
WOMEN'S AWARENESS TOWARDS FAMILY PLANNING METHODS IN BENI SUEF CITY

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ABSTRACT

Background: Many of the Sustainable Development Goals may be achieved with the help of family planning. So, governments and partners all around the globe have made investments to enhance access to and use of family planning methods (FPM). **Aim:** This study aimed to assess women's awareness of family planning methods and their satisfaction related to the utilized methods in Beni Suef City. **Subjects and method:design:** A descriptive study was used to accomplish this study. **Setting:** The study was conducted at Beni Suef; East Nile medical center, Ghamrawi, and the Green Salon for Maternal and Child Health Centers. **Subjects:** A purposive random sample of a total of 114 women's. **Tool:** A structured interviewing questionnaire was developed by the researchers in the Arabic language consists of five parts; Part I. Concerned with the demographic data, Part II. Women's menstrual, gynecological, and obstetric history, Part III. Women's knowledge about different family planning methods, Part IV. Women's usage of contraception methods, and Part V. Women's satisfaction by usage of contraception methods. **Results:** Out of 114 participants, 28.1%, 31.6%, and 40.3% had poor, fair, and good total knowledge score about family planning methods, respectively. Their total average satisfaction percent score was 66.37 ± 21.33 . **Conclusions:** The main preferable contraceptive method preferred was IUDs. Study participant's age, age of marriage, level of education, and employment were significantly associated with their contraceptive knowledge. **Recommendations:** The study recommended increase awareness of newly married couples about family planning is recommended to raise health awareness of family planning methods.

Keywords: Women's Awareness; Family Planning Methods.

INTRODUCTION

Family planning is a way of thinking and living between spouses and people freely embrace based on their knowledge, attitude, and responsible actions. A couple's intentional attempt to restrict the number of children they have via contraceptive techniques is referred to as family planning (Isiko et al., 2021; Wani et al., 2019; *Family planning/contraception methods*, 2020). Contraception is one of the most essential tools available to both women and men to achieve their desired family size (Kantorová et al., 2020; Farrag, et al., 2020).

Closely spaced pregnancies increase the risk of mother morbidity and poor baby outcomes such as preterm delivery, low birth weight, and small-for-gestational-age. Family planning is essential to prevent mistimed and closely spaced pregnancies after childbirth (Kasa et al., 2018; Mekonnen et al., 2021). According to research, maternal mortality rises when the number of children (parity) per woman grows. According to a new research, contraception might prevent more than two-fifths of maternal deaths (Mekonnen et al., 2021). By alone, family planning can cut maternal mortality by 30% (Makins, & Cameron, 2020).

There is no one technique for family planning; instead, interested couples can choose from a variety of options. These approaches are classified according to specific characteristics, such as format. It might be traditional/modern, natural/artificial, temporary/permanent, male/female specific, or oral/injectable/IUCDs in terms of manner of administration (Ali et al., 2020; Alyahya et al., 2019; Hameed et al., 2019). Acceptance of children as God's will, awareness of various contraceptive methods, and comprehension of the negative effects of various contraceptive methods are some of the variables that influence contraceptive usage (Ali et al., 2020; Tobey, 2020).

Nurse educate couples on what methods available and how to use methods, understanding how various methods of contraception work and how they compare in terms of benefits and disadvantages is necessary for successful counseling (Sally, 2012). The nurse also review the signs of potential complications associated with the use of methods in additions to completing a history and assessing for any contraindication to specific methods, nurse must be comfortable discussing contraception and be sensitive to the women's feeling the role of health care professionals in women's contraceptive awareness, selection, and usage is important. While women may talk about family planning with a range of people, including partners, friends, and

family members, they often prefer the approval of a trusted health practitioner before taking contraception. Women's health practitioners were crucial in providing information regarding forms of specific types of methods and differentiating between methods that women may have heard about within their social networks (Yirgu et al., 2020; Seidman et al., 2018).

Age, number of children, educational level, socioeconomic status, fertility intent, cultural belief, awareness of family planning methods (FP), fear of side effects, partner rejection, misconceptions, and myths have all been shown to influence the use of modern contraceptives in previous studies (Alo et al., 2020; Hindin et al., 2014). Contraceptive myths and misunderstandings abound in poor communities and low- and middle-income populations. Poverty, ignorance, and erroneous religious ideas have produced a culture and atmosphere in Egypt, particularly in rural areas, that has helped spread misinformation about modern contraceptives since their introduction (Eshak, 2020).

