practices.
- Poor practice: A participant who answers half or less of the practice questions indicating positive family planning practices (Nworah, 2019).

### **Data Collection Methods**

Self-administered questionnaires was used to collect data from the study participants.

### **Data Analysis Tools**

Descriptive statistics, such as frequencies, percentages, and graphs, was used to analyze the study variables. SPSS version 21 was used for data entry, management, analysis, and presentation of the research findings.

### **Conclusion**

This chapter has outlined the study design, study area, sampling method, and sample size calculation. The study used a cross-sectional design with systematic random sampling. Data was collected using a validated questionnaire after obtaining informed consent from the participants.

**RESULT**

**Data Analysis and Presentation of Results**

**Introduction**

This is was presents the results of the study and it is organized into three main sections: background of the sample, examination of the research questions and a brief summary of the chapter. To examine the research questions, descriptive statistics and frequencies were run using SPSS Version 23.

**Background of the Sample**

This Research Study was carried out in Burao with major focus to determine the knowledge, attitude and practices of family planning among married couples living in Farah Omar District. The Source population of the study was all married couples residing in Farah Omar Village during the study period. The sample size of the study was determined using the Slovin’s Formula. The Target Population (N) was 134 and the Sample Size (n) was 100.

**Presentation of Results**

- Socio-demographic Characteristics of the Respondents
- Gender of Respondents
- The gender of the respondents indicated that all respondents were female (100%) implying that the study is female-based in nature.

Table 1. Presentation of Results

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	100	100.0	100.0	100.0

**Age of Respondents**

The Frequency Analysis of the age of the respondents indicated that those aged between 21-30 years were 56% while those aged between 31-40 years were 44% as illustrated in the table below:

Table 2. Age of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 21-30	56	56.0	56.0	56.0
31-40	44	44.0	44.0	100.0
Total	100	100.0	100.0	

**Marital Status of the Respondents**

The marital status of the respondents indicated that 98% of the respondents were married while 2% were divorced as illustrated below:

Table 3. Marital Status of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Married	98	98.0	98.0	98.0
Divorced	2	2.0	2.0	100.0
Total	100	100.0	100.0	

### Number of Years in Marriage

The Frequency Analysis of the number of years in marriage indicated that 15% of the respondents were married less than 1 year while 25% were between 2-3 years, 16% were in marriage between 3-5 years and 44% were in marriage for more than 5 years as illustrated in the table below:

Table 4. Number of Years in Marriage

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 1 Year	15	15.0	15.0	15.0
2-3 Years	25	25.0	25.0	40.0
3-5 Years	16	16.0	16.0	56.0
More than 5 Years	44	44.0	44.0	100.0
Total	100	100.0	100.0	

### Number of Children in the Household

The Frequency Analysis of the number of children in the household indicated that 42% of the respondents had 1 child while 26% of the respondents had 2-3 children, 20% had 3-5 children and 12% had more than 5 children as illustrated in the table below:

Table 5. Number of Children in the Household

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Child	42	42.0	42.0	42.0
2-3 Children	26	26.0	26.0	68.0
3-5 Children	20	20.0	20.0	88.0
More than 5 Children	12	12.0	12.0	100.0
Total	100	100.0	100.0	

### Occupation Status

The Occupation Status of the respondents indicated that 5% were employed while 95% were unemployed as illustrated below:

Table 6. Occupation Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Employed	5	5.0	5.0	5.0
Unemployed	95	95.0	95.0	100.0
Total	100	100.0	100.0	

### Level of Education

The Frequency Analysis of the Level of Education of the respondents indicated that 33% had no formal training while 13% had attained high school education, 1% had a diploma, 5% had a degree and 48% had other form of educational attainment as illustrated in the table below:

Table 7. Level of Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No Formal Training	33	33.0	33.0	33.0
High School	13	13.0	13.0	46.0
Diploma	1	1.0	1.0	47.0
Degree	5	5.0	5.0	52.0
Others	48	48.0	48.0	100.0
Total	100	100.0	100.0	

### Knowledge of Family Planning

- Question 1: I am aware of family planning and its importance

When asked if they are aware of family planning and its importance, a frequency analysis indicated that 36% of the respondents strongly agreed while 49% agreed, 1% was neutral and 7% disagreed and another 7% strongly disagreed as illustrated in the table and figure below:

Table 8. Family Planning and its Importance

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	36	36.0	36.0	36.0
Agree	49	49.0	49.0	85.0
Neutral	1	1.0	1.0	86.0
Disagree	7	7.0	7.0	93.0
Strongly Disagree	7	7.0	7.0	100.0
Total	100	100.0	100.0	

