KNOWLEDGE, ATTITUDE AND PRACTICE TOWARD FAMILY PLANNING AMONG MARRIED MEN IN HOSPITAL UNIVERSITI SAINS MALAYSIA

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By

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Dissertation submitted in partial fulfilment of the requirements for degree of Bachelor of Nursing (Honours)

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CERTIFICATE

This is to certify that the dissertation entitled "Knowledge, Attitude and Practice towards Family Planning among Married Men in Hospital Universiti Sains Malaysia" is the bonafide record of research work done by Ms Nur Aqilah Binti Abu Bakar Siddik during the period from September 2019 to August 2020 under my supervision. I have read this dissertation and that in my opinion it conforms an acceptable standard of scholarly presentation and is fully adequate, in scope and quality, as a dissertation to be submitted in partial fulfilment for the degree of Bachelor of Nursing (Honours).

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DECLARATION

I hereby declare that this dissertation title "Knowledge, Attitude and Practice towards Family Planning among Married Men in Hospital Universiti Sains Malaysia" is the result of my own investigation, except where otherwise stated and duly acknowledged. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at Universiti Sains Malaysia or other institutions. I grant Universiti Sains, Malaysia the right to use the dissertation for teaching, research and promotional purposes.

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LIST OF SYMBOLS, ABBREVIATIONS AND ACRONYMNS

BBT	=	Basal Body Temperature
FP	=	Family Planning
HIV	=	Human Immunodeficiency Viruses
HUSM	=	Hospital Universiti Sains Malaysia
IUCD	=	Intrauterine Contraceptive Device
KASA	=	Knowledge, Attitude, skills and aspirations
NFP	=	Natural family planning
SPSS	=	Statistical Package Social Science
STD	=	Sexually transmitted diseases

ABSTRAK

Perancangan keluarga adalah penting untuk institusi keluarga. Perancangan keluarga boleh membawakan ketidakharmonian dalam keluarga sekiranya mengambil mudah hal hal berkaitan perancangan keluarga. Objektif kajian ini adalah menentukan pengetahuan, sikap dan amalan tentang perancangan keluarga dalam kalangan lelaki berkahwin di Hospital Universiti Sains Malaysia (HUSM). Satu kajian kaedah keratan rentas telah dilaksanakan dengan melibatkan 90 responden dalam kajian ini menggunakan pensampelan rawak mudah, di farmasi HUSM. Tempoh pengumpulan data adalah dari Februari 2020 sehingga March 2020. Soal selidik kendiri digunakan untuk mengumpul data. Data dianalisis menggunakan perisian (SPSS) versi 24.0. Pengetahuan mengenai perancangan keluarga di kalangan lelaki yang sudah berkahwin adalah sederhana, dan 44.4% mempunyai pengetahuan yang baik. Walau bagaimanapun, sikap dan amalan FP di kalangan lelaki yang sudah berkahwin adalah 60% sikap yang baik dan 73.3% tidak mengamalkan perancangan keluarga. Oleh itu, kita dapat melihat bahawa lelaki yang sudah berkahwin mempunyai sikap yang baik tetapi pengetahuan dan amalan yang rendah. Ujian Chi-square digunakan untuk mengkaji hubungan antara ciri socio-demografi terpilih dan tahap amalan mengenai perancangan keluarga, didapati hanya status pendidikan mempunyai hubungan yang signifikan dengan amalan mengenai perancangan keluarga ($p < 0.044$). Kesimpulannya, kajian ini menunjukkan bahawa pengetahuan dan sikap mengenai perancangan keluarga dalam kalangan lelaki yang berkahwin pada tahap yang rendah. Walau bagaimanapun, setiap lelaki yang dah berkahwin memerlukan pendidikan kesihatan yang lebih interaktif untuk meningkatkan pengetahuan, sikap dan amalan dalam diri sendiri.

ABSTRACT

Family planning is important for a family institution. Family planning can be a disharmony to the family if they take things too easily. The objectives of this study were to determine knowledge, attitude and practice towards family planning among married men in Hospital Universiti Sains Malaysia (HUSM). A cross- sectional design study was undertaken involving 90 respondents that were recruited using non-probability convenience sampling in pharmacy, HUSM. The data collection period was from February 2020 until March 2020. A self-administered questionnaire was used to collect the data. The data were then analyzed using software (SPSS) version 24.0. Only 44.4% of married men have good knowledge about FP which is considered moderate. However, the attitude and practice of FP among married men is 60% good attitude and 73.3% have poor practice respectively. Therefore, we can see that married men have a good attitude but poor knowledge and practice when it comes to family planning. The Chi -square test used to examine the association between selected socio-demographic characteristics and it was found that there is a significant association between prevalence rate on family planning and education level ($p<0.044$) among married men. In conclusion, this study showed that knowledge and attitude toward family planning among married men was not adequate. However, each man who is married need more interactive health education to enhance their knowledge, attitude and practice.