Most women of childbearing age know little or have inaccurate knowledge about family planning (FP) procedures. Even when they know the name of some contraceptive, they don't know where to get it or how to use it. These ladies have a negative attitude towards FP, and some of them got incorrect or misleading information (Iti, & Mudaraddi, 2021; Wani et al., 2019). Therefore, this study aimed to assess women's awareness towards family planning methods and their satisfaction related to the utilized methods in Beni Suf City.

Significance of study:

Family planning means the ability of individuals and couples to anticipate and achieve the desired number of children and the spacing and timing of births. So, evaluating women awareness toward family planning methods in communities is important for improving the quality and effectiveness of services and with beneficial effects on the health and quality of life of women, children, families and communities.

AIM OF THE STUDY

The study aimed to assess women's awareness towards family planning methods and their satisfaction related to the utilized methods in Beni Suf City.

Research questions:

1. Do women have knowledge regarding family planning methods in Beni Suef City?
2. Does women has satisfaction about their usage of contraceptive methods in Beni Suef City?

SUBJECTS AND METHOD

Design:

A descriptive study was used to accomplish this study.

Setting:

The study was conducted at Beni Suef; East Nile medical center, Ghamrawi, and the Green Salon for Maternal and Child Health Centers.

Subjects:

Participants were recruited using a purposive sampling technique at Beni Suef Maternal and Child Health Centers mentioned above, in Beni-Suef Governorate, Egypt. A total of 114 women's, with inclusion criteria included women's who were using different family planning methods, women without any medical disease, and women already used one of family planning methods for last one year, were recruited in the study to assess women's awareness towards family planning methods, and their satisfaction related to the utilized methods.

Tools of Data Collection:

The data for the current study were collected through the following tool which was designed by the researchers based on the necessary literature review.

Tool :A structured interviewing questionnaire sheet, was developed by the researchers in the Arabic language used for data collected. It consists of five parts as the following:

- **PartI:**Concerned with the demographic profile of the studied women's, included sociodemographic characteristics of the studied women such as age, age at marriage, job, educational level, and women's personal history.

- **Part II:** Concerned with women's menstrual, gynecological, and obstetric history, included period pattern, duration of period, gravidity, parity, number of children, and type of the last delivery.
- **Part III:** Concerned with women's knowledge about different family planning methods, to assess women's knowledge about different family planning methods, included source of information about FPM, purpose of contraceptive methods uses, different type of contraception.... etc.
- **Part IV:** Focused on women's usage of contraception methods, included purpose of use contraception, type of the used FPM, complication... etc.
- **Part V:** Concerned with women's satisfaction by usage of contraception methods included satisfaction with the current used contraceptive method, health status, using same contraceptive method in the future.... etc.

Scoring system:

A scoring system was developed to assess women's knowledge about different family planning methods. **Each** item in knowledge items scored as 2 for (yes), 1 for (no), and 0 for (I do not know). The total knowledge score poor was categorized as the following poor (<50.0%), fair (50.0 - <75.0%), and good ($\geq 75.0\%$). **Furthermore, to satisfy the woman, each of the satisfaction items was scored as 2 for (yes), and 1 for (no).** and data were presented using mean \pm SD.

Ethical Considerations:

Research approval was obtained from the Directors of Beni Suef Maternal and Child Health Centers. Oral consent was also obtained from the women after the researchers informed them about the purpose of the study. Furthermore, the women, who agreed to participate in the study, reported that all data collected during the study were confidential. They are also entitled to withdraw from the study at any time.

Operational Design:

This phase included a literature review, developing the tool, as well as testing the validity and reliability of the study developed tool. Review relevant previous and current literature and studies, using available books, periodicals, journals, and articles to learn about various aspects of research problems. The developed tool was tested for their reliability by using Cronbach's alpha coefficient test in SPSS program version 21 by a statistician to divide all questions on the tool and

computes all correlation value for them. It was carried out on 10% of studied women and the results were **Cronbach's $\alpha = 0.876$** .