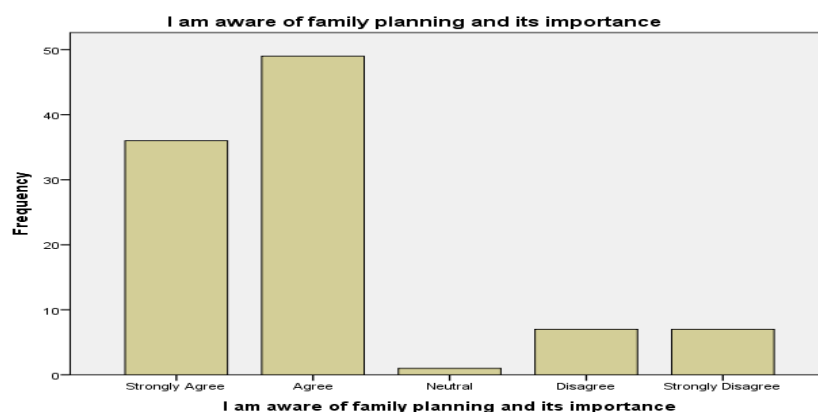


Figure 1. Family Planning and its Importance

- Question 2: My main source of information about family planning are my relatives

When asked to state if their main source of information about family planning are their family relative, a frequency analysis indicated that 1% strongly

agreed, 42% agreed, 19% were neutral while 36% disagreed and 2% strongly disagreed as illustrated in the table and figure below:

Table 9. Main Source of Information About Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	1	1.0	1.0	1.0
Agree	42	42.0	42.0	43.0
Neutral	19	19.0	19.0	62.0
Disagree	36	36.0	36.0	98.0
Strongly Disagree	2	2.0	2.0	100.0
Total	100	100.0	100.0	

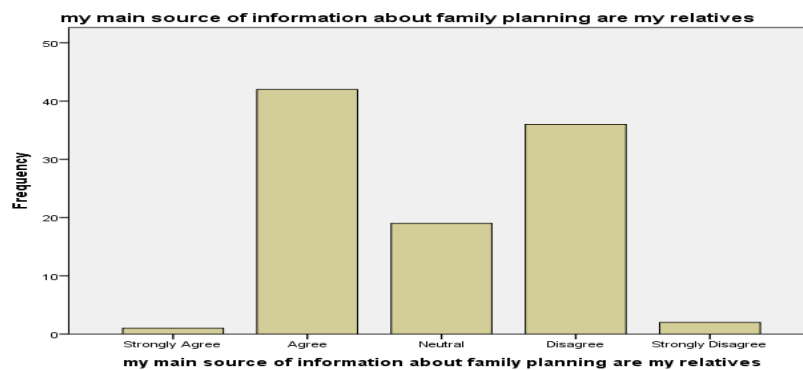


Figure 2. Main Source of Information About Family Planning

- Question 3: My main source information about family planning is personal experience

When asked to state if their main source of information about family planning is their personal experience, a frequency analysis indicated that 3% strongly agreed, 12% agreed, 8% were neutral, while 62% disagreed and 15% strongly disagreed as illustrated in the table and figure below:

Table 10. Main Source Information About Family Planning is Personal Experience

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	3	3.0	3.0	3.0
Agree	12	12.0	12.0	15.0
Neutral	8	8.0	8.0	23.0
Disagree	62	62.0	62.0	85.0
Strongly Disagree	15	15.0	15.0	100.0
Total	100	100.0	100.0	

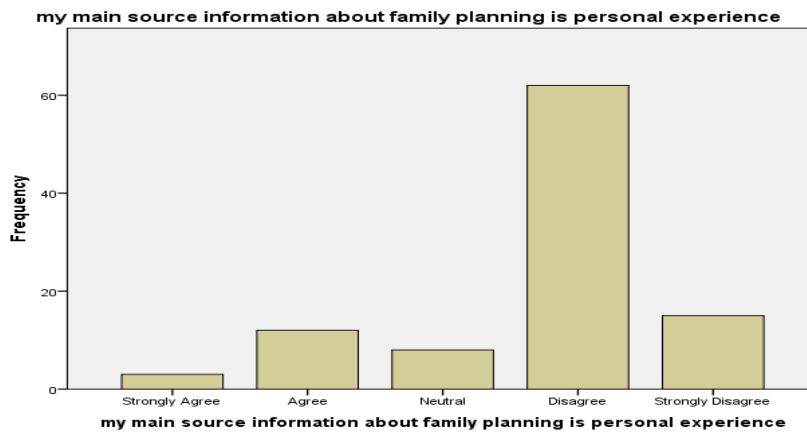


Figure 3. Main Source Information About Family Planning is Personal Experience

- Question 4: My main source of information about family planning are health workers and the media

When asked to state if their main source of information about family planning are health workers and media, a frequency analysis indicated that 8% strongly agreed, 77% agreed, 7% were neutral while 8% disagreed, as illustrated in the table and figure below:

Table 11. Main Source of Information About Family Planning are Health Workers and the Media

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	8	8.0	8.0	8.0
Agree	77	77.0	77.0	85.0
Neutral	7	7.0	7.0	92.0
Disagree	8	8.0	8.0	100.0
Total	100	100.0	100.0	

