

## A Study of Family Planning Education Effects

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### 1. Introduction

Mother and child health service is to maintain the physical, psychological and social health of mother and children through organizational effort, to promote mothers' health, to give birth healthy babies and to grow and develop children healthy and eternally to improve the health and happiness of individual and people of the nation. By this reason, mother and child health is considered as an important health indicator of nations and high coverage of population from the age of fifteen to forty-nine females of childbearing years and from birth to fifteen years old [1].

As mother and child health service is considered as an important indicator for the foundation of nations' productivity in African countries, the countries in this region are managing the service as critical projects and seeking further developmental directions by collective efforts [2]. By this point, we review the mother-child health in African countries in details. WHO announces that more than fifty million females are dead with related events to pregnancy and the main causes of the death are poor accessibility of health facilities, lack of the facilities nearby home, and stick to or prefer to traditional way of giving birth due to lack of knowledge. This happens mainly in developing countries [3]

Since, the youth tend to build and share their own culture of sex they are likely to imitate sexual behavior of adult swayed peer pressure. However they are not likely to take any responsibility afterward [4]. In related to the youth and mother-child health, the director of Health Service in the republic of Uganda, Aceng [5], said that 40% of maternity mortality was caused by too early pregnancy of girls and according to the Demographic Health Survey of Uganda[5], 24% of the youth were being pregnant before 19-year old and this was the reason of the republic of Uganda is the highest country of youth pregnancy in Sub-Saharan Africa countries.

The purpose of this study was to family planning education effects to get basic information.

### 2. Method

#### 2.1. Participants

Target population was high school students in Luwero district in the republic of Uganda, 200 high school students in 3 different schools, a class from each school were recruited by convenient sampling.

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## 2.2. Research process

Mother-child Health Improvement Education material which was developed by Dr. Koh [6] for community of the republic of Uganda was used for the education of students. Prior to education, training and education was conducted for 3 midwives who were going to give education to high school students for 4 days, and permission was obtained from the principles of each school and students who wants to participate for the study. The education session was held from three to five PM which was after school time for 4 days at classroom. Self-administered questionnaire was asked to report before and after education.

## 2.3. Research analysis

Data analysis was done using SPSS 21.0, actual number count and percentile was calculated for general characteristics of participants and paired t-test was done for identify any changes of knowledge, attitude and behavior on health before and after the family planning education.

## 3. Results

### 3.1. General characteristics of the participants

The general demographic characteristics of participants were as follows. Boys were 39.5% (79) and girls were 60.5% (121) 98.0% of the participants answered to go university after high school. 59% of the participants had 1-5 brothers and sisters, 26% of the participants had 6-10 siblings. 81% of the participants had both mother and father alive. 65.5% of the students wanted to have 1 to 5 of their own children and 4.5% of the students wanted to have more than 16 children after marriage. Regard to any experiences of receiving family planning education, 84.5% of the participants had no experience for family planning education, and 71.0% of the student answered to participating for the education as the researcher asked them for any intention to education for safe sexual activity.

Table 1 General and demographic characteristics

(N=200)

General Characteristics	n (%)	
Gender	Male	79(39.5)
	Female	121(60.5)
Age	<15	4(2.0)
	≤15 -<25	196(98.0)
Anticipate going to college	No	8(4.0)
	Yes	192(96.0)
How many siblings do you have?	0	20(10.0)
	1-5	118(59.0)
	6-10	52(26.0)
	Above 10	10(5.0)
Are both of your parents alive?	No	38(19.0)
	Yes	162(81.0)
Which of your parents have passed on?(n=36)	Father	22(61.1)
	Mother	7(19.4)
	Both	7(19.4)
What do you think is the appropriate number of children?	1-5	131(65.5)
	6-10	52(26.0)
	11-15	8(4.0)

	Above 16	9(4.5)
Family planning education experience	No	169(84.5)
	Yes	31(15.5)
Would you participate in an educational program on sex?	No	58(29.0)
	Yes	142(71.0)

### 3.2. Differences on knowledge between before and after Education

To find out any changes on the knowledge between before and after education, six out of 10 question, asking to answer Yes, No or Don't know, were statistically differences between prior and post education. These were, family planning is the planning of the number of children to have appropriate control of childbirth ( $\chi^2=108.83, p<.001$ ), family planning can decrease the number of deaths during pregnancy or childbirth ( $\chi^2=23.848, p<.001$ ), breastfeeding consistently prevents pregnancy ( $\chi^2=5.569, p=.016$ ), Uganda woman give birth to seven children on average ( $\chi^2=25.624, p<.001$ ), if family planning is conducted, then women can have time for self-development ( $\chi^2=18.116, p<.001$ ), and when condoms are used during the sex, the spread of sexually transmitted disease can be prevented ( $\chi^2=8.869, p=.008$ ) [Table 2].