Pilot study:

A pilot study was conducted on a sample of 10% of recruited women who attend Beni Suef Maternal and Child Health Centers. It carried out before data collection to evaluate the feasibility, time, cost, adverse events, and improve upon the study design before the performance of a full-scale research study. The necessary modifications were accordingly done. Participants in the pilot study were excluded from the sample.

Field work:

The researchers attended Beni Suef maternal and child health centers 2-3 days weekly, from 9.00 a.m. to 2.00 p.m. Data collection extended over a period of 3 months period from the 1st of March 2020 to the end of May 2020. Initial screening was carried out for all women having the inclusion criteria. The researchers started by introducing herself to women and simply explaining the aim of the study. All women were informed that participation is voluntary. Oral consent was obtained from the women to participate in the study. Data was collected through interviews with women. The women were interviewed individually. The time spent on each interview ranges from 10 to 15 minutes.

Administrative design:

Necessary official approval to conduct the study was obtained from administrators of Maternal and Child Health Centers. Oral permissions to conduct the study were obtained from the head of Beni Suef maternal and child health centers after explaining the aim of the study.

Statistical Analysis:

After the data collection, data were organized, categorized, result were presented in tables.

Data were analyzed using a compatible personal computer using the Statistical Package for the Social Sciences (version 21; IBM Corp., Armonk, NY, USA). The normality of data was first tested using the one-sample Kolmogorov–Smirnov test. Qualitative data were described using numbers and percentages. Continuous variables were presented as means \pm standard deviation. The *t*-test was used to compare two means. Meanwhile, the analysis of variance test was used to

compare more than two means. The results were considered significant when the probability of error is less than 5% ($p < 0.05$) and highly significant when the probability of error is less than 0.1% ($p < 0.001$).

RESULTS

Table (1): Shows the socio-demographic characteristics of the studied women. Out of 114 studied women, one third aged 30-35 years and 41.2 % aged 35 years and more with average 28.72 ± 5.62 years. The most common age of their marriage was 18 to 22 years 47.4% with average 23.61 ± 3.24 years. 54.4% of the studied women had university education then secondary educated 31.6%. Also, 55.3% of them were working.

Table (2): Shows the distribution of the studied women in relation to their gynecological and obstetric history. Period was regular in 86.8%, and its duration from 3-5 days 81.6% with average 4.71 ± 1.13 days. Gravidity ranged from once 23.7% twice 39.5% three 24.6% and four times or more 12.3%. While parity ranged from: once 26.3% twice 42.1%, three 25.4% and four times or more 6.2%. Furthermore, number of children in each studied woman ranged from one 28.9%, two 43.0% three 22.8% and four children or more 5.3%. Mode of last delivery was normal 53.5% and CS 46.5%.

Table (3): Shows the Knowledge of the studied women about methods of contraception. The sources of knowledge were health centers 48.2% social media 18.4% relatives / friends 13.2% and multiple sources 20.2%. In response to the question: why contraception methods are used? 49.2% of the studied women answered that spacing between pregnancies, 40.3% answered temporary pregnancy prevention while only 10.5%, answered complete prevention of pregnancy. In response to the question about the type of contraception they know; their answers were IUDs 72.8%, pills 63.2%, injections 25.4%, subcutaneous capsules 23.7% condom 14.0% safe period 8.8%, and tubal ligation 16.7%. While, in response to the question about the type of contraception they prefer; their answers were IUDs 39.5%, pills 28.9%, injections 14.9%, subcutaneous capsules, 8.8% condom 3.5%, safe period 1.8%, and tubal ligation 2.3%.

Figure (1) illustrate that level of knowledge of the studied women about contraception was poor in 28.1% fair 31.6% and good in 40.3%.

Table (4): shows the relationship between knowledge of the studied women about methods of contraception and their socio-demographic characteristics. The percentage of good knowledge was significantly increased by increasing the age of the studied women. Also, this percent of good knowledge about contraception methods was significantly increased among those with older age of marriage (above 25 years), among university educated and working women.