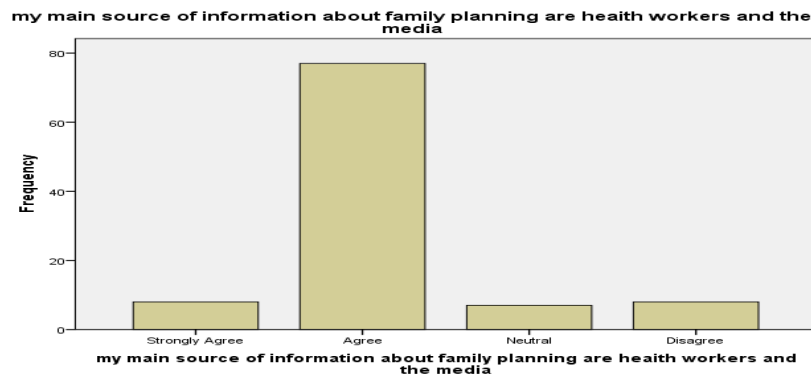


Figure 4. Main Source of Information About Family Planning are Health Workers and the Media

- Question 5: I am aware of modern methods of family planning

When asked if they are aware of modern methods of family planning, a frequency analysis indicated that 2% strongly agreed, 30% agreed, 17% were neutral while 45% disagreed and other 6% strongly disagreed as illustrated in the table and figure below:

Table 12. Modern Methods of Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	2	2.0	2.0	2.0
Agree	30	30.0	30.0	32.0
Neutral	17	17.0	17.	49.0
Disagree	45	45.0	45.0	94.0
Strongly Disagree	6	6.0	6.0	100.0
Total	100	100.0	100.0	



Figure 5. Modern Methods of Family Planning

- Question 6: I am aware of traditional methods of family planning

When asked if they are aware of traditional methods of family planning, a frequency analysis indicated that 49% strongly disagreed, 46% disagreed, 3% were neutral while 1% disagreed and other 1% strongly disagreed illustrated in the table and figure below:

Table 13. Traditional Methods of Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	49	49.0	49.0	49.0
Agree	46	46.0	46.0	95.0
Neutral	3	3.0	3.0	98.0
Disagree	1	1.0	1.0	99.0
Strongly Disagree	1	1.0	1.0	100.0
Total	100	100.0	100.0	

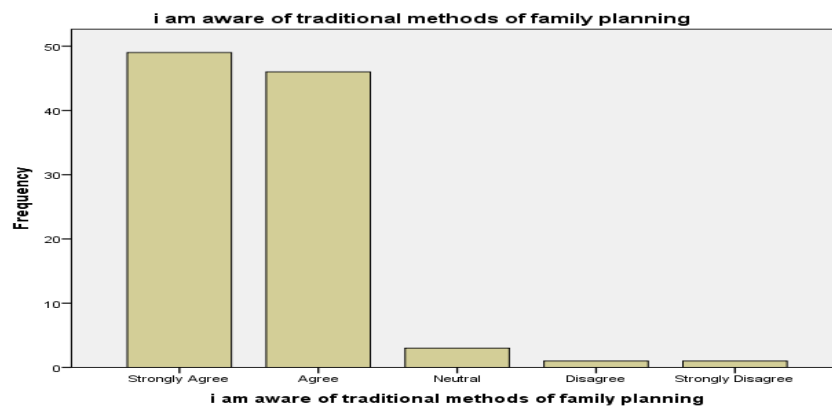


Figure 6. Traditional Methods of Family Planning

- Question 7: I am aware of the natural methods of family planning  
 When asked if they are aware of the natural methods of family planning, a frequency analysis indicated that 49% strongly agreed, other 49% agreed, 1% was neutral and 1% disagreed as illustrated in the table and figure below:

Table 14. Natural Methods of Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	49	49.0	49.0	49.0
Agree	49	49.0	49.0	98.0
Neutral	1	1.0	1.0	99.0
Disagree	1	1.0	1.0	100.0
Total	100	100.0	100.0	

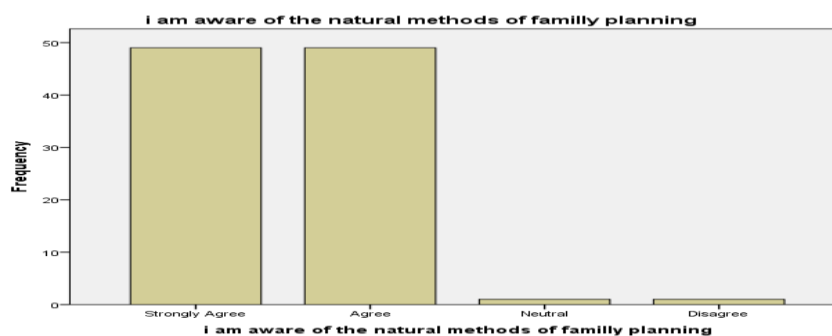


Figure 7. Natural Methods of Family Planning

- Question 7: I have ever heard about the 14 different contraceptive methods that may be used to delay or avoid pregnancy  
 When asked if they have ever heard about the 14 different contraceptive methods that may be used to delay or avoid pregnancy, a frequency analysis indicated that 1% strongly agreed, 13% agreed, 34% were neutral while 41% disagreed and other 11% strongly disagreed as illustrate in the table and figure below:

Table 15. Ever Heard About the 14 Different Contraceptive

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	1	1.0	1.0	1.0
Agree	13	13.0	13.0	14.0
Neutral	34	34.0	34.0	48.0
Disagree	41	41.0	41.0	89.0
Strongly Disagree	11	11.0	11.0	100.0
Total	100	100.0	100.0	

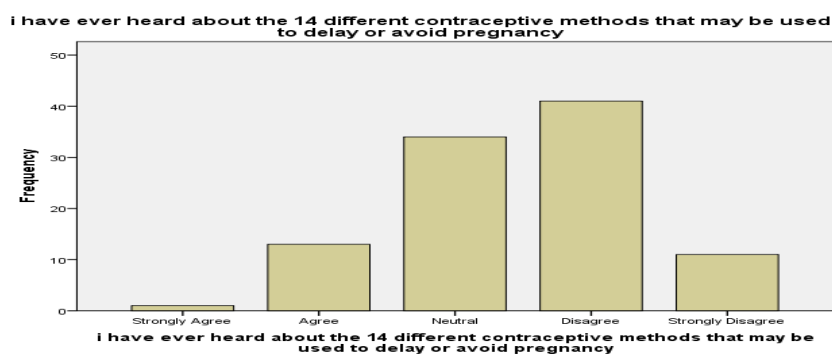


Figure 8. Ever Heard About the 14 Different Contraceptive

### Attitude towards Family Planning

- Question 1: I believe that family planning is a good thing for me and my family

When asked if they believe that family planning is good thing for them and their family, a frequency analysis indicated that 61% strongly agreed while 37% agreed, 1% was disagreed and other 1% strongly disagreed as illustrated in the table and figure below:

Table 16. Family Planning is a Good

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	61	61.0	61.0	61.0
Agree	37	37.0	37.0	98.0
Disagree	1	1.0	1.0	99.0
Strongly Disagree	1	1.0	1.0	100.0
Total	100	100.0	100.0	

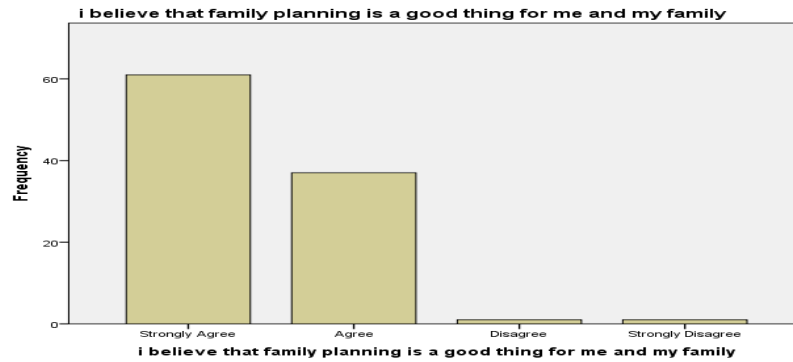


Figure 9. Family Planning is a Good

- Question 2: FM is good for health of the mothers and their children  
 When asked if FM is good for the health of the mother and their children, a frequency analysis indicated that 59% strongly agreed, 38% agreed while 1% was neutral, 1% disagreed and other 1% strongly disagreed as illustrated in the table and figure below:

Table 17. FM is Good for Health of the Mothers and Their Children

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	59	59.0	59.0	59.0
Agree	38	38.0	38.0	97.0
Neutral	1	1.0	1.0	98.0
Disagree	1	1.0	1.0	99.0
Strongly Disagree	1	1.0	1.0	100.0
Total	100	100.0	100.0	

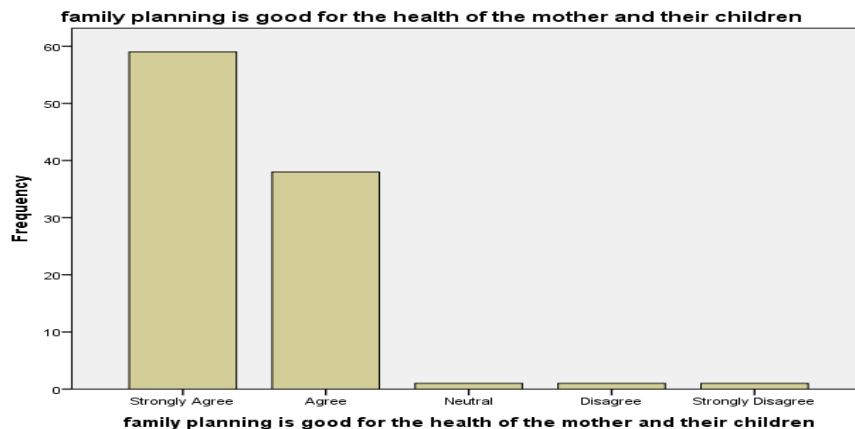


Figure 10. FM is Good for Health of the Mothers and Their Children

- Question 3: Family planning is good for improving the standard of living  
 When asked if family planning is good for improving the standard of living, a frequency analysis indicated that 7% Strongly agreed, 58% Agreed while 32% were neutral, 2% Disagreed and 1% strongly disagreed as illustrated in the table and figure below:

Table 18. Family Planning is Good for Improving the Standard of Living

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	7	7.0	7.0	7.0
Agree	58	58.0	58.0	65.0
Neutral	32	32.0	32.0	97.0
Disagree	2	2.0	2.0	99.0
Strongly Disagree	1	1.0	1.0	100.0
Total	100	100.0	100.0	

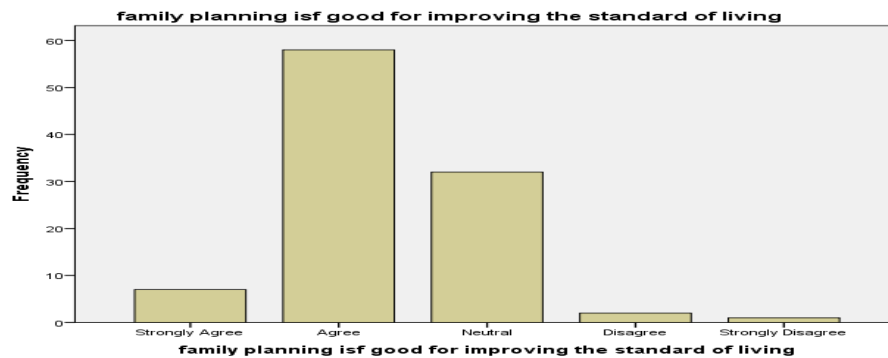


Figure 11. Table 18. Family Planning is Good for Improving the Standard of Living

- Question 4: I believe that FM leads can caused by infertility  
 When asked if they believe that FM leads can caused by infertility, a frequency analysis indicated that 3% strongly agreed, 39% agreed while 35% neutral and 23% disagreed as illustrated in the table and this figure :

Table 19. FM can Cause Infertility

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	3	3.0	3.0	3.0
Agree	39	39.0	39.0	42.0
Neutral	35	35.0	35.0	77.0
Disagree	23	23.0	23.0	100.0
Total	100	100.0	100.0	

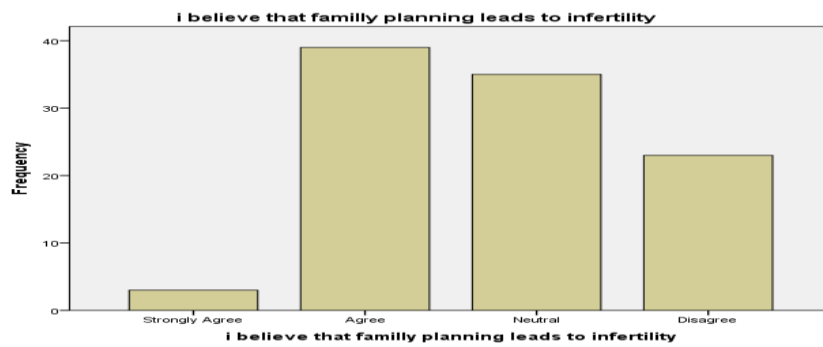


Figure 12. FM can Cause Infertility

- Question 5: FM with contradicts my religion and culture

When asked to state if family planning contradicts with their religion and culture, a frequency analysis indicated that 1% strongly agreed, 9% agreed while 18 were neutral, 66% disagree and other 6 strongly disagreed as illustrated in this table and this figure :

Table 20. FM is Against Religion and Culture

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	1	1.0	1.0	1.0
Agree	9	9.0	9.0	10.0
Neutral	18	18.0	18.0	28.0
Disagree	66	66.0	66.0	94.0
Strongly Disagree	6	6.0	6.0	100.0
Total	100	100.0	100.0	



Figure 13. FM is Against Religion and Culture

### Practice of Family Planning

- Question 1: I always practice family planning methods

When asked to state if they always practice of family planning, a frequency analysis indicated that 2% strongly agreed, 4% agreed while 19% disagreed and 75% strongly disagreed as illustrated in the table and this figure :

Table 21. Always do Family Planning Methods

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	2	2.0	2.0	2.0
Agree	4	4.0	4.0	6.0
Disagree	19	19.0	19.0	25.0
Strongly Disagree	75	75.0	75.0	100.0
Total	100	100.0	100.0	



Figure 14. Always do Family Planning Methods

- Question 2: I prefer to use FM methods even in the future

When asked if they prefer to use FM even in the future, a frequency that was analysis indicated that 6% strongly agreed, 25% agreed while 14% were neutral, 32% disagreed and 23% strongly disagreed as illustrated the table and this figure :

Table 22. Using FM Method in the Future

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	6	6.0	6.0	6.0
Agree	25	25.0	25.0	31.0
Neutral	14	14.0	14.0	45.0
Disagree	32	32.0	32.0	77.0
Strongly Disagree	23	23.0	23.0	100.0
Total	100	100.0	100.0	

