

SHORT COMMUNICATION

**KNOWLEDGE AND AWARENESS ON FAMILY PLANNING PRACTICE (CODE 1) AMONG THE HIGH RISK MOTHERS IN ONE LOCAL HEALTH CLINIC, IPOH, MALAYSIA.**

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## Introduction

The proper use of contraceptive has significantly improved health-related outcomes among the mothers and infants.<sup>1,2</sup> Each pregnancy and childbirth places a health risk for the mother and the risk is magnified if she is at high risk or with pre-existing chronic medical conditions.<sup>3</sup> Family planning programme has been implemented free or at affordable charges in Malaysia Healthcare System; however, it was underutilized or not being fully utilized.<sup>4</sup> Based on the health records and returns from January till December 2016 in one local maternal-child health clinic, as high as 62.5% of registered high risk mothers were reluctant to practice family planning Code 1 (hormonal methods of contraceptive). High risk pregnancy cause complications for both mother and infant; also affecting the whole family system. Literatures suggest that health education has positive impacts in changing individual's health behavior; also empowering the clients to take charge of their own health decisions and behavior.

## Objectives

To increase awareness and knowledge on family planning Code 1 (Hormonal methods) among the high risk mothers aged 15 – 45 years in one-month time after implementation of interventions.

## Materials and methods

Pre-Intervention Phase: Data was collected to identify the factors influencing clients' health behavior through review of health records, observation of clients' behavior and a small scale survey using self-administered questionnaire (pre-test). Permission was granted by the Director of Kinta District Health Office and the Family Medicine Specialist of the health clinic. The results of the survey were analyzed using IBM SPSS version 22.0.

Intervention Phase: Health promotion approaches were designed with various interventions implemented, including health talk, health forum, small group discussion, counseling & health education, home visit and sharing of information/updates using social media and advanced technology, such as WhatsApp messenger group chat, digital print, augmented reality and web-tools.

Post-Intervention Phase: The same methodology of data collection as in the Pre-Intervention Phase, includes review of health records and self-administered questionnaire (post-test) to ensure consistency and increase accuracy in data analysis.

## Results

Pre-Intervention Phase: Generally, participants have adequate knowledge on family planning (80%); while the factors influencing their health behavior were lack of knowledge, lack support from husband and cultural beliefs.

Post-Intervention Phase: Marked increase in the level of knowledge (> 85% respondents have good knowledge) and 11.1% increase in the practice of Code 1 contraception among high risk mothers.

## Conclusion & Recommendation

Knowledge alone will not influence attitude; however, it is importance to have good knowledge, as knowledge will influence individual's thinking and mind set.<sup>5</sup> Knowledge can be improved much easier as compared to change of individual's health behavior. This findings of this project suggested that health education must be emphasized extensively by healthcare personnel to increase the percentage of high risk mothers practicing Code 1 contraception<sup>6</sup>. In addition, one of the new approaches introduced and imparted was adopting the advancement in technology in giving health education. The application of information

and communication technology (ICT) has certainly increased the effectiveness in health promotion. The findings are congruent with the desired outcomes of implementing a variety of health promotion strategies. Healthcare personnel should continue to empower women to practice of family planning.



Figure1. Health promotion approaches

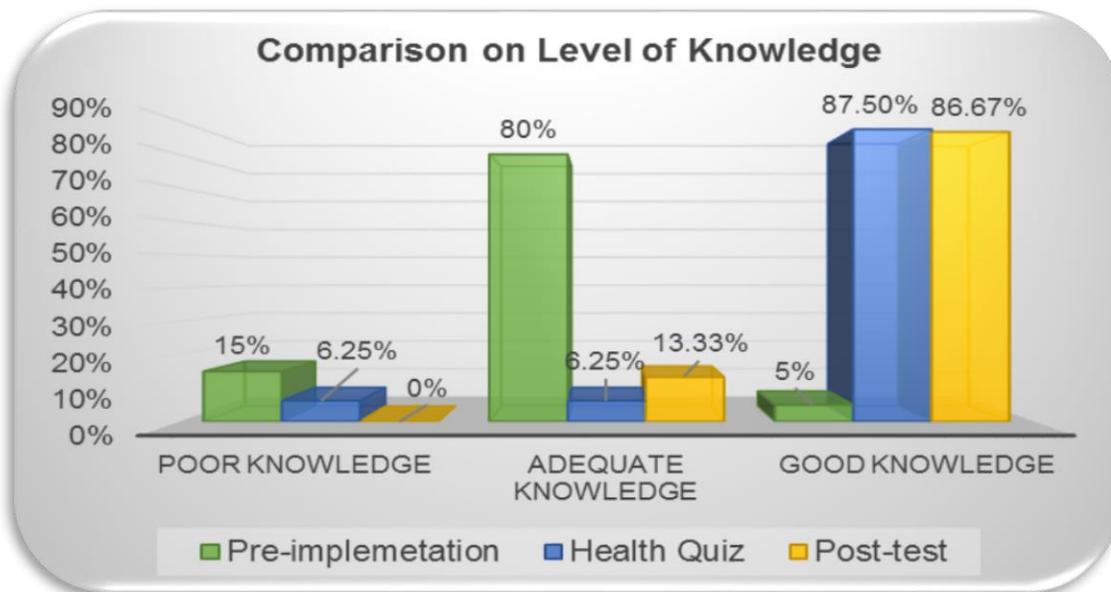


Figure 2. Comparison on level of knowledge pre and post implementation of health promotion

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