Table (5): shows the distribution of the studied women according to their usage of contraception methods. In response to question about why they were using contraceptive methods,

62.3 % of them answered (spacing), 78.1% (maintenance mother health) and 20.2% (economic status). About type of contraception, they already in usage, they reported that IUDs 44.7% pills 28.1% injections 10.5% subcutaneous capsules 7.0% and condom 9.7% Duration of their use varied from one year 39.5% two years 28.9% three years 22.8% and four year and more 8.8% with average 2.71 ± 0.89 years. Complications to used contraceptive methods were not reported among 36.0% of studied user women, while the most common reported complication was hemorrhage 32.4% nausea 19.3% headache 16.7% fainting 14.0% and lastly vomiting 6.1%. Only 28.9% of the studied women reported that they regularly visit the physician for follow up.

Table (6): shows the distribution of the studied women according to their satisfaction by usage of contraception methods. More than two thirds 69.3% of them reported that they were satisfied by current used contraceptive methods, 71.9% reported that they were satisfied by current health status and 59.6 reported that they feel satisfaction to use the same contraceptive methods in the future. As regard effect of current used contraceptive methods on their psychiatric state, daily activities, or their intercourse; 57.9%, 68.4% and 71.1% of them reported no effects, respectively. Out of 6 degrees, the average satisfaction score was 3.98 ± 1.28 . When we changed the score to be out of 100 degrees, the average percent satisfaction score was 66.37 ± 21.33 . This means that the average satisfaction level reached two thirds.

Table (1):Socio-demographic characteristics of the studied women n= 114.

Characteristics	No	%
Age: (years):		
20-	15	13.
25-	14	2
30-	38	12.
35+	47	3
		33.
		3
		41.
		2
	<i>Mean ± SD = 28.72 ± 5.62 Years</i>	
Age at marriage: (years)		
18-	54	47.
22-	45	4
25+	15	39.
		5
		13.
		2
	<i>Mean ± SD = 23.61 ± 3.24 Years</i>	
Education:		
Primary	3	2.6
Preparatory	13	11.
Secondary	36	4
University	62	31.
		6
		54.
		4
Job:		
Working	63	55.
Not working	51	3
		44.
		7

Table (2): Distribution of the studied women in relation to their gynecological and obstetric history $n = 114$.

	No	%
Period pattern		
Regular	99	86.8
Irregular	15	13.2
Duration of period: (days)		
3-5 days	93	81.6
> 5 days	21	18.4
	<i>Mean ± SD = 4.71 ± 1.13 days</i>	
Gravidity:		
Once	27	23.7
Twice	45	39.5
Three	28	24.6
Four +	14	12.3
Parity:		
Once	30	26.3
Twice	48	42.1
Three	29	25.4
Four +	7	6.2
Number of children:		
One	33	28.9
Two	49	43.0
Three	26	22.8
Four +	6	5.3
Type of last delivery:		
Normal	61	53.5
Caesarean section (C.S).	53	46.5

Table (3): Knowledge of the studied women about methods of contraception N=114.

Items	No	%
Sources of knowledge		
Health centers	55	48.2
Social media	21	18.4
Relatives / friends	15	13.2
Multiple sources	23	20.2
Why are contraception methods used?		
Spacing between pregnancies	56	49.2
Temporary pregnancy prevention	46	40.3
Complete prevention of pregnancy	12	10.5
Types of contraception you know		
IUDs	83	72.8
Pills	72	63.2
Injections	29	25.4
Subcutaneous capsules	27	23.7
Condom	16	14.0
Safe period	10	8.8
Tubal legation	19	16.7
What type of contraception you prefer?		
IUDs	45	39.5
Pills	33	28.9
Injections	17	14.9
Subcutaneous capsules	10	8.8
Condom	4	3.5
Safe period	2	1.8
Tubal legation	3	2.3
Level of knowledge:		
Poor (<50.0%)	32	28.1
Fair (50.0 - <75.0%)	36	31.6
Good ($\geq 75.0\%$)	46	40.3

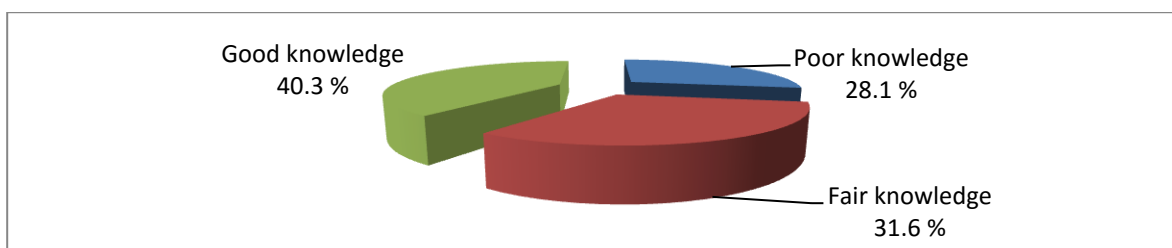
**Figure (1):** knowledge Level of the studied women about methods of contraception.