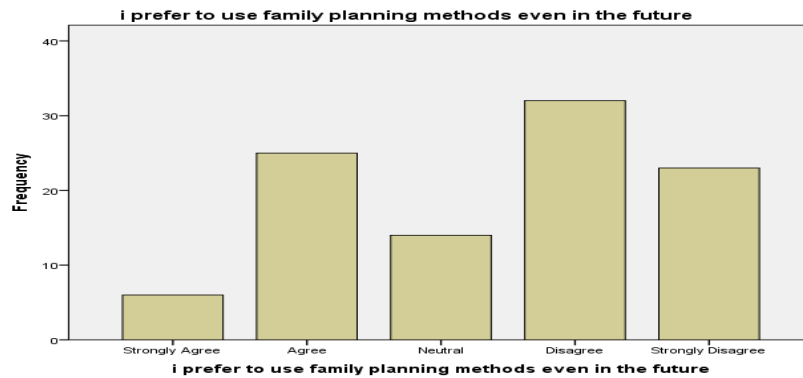


Figure 15. Using FM Method in the Future

- Question 3: Sometimes I use pills for family planning  
 When asked if they sometimes use pills for family planning, a frequency analysis indicated that 4% agreed, 2% were neutral while 63% disagreed and 31% strongly disagree as illustrated in the table and this figure :

Table 23. Using Pills for Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	4	4.0	4.0	4.0
Neutral	2	2.0	2.0	6.0
Disagree	63	63.0	63.0	69.0
Strongly Disagree	31	31.0	31.0	100.0
Total	100	100.0	100.0	



Figure 16. Using Pills for Family Planning

- Question 4: Sometimes I use implants for family planning  
 When asked if they sometimes use implants for family planning, a frequency analysis indicated that 2% agreed, 2% were neutral while 65% disagreed and 31% strongly agreed as illustrated in the table and this figure :

Table 24. Implants for Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Agree	2	2.0	2.0	2.0
Neutral	2	2.0	2.0	4.0
Disagree	65	65.0	65.0	69.0
Strongly Disagree	31	31.0	31.0	100.0
Total	100	100.0	100.0	

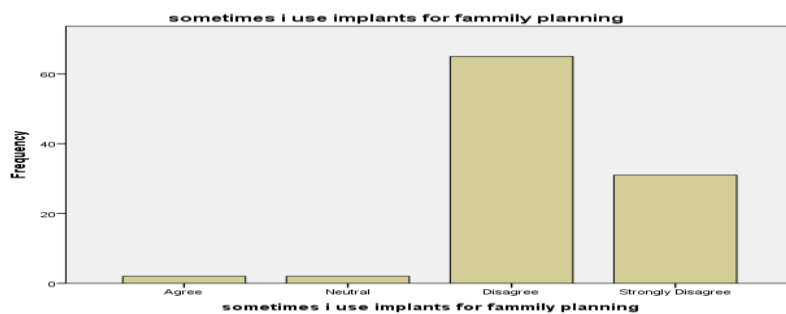


Figure 17. Implants for Family Planning

- Question 5: Sometimes I use injectable for family planning  
When asked if they sometimes use injectable for family planning, a frequency analysis indicated that 2% were neutral while 67% disagreed and other 31% strongly disagreed as illustrated in the table and this figure

Table 25. Birth Control Injection for Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neutral	2	2.0	2.0	2.0
Disagree	67	67.0	67.0	69.0
Strongly Disagree	31	31.0	31.0	100.0
Total	100	100.0	100.0	

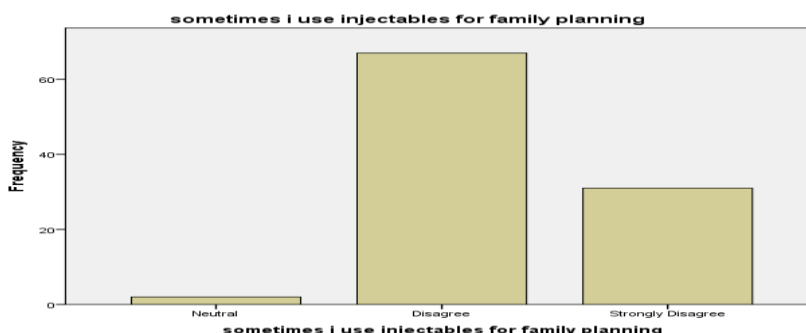


Figure 18. Birth Control Injection for Family Planning

- Question 6: I always use Locational Amenorrhea (LAM) for family planning  
When asked if they always use Locational Amenorrhea (LAM) for family planning, a frequency analysis indicated that 22% strongly agreed, 71% agreed while 2% were neutral and 1% strongly disagreed as illustrated in the table and this figure :

Table 26. Locational Amenorrhea (LAM) for Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	22	22.0	22.2	22.2
Agree	71	71.0	71.7	93.9
Neutral	2	2.0	2.0	96.0
Disagree	3	3.0	3.0	99.0
Strongly Disagree	1	1.0	1.0	100.0
Total	99	99.0	100.0	
Total	100	100.0		