CHAPTER 1

INTRODUCTION

1.1 Introduction

The chapter starts with the background of the study about family planning (FP). Then it followed by problem statement, research questions, and hypotheses of the study. Finally, the significance of the study and the operational definition of key term used are described.

1.2 Background to the study

The population in Asian countries are rapidly increased over the years. It can affect the quality of the family, community and developmental process of a country. According to World Health Organization (2018), 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. Therefore, the World Health Organization (2018), also strongly recommended the family planning practice be implementing particularly in the developing country.

Family planning is a process of using basic knowledge, attitude and responsible decision by an individual or couples to practice contraception and promote health of the family. It allows a couple to well-plan their family size and desired number of children (Smith, Ashford, Gribbler, & Clifton, 1970). According to World Health Organization (2018), family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility**.** A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

The benefits of family planning are not only in reducing infant morbidity and mortality, but it also enhances child growth and development. It enables parents to choose

and have their desired family size. The key role in family planning is population growth, poverty reduction and human development. Practices of family planning and evolved in modern techniques are helpful in controlling this population growth and poverty issues.

Family planning allows spacing of pregnancies and can delay pregnancies in young women with increased risk of health problems and death from early childbearing. It prevents unintended pregnancies, including those of older women who face increased risks related to pregnancy. Family planning enables women who wish to limit the size of their families to do so. Evidence suggests that women who have more than 4 children are at increased risk of maternal mortality (World Health Organization, 2018). Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women to pursue additional education and participate in public life, including paid employment in family organizations. Additionally, having smaller families allows parents to invest more in each child. Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts (World Health Organization, 2018).

Nowadays, the notion that men are not interested in taking an active role in family planning is one of the limited obsolete. The case is true for developing countries because research on this topic is not updated (Tong & Ling, 2017). Recently, researchers in Asian countries have investigated the cause of failure of family planning because of the lack of husband involvement. In Asia, the man is still the main decision maker and has the authority to decide on matters involving the wife including family planning and the use of contraceptive. However, other studies also showed that men tend to support their partners to use of contraception if they have good information and knowledge regarding family planning (Syahnaz, Rasina, Azmawati, & Harlina, 2018). In our society, men play

an important role in family planning and decision-making. Women have an economic dependence on men, which obligates them to accept men's decision. The concern of the men is to eliminate the barrier of contraception. Roles of men can be gender equality focusing on key fields that includes sharing the burdens.

In addition, most of the research is more focused on women and none has interviewed men. There is little information about knowledge, attitude and practice on married men towards family planning. For example, research with ever-married men in Nigeria demonstrated high levels for contraceptive knowledge combined with a high level of usage. Yet, researchers in this study only assessed contraceptive knowledge using "having heard of" a contraceptive method as an overall measured of knowledge about modern contraceptive (Oyediranka, Ishola, & Feyisetan, 2002). Besides, there is no measure to validate men's accuracy of knowledge.

1.3 Problem Statement

In 2012, the female population comprised 14.2 million (51.5%) and the male population comprised 15.1 million (51.5) in Malaysia (Ministry of Women, Family and Community Development, 2013). Studies have found that often 'husbands/partners are opposed' is listed as one of the primary reason non-users report for not using contraception. This is strongly influenced by their male partner's lack of knowledge about family planning and resistance to the use of family planning method (Thummalachetty, Mathur & Mullinax, 2017). Furthermore, women in Zambia have reported covert contraceptive use due to husband disapproval of contraceptive use (Biddlecom & Fapohunda, 1998). Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. The use of contraception by men makes up relatively small subset of the above prevalence rates (World Health Organization, 2018).

Moreover, family planning can reduce mortality death. Women can and do die from childbirth. It has been estimated that a woman's lifetime risk of dying from pregnancy and childbirth is almost 100 times more in a developing country than in a developed country. There is also evidence that the likelihood of maternal death is increased in women who have more than four children. In 1970, there were 157 maternal deaths per 100,000 live births in Malaysia. There was a marked decrease to 29 maternal deaths per 100,000 live births in the mid-1990s. Since then, progress has been glacial, with 27.3 maternal deaths per 100,000 live births in 2010 (Ministry of Health, 2012).

In Malaysia, the data until December 2011 reported that 9,494 women had HIV (Ministry of Health Global AIDS, 2012) which is probably infected from husbands that are IVDU or Family planning reduces the transmission of HIV and consequently deaths from AIDS. The consistent and correct use of condoms reduces transmission of HIV, avoids unintended pregnancies and reduces transmission of HIV from mother to child. It has been reported that family planning has prevented more than half a million unintended pregnancies annually in HIV positive women in sub-Saharan Africa, where the epidemic is most severe (Damian, George, Martin, Temba & Msuya, 2018).