Table 2. Difference of knowledge between before and after Education (N=200)

Items	$\chi^2$	p
Family planning is the intentional planning of the number of children to have appropriate control of childbirth	108.83	<.001
Family planning can decrease the number of deaths during pregnancy or childbirth.	23.848	<.001
HIV-negative females do not have to engage in family planning.	2.066	.145
Breastfeeding consistently prevents pregnancy.	5.569	.016
Family planning will help provide a better educational environment for the children.	0.125	.547
Uganda woman give birth to seven children on average.	25.624	<.001
HIV-positive women should not give birth to children	0.691	.298
If family planning is conducted, then women can have time for self-development	18.116	.001
When condoms are used during sex, the spread of sexually transmitted diseases can be prevented.	8.869	.008
If a woman is taking oral contraceptives, she must conduct a monthly breast self-examination.	0.649	.290
Total	86.236	.835

### 3.3. Difference of attitude between before and after education

In case of attitude on health, 10 all questions were statistically differences between before and after education ( $t=14.389, p<.001$ ) [Table. 3]. When we find out to all questions, first, artificially controlling the number of children is shameful ( $t=10.712, p<.001$ ), family planning is necessary for the physical and emotional development of children ( $t=9.580, p<.001$ ), family planning is necessary for the appropriate distribution of resources (water, food, etc.) ( $t=9.333, p<.001$ ), to engage in sexual intercourse without the risk of pregnancy, family planning is necessary( $t=9.318, p<.001$ ), family planning is necessary for the future of the children( $t=9.074, p<.001$ ), having a higher number of children is better to improve the family economic situation( $t=10.558, p<.001$ ) if family planning is conducted then the quality of life

will improve ( $t=9.140$ ,  $p<.001$ ), sexual activity is the right of men with respect to women ( $t=9.650$ ,  $p<.001$ ), teenage pregnancy is inappropriate ( $t=8.312$ ,  $p<.001$ ), and family planning contributes to the happiness of the family ( $t=10.564$ ,  $p<.001$ )

Table 3. Difference of attitude between before and after education (N=200)

Items	Pre-test	Post-test	t	p
Artificially controlling the number of children is shameful.	3.06±0.93	3.86±0.45	10.712	<.001
Family planning is necessary for the physical and emotional development of children.	3.05±0.79	3.58±0.54	9.580	<.001
Family planning is necessary for the appropriate distribution of resources (water, food, etc.)	3.05±0.85	3.62±0.52	9.339	<.001
To engage in sexual intercourse without the risk of pregnancy, family planning is necessary.	2.99±0.90	3.59±0.52	9.318	<.001
Family planning is necessary for the future of the children.	3.00±0.88	3.60±0.60	9.074	<.001
Having a higher number of children is better to improve the family economic situation.	2.13±0.99	1.27±0.52	10.558	<.001
If family planning is conducted then the quality of life will improve.	3.05±0.78	3.58±0.60	9.140	<.001
Sexual activity is the right of men with respect to women.	2.97±0.93	3.61±0.53	9.650	<.001
Teenage pregnancy is inappropriate.	3.11±0.95	3.74±0.44	8.312	<.001
Family planning contributes to the happiness of the family.	3.05±0.98	3.83±0.57	10.564	<.001
Total	29.42±4.09	34.26±2.69	14.389	<.001

#### 4. Discussion

First, there were no changes in total score after education in knowledge. However, there were significant changes in 6 items which are Family planning can decrease the number of deaths during pregnancy or childbirth, Breastfeeding consistently prevents pregnancy, Uganda woman give birth to seven children on average, If family planning is conducted, then women can have time for self-development, and When condoms are used during sex, the spread of sexually transmitted diseases can be prevented. This is reflected that high school students understand the positive aspects of family planning education and educating the same contents of family planning education to other students could induce the improvement of the knowledge of family planning. However, it was found that there were no changes in the items of questions on HIV, more practical evidence should be presented for further education.

As we review the changes of attitude on health after family planning education, there was significantly increased the score of attitude in all ten items. It was found that the education was good opportunity for high school students to modify attitude on family planning which was misunderstood.

The attitude on sex is the concept of including emotion, thought, idea, and knowledge and the tendency of reaction to the phenomenon [7].

Lastly, as we consider the changes in behavior after education, we could define the effects of education with significant changes in all ten items on behavior. Since the continuity of behavior could not be defined by one-time survey, it is required to identify the proper time point for re-education.

Mother and child health service is important project which could be fundamental for country's productivity, the African countries including the republic of Uganda pursue the improvement of mother and child health with making alliance with those countries [2].

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