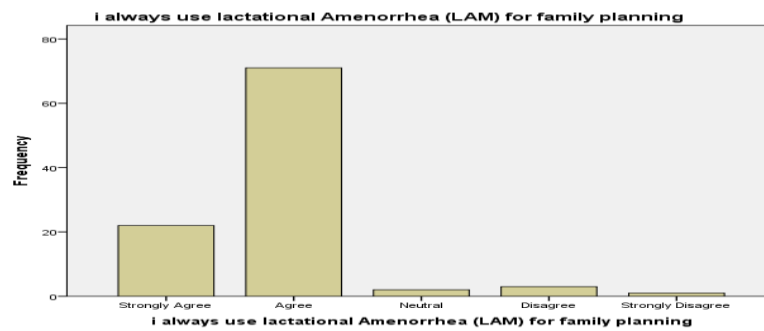


Figure 19. Locational Amenorrhoea (LAM) for Family Planning

- Question 7: I always use calendar method for family planning  
 When asked if they always use calendar method for family planning, a frequency analysis indicated that 1% strongly agreed while 30% disagreed and 69% other strongly disagreed as illustrated in the table and this figure:

Table 27. Calendar Method for Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	1	1.0	1.0
	Disagree	30	30.0	31.0
	Strongly Disagree	69	69.0	100.0
	Total	100	100.0	100.0

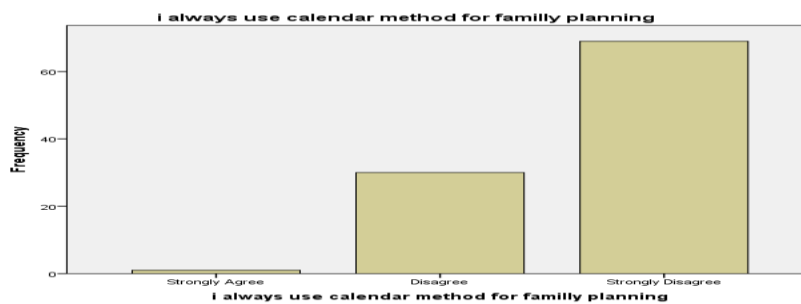


Figure 20. Calendar Method for Family Planning

- Question 8: I always use withdrawal method for family planning  
 When asked if they always use withdrawal method for family planning, a frequency analysis indicated that 27% disagreed and 73% strongly disagreed as illustrated in the table and figure below:

Table 28. Withdrawal Method for Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree	27	27.0	27.0	27.0
Strongly Disagree	73	73.0	73.0	100.0
Total	100	100.0	100.0	

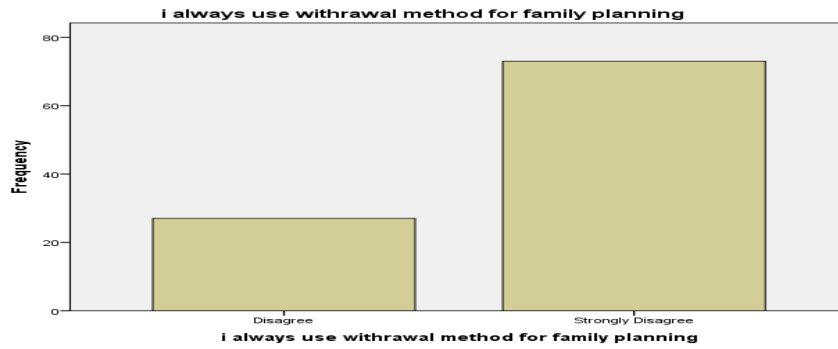


Figure 21. Withdrawal Method for Family Planning

- Question 9: my relatives sometimes encourage me to practice family planning

When asked to state if their relatives sometimes encourage them to practice family planning, a frequency analysis indicated that 2% strongly agreed, 32% agreed while 4% were neutral, 54% strongly disagreed and other 8% strongly disagreed as illustrated in the table and figure below:

Table 29. Relatives Sometimes Encourage me to Practice Family Planning

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	2	2.0	2.0	2.0
Agree	32	32.0	32.0	34.0
Neutral	4	4.0	4.0	38.0
Disagree	54	54.0	54.0	92.0
Strongly Disagree	8	8.0	8.0	100.0
Total	100	100.0	100.0	

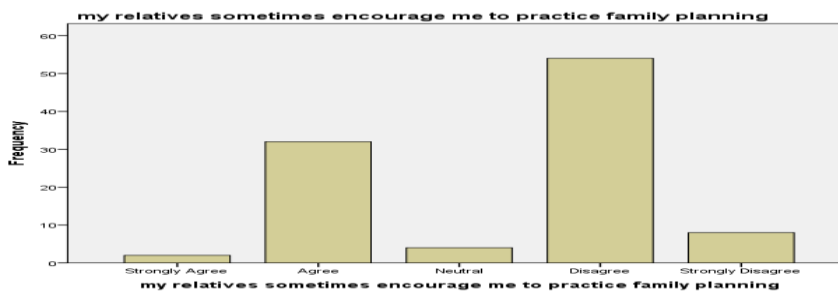


Figure 22. Relatives Sometimes Encourage me to Practice Family Planning

## KII Responses

An interview was conducted with the key informant at the Farah Omar MCH. According to the interviewee, family planning is a good thing for the married couples and that the knowledge of FM among the couples in this district has progressed in the last years. The interviewee confirmed that “Indeed couples are aware of the benefits of child spacing”.