Besides, men are concerned about adverse side effects of contraception towards their partner (Yilmazel, Cetinkaya, Nacar, & Baykan, 2019). Exploring reasons for low contraceptive use among Uganda youth, men expressed the fear of cancer, fibroid, reproductive morbidities and infertility among their female partners caused by the contraceptive pill (Nalwadda, Mirembe, Byamugisha & Faxelid, 2010). The lack of family planning programs contributes to family planning revolution to recognize the importance of male attitude in fertility decision making.

The importance of men involvement in family planning is to encourage husbands to become more involved and supportive of women' need, choice and right in sexual and

reproductive health. It is also addressing men's own sexual and reproductive health needs and behavior. In Malaysia, the data in family planning among men is lacking. Many studies of family planning involved the women only. The higher knowledge can contribute good attitude and practice. This is important for husbands to make a decision in their practice of family planning. It can make a better outcome of goal family planning.

1.4 Research Questions

i. What is the level of knowledge towards family planning among married men in Hospital Universiti Sains Malaysia?
ii. What is the level of attitude towards family planning among married men in Hospital Universiti Sains Malaysia?
iii. What is the prevalence rate of family planning practice among married men in Hospital Universiti Sains Malaysia?
iv. Is there any association between prevalence rate of family planning practice and selected socio-demographic among married men in Hospital Universiti Sains Malaysia?

1.5 Research Objective

1.5.1 General objective

To determine the knowledge, attitude and prevalence rate of family planning practice and factors associated with prevalence rate among married men in Hospital Universiti Sains Malaysia.

1.5.2 Specific Objective

The specific objectives of this study are:

i. To determine the level of knowledge of family planning among married men in Hospital Universiti Sains Malaysia.

ii. To determine the level of attitude on family planning among married men in Hospital Universiti Sains Malaysia.

iii. To determine the prevalence rate of family planning practice among married men in Hospital Universiti Sains Malaysia.

iv. To examine the factors associated with prevalence rate of family planning practice among married men in Hospital Universiti Sains Malaysia.

1.6 Research Hypotheses

H_o- There is no significant association between the prevalence rate of family planning practice and selected factor among married men in Hospital Universiti Sains Malaysia.

H_A- There is significant association between the prevalence rate of family planning practice and selected factors among married men in Hospital Universiti Sains Malaysia.

1.7 Conceptual and Operational definitions

The definition for operational term used in this research proposal as shown below:

Family planning	:	Family planning is a conscious decision as to the number and spacing of children born, effected by the use of contraception. This also a practice of birth control measures within the context of family values, attitudes, and beliefs; including oral contraceptives, diaphragm, condom, and natural family planning. (Collins Dictionary of Medicine, 2004, 2005).

Knowledge	:	Knowledge is often defined as a belief that is true and justified. This definition has led to its measurement by a method that relies solely on the correctness of answer. A correct or incorrect answer is interpreted to mean simply that a person knows or does not know something. (Hunt, 2003). Any contraceptive including any type of contraception such as birth control, natural and traditional. In this study, to assess level of respondents of knowledge on family planning, the respondent answer were graded, and 19 question were utilized in creating a knowledge focus on method, purpose, consequences, and benefit in family planning.
Attitude	:	An attitude is "a relatively enduring organization of beliefs, feelings, and behavioral tendencies towards socially significant objects, groups, events or symbols" (Hogg & Vaughan 2005). A social attitude was defined as "a behavior pattern, anticipatory set or tendency, predisposition to specific adjustment or more simply, a conditioned response to social stimuli" (Dockery & Bedeian, 1989). Krech and Crutchfield (1948) wrote, "An attitude can be defined as an enduring organization of motivational, emotional, perceptual, and cognitive processes with respect to some aspect of the individual's world".
Level of Attitude	:	In this study, to assess the level of attitude, there were 12 statements on attitudes to the use of family planning. It also to see the awareness of the men.

Prevalence rate of family planning practice	:	Contraceptive prevalence is the percentage of men who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used.

1.8 Significance of the Study

This study was to determine the level of knowledge attitude and practice of married men on family planning in Hospital Universiti Sains Malaysia. This topic is very important because the finding from this research can contribute updated knowledge about family planning practice among married men. Meanwhile, this study is to determine either there is any association between the selected factor and prevalence rate of family planning practice. This also may contribute to the benefit of increasing the level of knowledge and attitude on family planning in our community. It also can reduce morbidity and mortality among women. On the other hand, the information and finding from this study can be used as baseline and references for future research.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter reviewing the current literature related to knowledge, and attitude on family planning among men in Hospital Universiti Sains Malaysia. Finally, this chapter provides a detailed description of conceptual framework chosen for this study.