Table (4):Relationship between knowledge of the studied women about methods of contraception and their socio-demographic characteristics (114).

Items	No	Poor (32)		Fair (36)		Good (46)		Significance test
		No	%	No	%	No	%	
Age: (years):								
20-	15	8	53.3	4	26.7	3	20.0	$\chi^2 = 13.25,$ P= 0.039
25-	14	6	42.3	5	35.7	3	21.4	
30-	38	11	28.9	13	34.2	14	36.8	
35+	47	7	14.9	14	29.8	26	55.3	
Age at marriage: (years)								
18-	54	22	40.7	14	25.9	18	33.3	$\chi^2 = 17.83,$ P= 0.001
22-	45	9	20.0	20	44.4	16	35.6	
25+	15	1	6.7	2	13.3	12	80.0	
Education:								
Primary	3	2	66.7	1	33.3	0	0.0	$\chi^2 = 15.33,$ P= 0.018
Preparatory	13	7	53.8	4	30.8	2	15.4	
Secondary	36	13	36.1	12	33.3	11	30.6	
University	62	10	16.1	19	30.7	33	53.2	
Job:								
Working	63	11	17.5	19	30.2	33	52.3	$\chi^2 = 10.79,$ P= 0.004
Not working	51	21	41.2	17	33.3	13	25.5	

Table (5):Distribution of the studied women according to their usage of contraception methods n=114.

Usage of contraception methods	No	%
Why are you use contraception?		
Spacing	71	62.3
Maintenance mother health	89	78.1
Economic factors	23	20.2
Types of contraception you use.		
IUDs	51	44.7
Pills	32	28.1
Injections	12	10.5
Subcutaneous capsules	8	7.0
Condom	11	9.7
Duration of use		
One year	45	39.5
Two years	33	28.9
Three years	26	22.8
Four years or more	10	8.8
Mean \pm SD = 2.71 \pm 0.89 years		
Complications:		
None	41	36.0
Headache	19	16.7
Fainting	16	14.0
Nausea	22	19.3
Vomiting	7	6.1
Hemorrhage	37	32.4
Visiting doctor:		
Yes	33	28.9
No	81	71.1

Table (6):Distribution of the studied women according to their satisfaction by usage of contraception methods n=114.

Satisfaction	No	%
Did you feel satisfaction for current used contraceptive method?		
Yes	79	69.3
No	35	30.7
Did you feel satisfaction for your current health status?		
Yes	82	71.9
No	32	28.1
Did you feel satisfaction for using same contraceptive method in the future?		
Yes	68	59.6
No	46	40.4
Did the current used contraceptive method affect your psychological state?		
Yes	48	42.1
No	66	57.9
Did the current used contraceptive method affect your daily activity?		
Yes	36	31.6
No	78	68.4
Is there some discomfort in intercourse with current used contraceptive method?		
Yes	33	28.9
No:	81	72
The average satisfaction score = 3.98 ± 1.28		
The average satisfaction percent score = 66.37 ± 21.33		

DISCUSSION

Contraceptives have gained increasing attention worldwide as they protect both mothers and babies from diseases and deaths associated with recurrent pregnancy along with other social and economic benefits. (**Abdel-Salam et al., 2020**). With the rapid change in the social and demographic pattern of Egyptian society, particularly changes related to women's education and workforce, contraceptive use should be an essential aspect of the life of women of childbearing age. The present study aimed to assess women's awareness of family planning methods and their satisfaction related to the utilized methods in Beni Suef City.

The socio-demographic profile of current study showed that, more than one third of the studied sample aged thirty five years and more with average 28.72 ± 5.62 years. The most common age of their marriage was eighteen to twenty two years with average 23.61 ± 3.24 years. More than half of the studied women had university education and working then about one third of them secondary educated.