According to the Interviewee, the Health Facility always participates in Community Sensitization Programs on Family Planning. The interviewee further lamented that “...some years ago, married couples didn’t believe in the value of

family planning and they thought that it is not a good thing for the population. But in the current era of civilization, they got a good idea about family planning and now it is something normal”.

According to the interviewee, the most common type of family planning practiced by couples in the district is Oral Contraceptives Pills (OCP). She further lamented that the major family planning challenge facing married couples living in the district is culture. The interviewee argues that “In Somali Culture, male mostly deny making child spacing because they want to get many children and they don’t allow their wives to take contraception. However, women sometimes use tricks and get the contraception secretly something which can cause domestic conflict among the married couples once it is known to the husbands”.

### **Conclusion**

This section has presented the data and the statistical analyses conducted using SPSS software. The subsequent chapter will provide a synthesis of the study, drawing overall conclusions based on the results and offering recommendations for future research and interventions related to this topic.

## **DISCUSSION**

### **Introduction**

This chapter provides a comprehensive summary, discussion, and conclusion, along with recommendations derived from the study's findings and objectives. Chapter five will further explore the implications of these findings and suggest avenues for future research related to this study.

### **Discussion of Major Findings**

A total of 100 respondents completed the questionnaires. All participants were female (100%), with a significant proportion (33%) lacking formal education. While 13% had completed high school, 1% held a diploma, and 5% had a university degree, the largest segment reported other forms of educational attainment. This study was revealed that most the women (95%) were not formally employed, suggesting their primary role was as homemakers. The majority of participants were between 21 and 30 years old (56%), with the remainder (44%) aged 31-40 years. Most respondents were married (98%), with 44% having been married for over five years. In most households, the number of children ranged from one to three (68%).

### **Knowledge Family Planning**

Regarding respondents' understanding family planning, this study indicated that most participants demonstrated a good awareness of family planning and its importance (82%). A significant number cited relatives as their primary source of information (42%). Moreover, the respondents showed awareness of modern (32%), traditional (95%), and natural (98%) family planning methods. However, only a small percentage (14%) reported familiarity with the fourteen different contraceptive methods available to delay or prevent pregnancy.

### **Attitude Towards Family Planning**

Concerning attitudes married couples towards FM , the study revealed that a large majority (98%) believed family planning was beneficial for themselves and their families. They also recognized its positive impact on the health of mothers and children (97%). Additionally, most married couples (65%) considered family planning a means to improve their standard of living. However, a notable proportion (42%) believed that family planning could lead to infertility, and only a small percentage (10%) felt that family planning conflicted with their religious or cultural beliefs.

### **Family Planning Practices**

In assessing the family planning practices employed by married couples in the study area, the research indicated that most respondents did not consistently use family planning methods (75%), and only a minority (31%) expressed a preference for using family planning methods in the future. The study also found low utilization rates for pills (94%), implants (96%), injectables (98%), the calendar method (99%), and the withdrawal method (100%). However, a significant number (93%) reported using Lactational Amenorrhea (LAM) for family planning. Finally, while some married couples (34%) reported that their relatives sometimes encouraged them to practice family planning, most (62%) did not receive such encouragement.

## **CONCLUSIONS AND RECOMMENDATIONS**

### **Conclusion**

In summary, the results of this study suggest that while married couples in the study area generally possess sound knowledge and positive attitudes regarding family planning, the actual implementation of family planning methods remains limited. This discrepancy may be associated with factors such as the couples' educational attainment. Furthermore, the study revealed challenges stemming from husbands and in-law families who disapprove of contraceptive use, leading to closely spaced births, as reported by many women during the data collection phase.

### **Recommendations**

This study has identified several evidence-based recommendations to improve family planning practices among married. Based on findings, the researcher proposes the following recommendations and suggestions, focusing on addressing the identified weaknesses:

- The Ministry of Health should evaluate the effectiveness of family planning program implementation in healthcare facilities.
- Family planning promotion messages delivered by the Ministry of Health through healthcare facilities should emphasize the importance of proactive health-seeking behaviors, given the influence of maternal and child morbidity on family planning adoption.
- Negative attitudes and beliefs surrounding family planning should be addressed, particularly during counseling sessions on child spacing conducted by healthcare and community health workers.

- There is a need to promote and support community-based strategies to enhance family planning awareness, ensuring that mothers receive adequate information on the benefits and proper use of family planning methods.
- Strategies employed by healthcare workers and NGOs to promote family planning should also target fathers and families, recognizing their significant influence on mothers' decisions regarding child spacing.
- The Burao Ministry of Health Department should increase family planning campaigns to improve child spacing coverage, providing accurate information on the use and timing of contraceptives to women seeking family planning services.
- The Ministry of Health in Burao should enhance awareness by developing targeted health education programs for mothers, emphasizing the benefits, proper usage, and duration of contraceptive methods.
- Health education on family planning should be strengthened by integrating it with existing cultural communication methods, and mothers should be educated about the importance of child spacing.

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