2.2 Family Planning

According to the World Health Organization (2018), family planning is defined as "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 the use of contraceptive methods and the treatment of involuntary infertility". The importance of family planning is clear from its benefits to individuals, as well as to families, communities, and societies. Family planning serves three critical need which helps couples avoid unintended pregnancies, reduces the spread of sexually transmitted diseases (STD) and helps reduce rates of infertility.

Family planning is adopted voluntarily through the practice of contraception or other methods of birth control on the basis of knowledge, attitude and responsible decision by individuals and couples, in order to promote the health welfare of the family and contribute to the social and economic development of the country. Family planning has been identified by the World Health Organization (2018) as one of the six essential health interventions needed to achieve safe motherhood and by United Nations Children Fund (UNICEF) as one of seven strategies for child survival. In Malaysia, family planning services are provided by various agencies such as governmental, private and non-governmental organization. The main provider is Ministry of Health clinic and hospital.

2.3 Method in family planning

About 85% of couples will become pregnant within one year without contraception (Cleland et al, 2006). There are a number of family planning methods available to the couple. These methods can be divided based on several criteria such as natural/artificial, traditional/ modern, temporary/ permanent, male/ female and oral/ injectable/ IUCDs. Natural family planning (NFP) means is a form of pregnancy planning. It does not involve medicine or devices. NFP helps people know when to have sexual intercourse. It involves keeping track of a woman's bodily changes throughout her menstrual cycle.

Three methods of natural family planning currently are practiced. The first is the mucus or ovulation method. A woman checks and tracks her cervical mucus. During ovulation, your cervical mucus is stretchy, clear, and slick. It looks and feels like an uncooked egg white. A woman will write down her mucus' consistency each day. The second is the symptom thermal method. A woman takes her daily basal body temperature (BBT) using a BBT-specific thermometer. They should use the thermometer the same way each day to get accurate results.

Next, a third approach is the rhythm method. It is based on the calendar dates of a woman's previous menstrual cycles. This method can be more difficult and is not as reliable. It doesn't allow for changes in the menstrual cycle, which are common. A normal menstrual cycle is between 28 to 32 days. The day a woman starts her period is considered to be cycle day 1. Ovulation often occurs around day 14 of your cycle. Sometimes, people combine the approaches. In all 3 method she must use a calendar or chart to track the data and changes. This method has no systemic or long-term side-effects. However, these methods are based on the timing of the women's fertile period, which is highly unpredictable, even if their cycles are regular. The timing is even less predictable for

women with irregular menstrual cycles. Most women reach their fertile period earlier and others much later (Wilcox, Dunson, & Daybaird, 2000).

In Malaysia, abstinence during fertile period is the third most popular contraceptive methods used among all ethnic groups (Rohani, 1988). Some couples find that abstinence during the fertile period is difficult to practice consistently as it produce undesirable tension in their relationship. Other traditional methods include male withdrawal, which is one the oldest method of contraception. The husband withdraws the penis just before ejaculation to ensure that all sperms are deposited outside the vagina. It is a simple method, moderately effective, widely acceptable by well-adjusted and motivated couples and does not require any professional supervision. It is the commonest traditional method used among all three ethnic groups in Malaysia (Rohani, 1988).

Hormonal methods are the most popular family planning methods used worldwide. There are several types of hormonal contraception available. These include oral contraceptive pills, which include combined oral contraceptive pills and progestogen only pills. Combined oral contraceptive pills contain two hormones, an estrogen and a progestin that come in packets of either 21 or 28 pills. The 21 pills pack contains only active pills and requires women to take a seven days break in between packs. The 28-pills pack contains 21 active pills and 7 inactive or hormone free pills. Progestogen is the only pill which contains only progestin and not estrogen. They are especially suitable for women who are breastfeeding since this type of pills does not affect milk supply and quality.

Injectable forms of hormonal contraception are considered safe, very effective, simple to use and easy to administer. Injectable contraceptives are among the most effective reversible contraceptive available, with a failure rate less than one percent after a year of use. Injectable contraceptives work in several ways to prevent pregnancy. The

primary action is the inhibition of ovulation. Besides that, it also increases the viscosity or thickness of the cervical mucus, making it less permeable to sperm penetration to the uterine cavity.