A total of 369 women were recruited attending primary health care centers in a cross-sectional study entitled "Prevalence, Correlates, and Barriers of Contraceptive Use among Women Attending Primary Health Centers in Aljouf Region, Saudi Arabia", carried by **Abdel-Salam et al. (2020)**. The mean age of studied women was 34.09 ± 6.42 years. Most of the respondents were urban residents (96.2%), employed (52.6%), university graduates and above (75.3%).

On inquiry about the source of contraceptive methods knowledge among the current study respondents, the main sources of knowledge were health centers about half of them followed by social media, relatives/friends and twenty percent multiple sources. Contrary with **Abdel-Salam et al. (2020)** the main source was attending physicians followed by relatives and friends while only five percent had their orientation from television. While according to **Choudhary et al. (2020)** most of the females of study (97.5%) have heard about contraceptive measures through different sources like TV/Radio (43.07%), from friends/ relatives (30.25%), from health professionals (23.07%). Our results found that in response to the question about the type of contraception they know; their answers were IUDs about three quarters, pills nearly two thirds, injections one quarter, subcutaneous capsules less than one quarter, condom fourteen percent, safe period nine percent, and tubal ligation seventeen percent. From view of researchers these

results may be due to the majority of studied women had secondary and university education. While, in response to the question about the type of contraception they prefer; their answers were IUDs followed by pills. Contradictory to **Kasa et al. (2018)** three fourth of study participants ever used contraceptive methods. The main types of used family planning methods were pills 7.4%, and injectable 77.2%. The current study finding goes in the same line with **Mohamed (2020)** in a study entitled “Knowledge, attitude, and practice towards family planning among married women in areas of low and no family planning in Giza governorate, Egypt”. **Mohamed’s** study demonstrated that, intrauterine device was the most common method among 54%, followed by pills in 23%, and 6, 8, and 5% were relying on injections, condoms, and natural methods, respectively. On the other hand, traditional methods were rated as the most common contraceptive methods formerly used by 67.3% of the sample followed oral contraceptive pills by 31% as studied by **Saied (2021)**. According to a systemic review carried by **Bizuneh and Azeze (2021)**, entitled “Post-abortion family planning use, method preference, and its determinant factors in Eastern Africa: a systematic review and meta-analysis, reported that among a total of twenty-nine cross-sectional studies The most widely utilized family planning methods were injectable 33.23%, followed by implants 24.71% and oral contraceptive pills 23.42%.

A quantitative, cross-sectional study **Lincoln et al. (2017)** entitled “Knowledge, Attitudes, and Practices of Family Planning Among Women of Reproductive Age in Suva”, reported that most participants (87.7%) answered correctly that condoms prevent sexually transmitted infections (STIs). A majority of 78.5% answered correctly that birth control pills cause side effects of mood swings and weight gain. Only 22.8% of the participants correctly answered that estrogen containing oral contraceptives increases the risk of breast cancer. Most participants, 82.5% correctly answered that the Depo Provera intramuscular contraceptive injection should be given on a three-month basis. In addition, 69.2% correctly answered that women who experienced side effects from the contraceptive pill could switch to another form of contraception that might have fewer side effects.

Our study revealed that the overall level of knowledge of the studied women about contraception was poor in more than one quarter, fair in about one third, and good in more than one third. A similar finding in a cross-sectional study aimed to assess the knowledge and attitude regarding family planning and the practice of family planning

among the women of reproductive age group in Northwest Ethiopia, carried by **Kasa et al. (2018)**, among a total of 381 women, reported that the overall proper knowledge, attitude and practice of women towards family planning was 42.3%, 58.8%, and 50.4% respectively. Also, the mean knowledge score of the participants after health education significantly increased from 12 ± 7.89 to 23 ± 8.35 as reported by **Mohamed (2020)**.

The current study findings showed that the percentage of good knowledge was significantly increased by increasing the age of the studied women. Also, significantly increased among those with older age of marriage (above 25 years), among university educated and working women. From opinion of researchers this finding can be interpreted in the light that women who are empowered by work, and education, have greater control over their birth control. In contrast with **Farrag et al. (2020)**, education level of women was not associated with FP use. Also, **Hameed et al. (2019)** in their study entitled “Knowledge, Attitude and Practices (KAP) Regarding Family Planning Services among Married Women of Quetta Pakistan”, showed no statistically significant difference in participants knowledge score and age groups, number of children, married life span, occupation, ethnicity, and locality. On the other hand, family type and income were significantly associated with average knowledge ($P < 0.05$) as reported by **Wani et al. (2019)**.

