RESEARCH ARTICLE

Factors Influencing Non-Compliance to Family Planning Practice Among High-Risk Women in Negeri Sembilan

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Abstract:

Family planning program is essential as s a vital indicator fortracking progress on improving maternal health. Ministry of Health stated family planning is one of four pillars Safe Motherhood Initiative with antenatal care, safe delivery and postnatal care. This study identifies factors influencing non-compliance to family planning practice among high-risk women in Negeri Sembilan. A cross-sectional study was conducted among women categorised under high-risk at 28 Health Clinic in Negeri Sembilan from February until April 2020. High-risk women who participated using stratified sampling (n=309) were ask to complete a self-administer questionnaire. Data were analysed using IBM-SPSS Statistics Version 25. The main reason for non-compliance was forgotten to take the chosen method on time 112 (36.2%) and followed by fear of side effects of methods 95 (30.7%). Knowledge levels about family planning of the participant were approximately the same between good knowledge 123 (39.8%) and poor knowledge 122 (39.5%). The respondents showed a satisfactory attitude towards family planning practices 202 (65.4%). There was a statistically significant association between level of knowledge and attitude toward family planning practise ($p<0.05$). In conclusion, individual behaviour is the main contributor to non-compliance to family planning practice among high-risk women.

Keywords: family planning, high risk, non-compliance, practice, women

1. INTRODUCTION

Family planning programs have been recommended as effective interventions to promote ideal birth spacing in women and improve the health of women and children (Brown et al., 2015; Joy Cesar et al., 2017; Hermanto et al., 2020). This program allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. According to WHO,(2021), technical consultation on birth spacing recommended a birth to conception interval of at least two years to reduce the risk of adverse maternal, perinatal and infant outcomes. Furthermore, studies demonstrated that when women use family planning for at least 2 years, their health and children are more likely to survive and be healthy (Brown et al., 2015; Yong et al., 2018).

In Malaysia, the main provider of family planning services is the Ministry of Health clinics and hospitals. The prevalence of family planning in Malaysia was still low, only 51.7% women practice family planning, compared to Thailand (79%) and Singapore (74%) (Manaf et al., 2012). The factors that influence family planning practice are multifaceted and challenging. Many women believe modern family planning would cause congenital abnormality, infertility, and adverse health effects (Ali Mohamed Ahmed Alawad et al., 2015; Nilofer Jabarulla Khan et al., 2018). In addition, some women faced spouse objection in practising family planning (Ali et al., 2012; Rosliza & Majdah, 2010). Mardiana et al., (2015) found family planning practices associated with age, marital status, and the number of children. Their study also found the level of knowledge and attitude was low among women who did not practice family planning. The majority of studies in Malaysia focus on the factors distributed to non-compliance practised in all ages of reproductive women (Mahadeen AI, 2012; Ministry of Health, 2019b; Nur Ain et al., 2017). Limited studies have addressed family planning practices among high-risk women.

Women categorised as high-risk may have one or more problems such as bad obstetrical history, multigravida, poor birth spacing, age more than 40 years old or less than 18 years old, and have medical or mental disorders (Ministry of Health, 2019a). Malaysia Ministry of Health targets to improve family planning practices among high-risk women

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as measured by key performance indicators (MAMPU, 2021; The National Population and Family Development Board, 2021). The predetermined target is more than 80% of the registered high-risk women who practice the family planning method within two years (Ministry of Health, 2014). The increase of registered women as high-risk from 2016 to 2018 in Negeri Sembilan is because of the low adoption of family planning methods (Yong et al., 2018). Therefore this study aims to identify knowledge, attitude, practise and factors that influence non-compliance toward family planning among high-risk women.

2. METHODOLOGY

2.1 Study design, location and, sampling.

A cross-sectional study was conducted in 28 health clinics in 7 districts at Negeri Sembilan. The study population is women categorised as high-risk and are attending a selected government health clinic in Negeri Sembilan. The sample size was used Raosoft Sample Size Calculator, using a confidence level of 95%, the response distribution of 50%, and the margin error of 5 %, giving out the recommended sample size of 309. In addition, stratified sampling was used to identify participants who met the inclusion criteria. The study received Medical Research & Ethics Committee (NMRR-19- 3351-51876 (IIR) and UiTM Research Ethics Committee (600-TNCPI (5/1/6). The respondents were given a detailed description of the study, and enough time was allocated to participate in this study. They were issued a written informed consent form for signature upon agreement. The confidentiality of the data was maintained strictly, as only re researchers could access the data