Another type of hormonal contraception is the contraceptive implant. It is an effective, long acting, reversible, low dose progestogen-only product, suitable for use in family planning programs along with other currently available contraceptive preparations and devices. Implant is inserted subdermal in the first seven days of menstrual cycle and once in place, it requires no further attention by the user. However, it must be inserted or removed by a specially trained health professional. The effectiveness of this method is comparable to combined oral contraceptive pills and intrauterine device. Amenorrhea is common after insertion of implants, reported by 20% of users at any time in the first two years (Kubba, Guilleband, Andorson & Gregor, 2000).

Intrauterine contraceptive devices (IUCDs) are small plastic devices that come in different sizes and shapes and have a life span ranging from one to five years. It prevents pregnancy primarily by preventing fertilization. The IUCD is inserted in to the uterus through the cervix by a trained health professional at any time convenient to the user, normally within the first seven days after normal menses, or within the first seven days post abortion, or six to eight weeks post-delivery, or within five days of unprotected sexual intercourse. O' Hanley & Huber (1992) also found that insertion of an IUCD in the post-menstrual and immediate post-partum periods was convenient, efficient, safe and have a low incidence of infection.

Sterilization is a permanent contraceptive option available to couples that have decided to end bearing a child. Female sterilization involves occlusion or transaction of the fallopian tubes, commonly referred to as 'tubal ligation'. Male sterilization is performed by vasectomy. Despite calls for increased involvement of men in

contraception, only the traditional methods of withdrawal and condoms are available (Kubba et al, 2000).

The male condom is an essentially a sheath worn over the penis during intercourse. It is the most harmless form of modern contraceptives with a failure rate of about 12%. It prevents pregnancy by acting as a barrier preventing the sperm from reaching the ovum. The use of condom allows males to have an active part in preventing pregnancy. Some condoms contain spermicidal to improve their effectiveness. Side effects are mainly allergy to latex rubber or to the lubricant. However, nonrubber-based condoms are available for such situations.

2.4 Knowledge on Family Planning

The use of any family planning method depends on the person's knowledge of the different family planning methods available and willingness. In a study among men in Ghana, only 26% of the participants mentioned family planning and health service providers as a source of their knowledge (Akafuah & Sossou, 2008). Next, other studies in knowledge and attitude towards family planning practice and prevalence of short birth spacing among residents of suburban area in Terengganu, Malaysia only 31.4% is good knowledge compared to a study in Kota Bharu which is 57.7% among husbands. This could be due to low education background among the participants and most of them had undergone up to secondary school only. Therefore, we should provide a better knowledge and information related to family planning so that their practice could be improved and sustained (Nazri & Shahruddin, 2012).

Besides, knowledge of contraceptives among the respondents in men is generally high with 63.6% of the participants indicating know at least one method in Northern Nigeria (Ismaila & Mustapha, 2006). Knowledge of family planning method is associated with the place of residence, age and education. This is because, 67%of current user

contraceptive are between the ages 26-40 years and only 24% are between the ages 41-59 years. This implies that contraceptive use is more prevalent among individuals in the middle age categories while on the other hand older people are not inclined to use contraceptive due to lack of desire to do so as some of them may not be sexually active. In education, the highest proportion of the current user of contraceptive comes from those with high level of education with 56.3%. This shows a positive relationship between contraceptive use and education. In other word, among those who currently practice contraception education is very important factor (Ismaila & Mustapha, 2006).

Moreover, the study in Yemen shows that the respondents among husbands were further asked about their knowledge regarding mechanism of family planning methods and their knowledge and it was generally poor. Only 176 husbands (44.0%) knew that contraceptive pills contain hormones and only 221 husbands (55.3%) knew that IUCDs are small devices used to prevent fertilization by a foreign body response in the endometrium, preventing the sperm from reaching the fallopian tubes but does not affect implantation of the fertilized egg. Husbands were more knowledgeable regarding condoms, with 356 husbands (89.0%) knowing that the condom acts as a barrier to prevent sperm from entering the vagina (Almualm, 2007).

About 50% of the married men in Ghanaian men, condom as the most common and popular modern family planning device that they were familiar (Akafuah & Sossou, 2008). The least known and less popular device were spermicidal substance, vasectomy, tubal ligation and norplant. The less of knowledge about the use of vasectomy as a family planning method could be due to lack of adequate education about the procedure. The majority of the participants 83.9% who had at least secondary school and post- secondary education, indicated that they had previously used a means of contraception, mostly condoms.

However, 86% of the group indicated they were currently using contraceptive and 64.9% of this educated group expressed the intention of using contraceptive in the future compared to men with just primary education and those with no formal education (Akafuah and Sossou, 2008). The educational background of the married men determines the willingness of men to use a family planning in the future.

In India, all of the respondents are aware of the permanent methods of sterilization. Among the temporary method 86% of the respondents were aware of condoms, 50% oral contraceptive pill, 32% abstinence and 6% Intra-uterine contraceptive device (Reddy, Premarajan, Narayan & Mishra 2003). We can see that difference country have acceptance of the method.

2.5 Attitude on family Planning

Previous research has documented that knowledge is important in changing one's attitude and this is evident in many behavioural theories such as the health belief models, trans-theoretical model stage of changes and the theory for reasoned action. According to the study in Mukalla Yemen, the attitudinal disposition of the husbands towards family planning methods is generally unfavorable, with 55% of the husbands having unfavorable and 35.7% having favorable attitude. This is possible related to cultural and religious beliefs of the people which discourage the practice unless on medical ground. Essentially, awareness of and towards contraceptive are affected by socio-economic characteristic (Ismaila & Mustapha, 2006).

Next, pertaining to attitude toward family planning 79.1% of husbands had unsatisfactory attitude towards family planning (Nazri & Shahruddin, 2012). Thus, it shows that husbands have poorer attitude towards family planning. In this study, husbands in Terengganu showed that knowledge alone did not influence the attitude. Knowledge was assessed in terms of awareness toward modern contraception method which was high

(Syahnaz et al, 2018) but the attitude and practice still remain low (Najimudden & Sachchithanantham, 2014). Almost all the respondents among married men had a favourable attitude towards family planning, which is similar to the study done by Rama Rao et al. who reported that the majority (80%) of their respondents were in favour of family planning. Respondents who had favourable attitudes to family planning cited reasons such as health of the mother or the child, having fewer children and maintaining one's standard of living. In this study on knowledge of and attitudes towards family planning by male teachers in the Islamic Republic of Iran, majority of the male teachers respondents, 71.0%, had positive attitude towards family planning programs, with 25.8% having a moderately positive attitude and only 3.3% having a negative attitude (Tavakoli & Rashidi, 2003).

2.6 Prevalence rate of family planning practice

According the study married man in India and Ethiopia, the ever used contraception reported by men ranged between 62%-80%. The finding of the study gave us a few possible indications. The modern contraceptive prevalence rate in our community is still low or there is probably lack of awareness of modern contraceptive method among men (Syahnaz et al, 2018). Nevertheless, our study had shown a significant improvement in the uptake of contraception compared to 38% reported from a local study done in 2012 (Nazri & Shahruddin, 2012). Based on this study, majority of the participants has widely adopted condom followed by oral contraception pill and implanon. The least use is surgical method which is tubal ligation as this is a permanent method. A different finding was observed in other countries due to the variation between culture and availability (Syahnaz et al, 2018).

Next, only 65% of the men in Republic of Iran actually applied a contraceptive method. This implies that much still need to be done to achieve a greater prevalence. This

may be due to the fact that the level of education of the group involved was higher than that of the general population (Pirincci & Oguzoncul, 2008). In Mukalla Yemen, the study showed the prevalence of family planning practice among husbands in Mukalla was 39.0%, of which 11.0% are current users and 28.0% are previous users. There were 61.0% of husbands who have never practiced family planning. The prevalence of currently practicing modern family planning by husbands in Mukalla (11.0 %) is much lower than that reported for Jordanian husbands in the 1985 Jordan Husband Fertility Survey (JHFS) at 26.5% (Warren, Hiyari, Wingo, Aziz & Morris, 1990). However, there was no study found on family planning practices of Yemeni men conducted previously in order to compare with the results of this study. It is known that many Yemeni husbands do not discuss family planning with their wives and are therefore unable to truly know the status of their wife's family planning practice. It is also conceivable that some wives may secretly practice family planning without the knowledge of their husbands, especially those wives who perceived their husbands as not supportive of family planning (Almualm, 2007).

2.7 Factor Affecting Prevalence Rate of Family Planning Practice

Many factors are known to affect family planning knowledge and attitudes of the husband, which in turn will influence the practice. The educational level of the wife has been reported by many studies to be proportional to the practice of family planning. It has been shown that empowerment indices for decision- making and freedom of movement for Egyptian women increased steadily and significantly with education (Kishor et al, 1999). According to Shah, Shah and Radovanovic (1998), the wife's education has a stronger negative impact than the husband's on desired and actual family size in urban areas; while the husband's educational level is more important in rural areas in Kuwait.

In Turkey, noted that higher levels of education and wider employment opportunities for women leads to higher family socio-economic status, which in turn directly influence the wife's role in decision- making in family life, leading in turn to more modern family planning practice (Sahin & Sahin, 2003). Therefore, other factors that influenced the attitude towards family planning should be identified and improved. Those factors include support or barrier from friends, family members, community and health service beliefs and culture (Nazri & Shahruddin, 2012).