2.2 Research instruments

The study used a structured questionnaire adapted from Nur Ain et al., (2017) that consists of 4 sections. Section A is socio-demographic data, meanwhile Section B consists of questions about previous pregnancy, the practice of family planning methods and factors non-compliance to family planning. Section C is to determine knowledge on high risk pregnancy and family planning. For the knowledge section, categorical responses, ‘true=2’. ‘false=1’, and ‘don’t know=0’ and total component is 14 so the maximum score is 28 and the minimum is 0. The cut-off points were set for knowledge; scored less than 75% were categorised as poor, between 75%-80% as average and more than 80% as good. As for section D (attitude), the responses were recorded using Likert scale, which ranged from 1=strongly disagree to 5=strongly agree. The total attitude component is 8, so the maximum score is 40, and the minimum is 8. Those who scored less than 85% were categorised as unsatisfactory attitude whereas more or equal to 85% as satisfactory.

2.3 Statistical analysis

Data collected was analysed using IBM Statistical Package for Social Sciences Version 25.0. The social demographic data, practice, knowledge and attitude were described with descriptive analysis. The Chi-square test was used to analyse the association between knowledge and attitude. P-value < 0.05 was set as statistically significant.

3. RESULTS AND DISCUSSION

Table 1 shows the age range of the 309 participants in the survey was 16-49 years old, and the majority of the age participants in this survey was 30-39 years old. More than three-quarters of respondents 260 (84.1%) were Malays and Muslims 264 (85.4%). Most of the participants 193 (62.5%) had secondary level of education. 158 (51.1%) were unemployed, followed by 74 (23.9%) public sector employees. Most family monthly income is between RM1001-RM2999 (37.5%).

Table 1. Demographic characteristics (N=309)

Variables	*Frequency (n)*	*Percentage (%)*
Age		
16-19	4	1.3
20-29	97	31.4
30-39	187	60.5
40-49	21	6.8
Race		
Malay	260	84.1
Chinese	18	5.8
Indian	23	7.4
Other	8	2.6
Religion		
Muslim	264	85.4
Buddha	20	6.5
Hindu	21	6.8
Christian	4	1.3
Education level		
Primary	12	3.9
Secondary	193	62.5
Tertiary level	104	33.7
Occupation		
Unemployed	158	51.1
Private sector	52	16.8
Public sector	74	23.9
Self employed	25	8.1
Family income per month		
<1000	52	16.8
RM1001-2999	116	37.5
RM3000-RM6999	65	21.0
>RM7000	8	2.6
Unknown	68	22.0

3.1 Factors influencing non-compliance to family planning practice

Descriptive analysis indicates that the main factors for high-risk women not complying with the family planning practice are that participants forget to take the method on time 112 (36.2%). Furthermore, fear about the side effects of the method 95 (30.7%) and participants feel no need to continue family planning methods 88 (28.5%) contribute to women not complying with the family planning practice as shown in Table 2.

Table 2. Factors non-compliance to family planning practice (N=309)

Factors	*Frequency (n)*	*Percentage (%)*
Forget to take the methods on time	112	36.2
Worried about side effect FP methods	95	30.7
Feel no need to continue FP	88	28.5
No time to take FP at a clinic	7	2.3
Always working outstation	3	1
Low income	2	0.6
Unsatisfactory with health care staff services	1	0.3
Others	1	0.3

3.2 The practice of family planning among high-risk women.

In term of planning methods used, the majority of a participant are oral contraceptive user 151 (48.9). Most of them never practice any family planning methods before 236 (76.4%).

Table 3 The practice of family planning method among high-risk women (N=309)

Variables	*Frequency (n)*	*Percentage (%)*
The practice of contraceptive family planning method used.		
Oral contraceptive pill	151	48.9
Contraceptive injection	72	23.3
Intrauterine device	14	4.5
Male condom	27	8.7
Natural method	42	13.6
Traditional method	3	1.0
Previous experience in family planning		
Yes	73	23.6
No	236	76.4

3.3. Level of knowledge and attitude on family planning practices

The percentage of participants with good knowledge 123 (39.8%) and poor knowledge 122 (39.5%), varied slightly only by 1%. Furthermore, 202 (65.4%) high-risk women had a satisfactory attitude on the family plannings practice, as shown in Table 4

Table 4. Knowledge and attitude level on family planning practice (N=309)

Variables	*Frequency (n)*	*Percentage (%)*
Knowledge		
Good	123	39.8
Average	64	20.7
Poor	122	39.5
Attitude		
Satisfactory	202	65.4
Unsatisfactory	107	36.4

3.4. Association between knowledge and family practices.

When the difference was compared by knowledge, the participant who had good knowledge had an unsatisfactory attitude toward FP practice (n=91, 80.41%) than the participant who had poor knowledge (n=66,79.75). Therefore, there was a significant difference between knowledge and attitude toward family planning practice X^2 (2)=11.57,p=0.03 (Table 5).