In a local study, we found that prevalence of family planning practice was 38.7%. It slightly higher than compare other study in Nepal 23.0%. However, findings from this study was lower that the reported prevalence rate of contraception in Malaysia, both traditional and modern of 51.8% and 61% globally.

2.8 Conceptual Framework for the Study.

Bennet's (1976) knowledge, attitude, skill and aspiration (KASA) change Hierarchy model has been used in evaluating the basic principle for changes. The Bennett's Change model was used in this research. It is one of the first models created to impact change in practice. Bennet proposes that when participants apply their KASA, this leads to practice change and from practice change comes end result. This theoretical change model targets outcomes. Before developing an educational program to improve practice, the researcher must identify what knowledge is needed and assess the participants' attitude, skill and desire to change (Bennett, 1976).

This framework is about the intention to act to understand the determinants of modern contraceptive use among men, this build on exciting knowledge on factor associated with contraceptive used. We hypothesized that factor associated with contraceptive used operate at different levels. In this study, this conceptual framework describes how selected sociodemographic such as educational level, occupation and age

will influence practice. For the knowledge, the respondents will answer the questions that view their knowledge regarding family planning either respondent have good knowledge or poor knowledge. For attitude, to determine the good and poor attitude, it is influenced by respondent's knowledge and practice. Therefore, with good knowledge and attitude, there will be a desire to change the attitude of family planning.

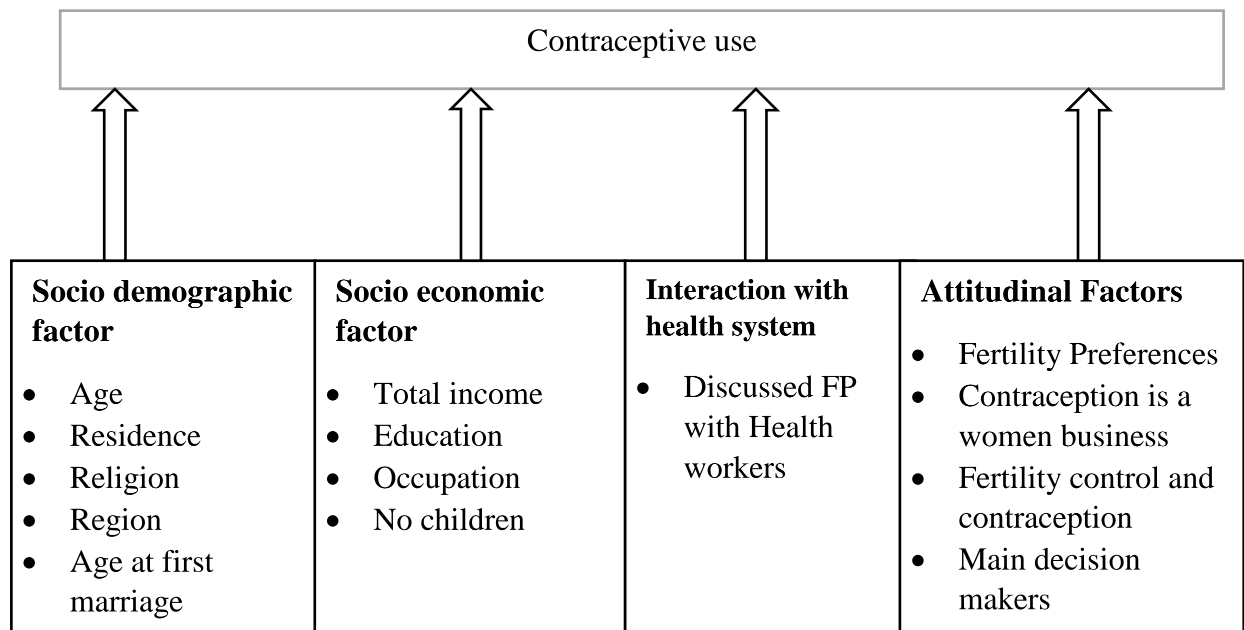

Figure 2. 1 Conceptual framework based on the adapted The Bennett's Change model (Bennett, 1976)

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Design

This study applied a cross-sectional study.

3.2 Research Location

This study was conducted at pharmacy Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan. In general, Department of Pharmacy, Hospital USM provide variety of services regarding supplying drug for in-patient as well outpatient and monitoring therapeutic drug. Outpatient and inpatient get their medication from this centre before going back home. Visitor in this pharmacy consists of different backgrounds such as patient itself or relative to patients, male & female, older & young people, healthy or sick people from different place in Kelantan as HUSM is tertiary hospital and referral hospital in Kelantan. By recruiting sample from this centre, it will represent the community in Kelantan.

3.3 Research Population

This study was involved married men in pharmacy HUSM that fulfill inclusion and exclusion criteria

Inclusion Criteria:

Subject selected as participants if they are:

- Married Men
- Aged above 18 years old
- Able to understand, speak and write in Bahasa Melayu or English

Exclusion Criteria:

Subject was excluded from this study if they:

- are currently divorced
- are a widower
- have a mental illness

3.4 Sampling plan

3.4.1 Sample Size Estimation

$$N = \left[\frac{Z}{\Delta}\right]^2 p(1-p)$$

N = minimum required sample size

Z = 95 % confidence interval (CI) = 1.96

Δ = precision = 0.05

P = estimated proportion of husbands practicing contraceptive

Table 3. 1 The sample size was calculated using the single proportion formula;

	***p*-estimate propotion**	**N**	**Drop out 10%**
Objective 1: To determine the prevalence rate of family planning practice among married men in Hospital Universiti Sains Malaysia.	**P = 0.656** Refers to married Turkish men in Turkish towards family planning methods (Pirincci & Oguzoncul, 2008).	347	381
Objective 2: To determine the level of knowledge on family planning among married men in Hospital Universiti Sains Malaysia.	**P = 0.16** refers to Knowledge and attitude towards family planning by male teachers in the Islamic Republic of Iran (Tavakoli & Rashidi, 2003).	207	227

Objective 3: To determine the level of attitude on family planning among married men in Hospital Universiti Sains Malaysia.	**P = 0.209** Refers to husbands attitude in Terengganu towards family planning methods (Nazri & Shahruddin, 2012)	254	279

Then, based on three-sample size calculation, sample size in objective 3 is convenience and realistic to do within time frame. Therefore, the total number of participants of this study are 279.

3.4.2 Sampling Method

Respondents who are married men were selected by using non-probability convenience sampling. Non-probability sampling method mostly involves judgment. In this method, the researcher enrolled subjects according to their availability and accessibility.

3.5 Research Instrument

In this study, data from married men was obtained using a set of self-administered questionnaires. The questionnaire was adopted and adapted from the previous study, which is Ismaila & Mustapha (2006) and Tong & Ling (2017). The permission was obtained as shown in appendix B.

3.5.1 Questionnaire/ Instrumentation

The questionnaire is divided into 4 sections.

Section A: Socio- demographic

Section A consisted of 16 questions of socio-demographic background of the married men and her wife. Socio-demographic data which included age of husband, ethnicity,

religion, occupation, family income, occupation wife, educational level husband and wife, age at first marriage, number of current children, age of last child, living arrangement data. It is categorized as an independent variable of this study.

Section B: Knowledge toward Family Planning

Section B consists of 19 questions which were used to assess the respondent knowledge on family planning. The questions focused on the husband's knowledge on methods, purpose, benefit and side effect in family planning, with responses being Yes, No and Unsure. The questions consist of positive and negative statement. The last question in this part includes questions on the source of information on family planning.

Section C: Attitude toward Family planning

Section C consists of 12 statement to assess the respondent's attitude to the use of family planning. This question involves worried about family planning and communication between husband and wife with likert scale responses strongly disagree, disagree, neutral, agree and strongly agree. The questions consist of positive and negative statement.

Section D: Family Planning Practice

Section D consists of 7 statements to assess the respondent's practice of the family planning. This section asked the family planning practice and methods of husbands and their wife use. One question asks on the reasons for not practicing family planning and another question asks did the respondent give permission to the wife in practicing family planning.

3.5.2 Translation of the Instrument

The questionnaire was developed in English then translated in the Malay version. Forward and backward translation were used in this study. The translated version was checked and validated by panels that are experts in this field.

3.5.3 Validity and Reliability

Content validity

The validity and reliability are important in the data collection instrument. The content was validated by three experts in the field, from Health Campus, Universiti Sains Malaysia. After the validation was done by the experts, corrections were done based on the comments and then sent back to the expert. It is to ensure that the instrument used in this study capable to provide an accurate and valid measurement aspect and the participant able to understand the questions.

A pilot study was carried out to pre-test the questionnaire in Malay version and in order to determine problems related to the questions and to estimate the length of time required completing the questionnaire. According to Hertzog (2008), 10-15 respondents who fulfil the inclusion criteria of the study was eligible to take part in the pilot study. In this study, 20 married men in Klinik Rawatan Keluarga (KRK) in Hospital Universiti Sains Malaysia Health Campus were invited to take part in the pilot study. Modifications will be done on the instrument after the pilot study was conducted.

3.6 Variables

Variables are those attributes that are measured or manipulated in a study. The variables used in this research study are independent and the dependent variables are as shown in Table 3.2.