Table 5. Knowledge and attitude toward FP practice

Variables	Attitude, n(%)		X^2 (df)	P value
	Satisfactory	Unsatisfactory		
Knowledge			11.57 (2)	0.03
Good	32 (42.59)	91 (80.41)		
Average	19 (22.16)	45 (41.84)		
Poor	56 (42.25	66 (79.75)		

*p<0.05 was statistically significant

4. DISCUSSION

4.1 Factors influencing non-compliance to family planning practice

Nearly half of respondents were previously using oral contraceptive methods. This situation shows that the promotion and distribution of information related to the effectiveness and importance of modern contraception has been accepted by women in Negeri Sembilan. However, this study identified that forgetting to take the method on time was the highest percentage for high-risk women who do not comply with the family planning practice. This condition can occur because most of the high-risk women are of taking contraceptive hormonal

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pills. This finding was similar to the study conducted by Martinez-Astorquiza-Ortiz de Zarate et al., (2013) found that 65.1% of the respondents do not comply with contraceptive hormonal pills. Furthermore, research by Joy Cesar et al., (2017) also revealed that not taking chosen contraceptive method on time because of no time to buy or take a family planning method in a clinic or pharmacy is one of the leading causes of women not complying with family planning practice. Therefore, health workers such as doctors and nurses need to emphasise additional action if women forget to take the contraceptive method on time.

The second highest factor that causes women in Negeri Sembilan to discontinue family planning practice is fear of the side effects of family planning. This is probably the majority of them taking the oral contraceptive pill as a method of family planning. These results were approximately the same as in research conducted by Joy Cesar et al., (2017) & Sajid, (2010). In addition, Martinez-Astorquiza-Ortiz de Zarate et al., (2013) also found that women were undecided on their compliance to family planning due to their adaptation to side effects and conformity to their practices and beliefs. This may be due to the belief that contraceptives' side effects are more harmful to their bodies, and there is no risk of getting pregnant. In addition, three-quarters of the participant never practised a family planning method before.

4.2 Knowledge and attitude on family planning practice among high-risk women

Knowledge was important among high women in family planning practice. However, in terms of knowledge, almost the same number of participants had good and poor knowledge about family planning practice. Similarly, most reproductive age women know little information about family planning methods (Mahadeen AI, 2012; Nur Ain et al., 2017; Semachew Kasa et al., 2018). This finding is lower compare to study by Mardiana et al., (2015) which indicate 91% of participant know about the importance of family practices. This could be due to the low education background among the high-risk women in this study as most of them had undergone up to secondary school only.

The high-risks women in Negeri Sembilan show, most of them have satisfactory attitude towards family planning practice. However, this study found that high-risk women have a more positive attitude, but these risky women still do not comply in practicing family planning. Other research also found that the satisfactory attitude but low in the practice of contraceptive making the situation a serious challenge (Ali Mohamed Ahmed Alawad et al., 2015; Sensoy et al., 2018). In contrast, a previous study in Selangor reported that women had poor attitude toward family planning (Mardiana et al., 2015). Therefore, to promote the usage of an effective method, attitudes and behaviors play an important role in choosing a family planning method (Hassan et al., 2019). Thus, a further step must be taken to create self-awareness towards the importance of family planning because high-risk women may get risky pregnancies if not comply with family planning practice.

The is a significant association between knowledge and attitude. The participant who had good knowledge were more likely to have unsatisfactory attitudes. However, Semachew Kasa et al., (2018) found, those who had poor knowledge prone to have lower family planning practice. Knowledge alone did not influence attitude (Shafei et al., 2012). Eventhough, knowledge about family planning is good among high-risk women, most of them never practice any family planning methods before. Therefore nurses at health clinics need to reevaluate the outcome after providing health education-related family planning to high-risk women. Feedback from high-risk women is essential to enhance compliance with the practice of family planning. Xu et al. (2020) found a comprehensive intervention on family planning practices enhances women's knowledge and attitude. In future, intervention support with digital technology should be used to improve attitude toward family planning.

5. CONCLUSION

In conclusion, this study reveals that the main factors high-risk women non-compliance to family planning practice are forgetting to take the oral contraceptive pill at the right time. In addition, most of the participants never practised any method of family planning practised before. However, the majority of them have good knowledge about the importance of family planning. Unfortunately, good knowledge does not indicate a better attitude toward family planning. Therefore, in addressing non-compliance to family planning practice, digital technology should be utilised in the future to minimise forgetfulness to take oral conception pills on time. Furthermore, ongoing monitoring of high-risk women is a priority for nurses and doctors to keep them safe in uncomplicated conditions. Therefore, information that family planning practices are to delay pregnancy is important among high-risk women.

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