Regarding to the complications of used contraceptive methods, the current study revealed that complications were not reported among more than one third of studied women, while the most common reported complication was hemorrhage followed by, nausea, headache, fainting, and lastly vomiting. On the other hand, **Choudhary et al. (2020)** Among the studied contraceptive users, 51.17% have no side effects whereas 45.07% had backache or generalized weakness, 36.61% had a vaginal infection, 28.64% had menstrual problems.

Limitation of the study:

Lack of cooperation of some women and others were careless of the interview.

CONCLUSIONS

Based on our present study, it was concluded that knowledge of the studied sample about family planning methods was poor in 28.1%, fair 31.6%, and good in 40.3%. Moreover. The main preferable contraceptive method prefer was IUDs. Study participant's age, age of marriage, level of education, and employment were significantly associated with their contraceptive knowledge. As the health care centers was the primary source of information about contraception methods in this study, therefore Periodically scheduled health talks sessions about contraceptive methods should be held in antenatal, postnatal, immunization clinics.

RECOMMENDATIONS

1. Organize weekly health talks about family planning on media especially TV, and radio stations.
2. Increase knowledge of the staff in the health care facilities on family planning, as well as organize training of staff on the provision of family planning services since this will enhance the utilization of the services.
3. Periodically scheduled health talks sessions about contraceptive methods should be held in antenatal, postnatal, immunization clinics.
4. Increase awareness of newly married couples about family planning.
5. Further study should be directed towards implementing health education interventions to improve women's knowledge of family planning methods (FPM).

REFERENCES

Abdel-Salam, D. M., Albahlol, I. A., Almusayyab, R. B., Alruwaili, N. F., Aljared, M. Y., Alruwaili, M. S., & Alnasser, R. M. (2020). Prevalence, Correlates, and Barriers of Contraceptive Use among Women Attending Primary Health Centers in Aljof Region, Saudi Arabia. *International Journal of Environmental Research and Public Health*, 17(10), 3552.

Ali, S., Hassan, S., & El-Nemer, A. (2020). ASSESSMENT OF FAMILY PLANNING KNOWLEDGE AND PRACTICE AMONG MARRIED COUPLES. *Mansoura Nursing Journal*, 7(2), 214-226.

Alo, O. D., Daini, B. O., Omisile, O. K., Ubah, E. J., Adelusi, O. E., & Idoko-Asuelimhen, O. (2020). Factors influencing the use of modern contraceptive in Nigeria: a multilevel logistic analysis using linked data from performance monitoring and accountability 2020. *BMC Women's Health*, 20(1), 1-9.

Alyahya, M. S., Hijazi, H. H., Alshraideh, H. A., Al-Sheyab, N. A., Alomari, D., Malkawi, S., ... & Khader, Y. S. (2019). Do modern family planning methods impact women's quality of life? Jordanian women's perspective. *Health and quality of life outcomes*, 17(1), 1-16.

Bizuneh, A. D., & Azeze, G. G. (2021). Post-abortion family planning use, method preference, and its determinant factors in Eastern Africa: a systematic review and meta-analysis. *Systematic reviews*, 10(1), 1-14.

Choudhary, A., Nakade, M., & Shrivastava, D. (2020). Family Planning Knowledge, Attitude and Practice among Women of Reproductive Age from Rural Area of Central India. *Int J Cur Res Rev* | Vol, 12(14).

Eshak, E. (2020). Myths about modern and traditional contraceptives held by women in Minia, Upper Egypt. *Eastern Mediterranean Health Journal*, 26(4).

Family planning/contraception methods. WHO.int. (2021). Retrieved 9 July 2021, from <https://www.who.int/en/news-room/fact-sheets/detail/family-planning-contraception>.

Farrag, S. N., Fathy, A.A, and AbdelWahab, F. (2020). Practice of Family Planning among Married Female Attendants to Shawa Family Health Unit, Dakahlia, Egypt. *The Egyptian Family Medicine Journal*, 4(1), 24-41.

Hameed, S., Haq, N. U., Haque, N., Nasim, A., Riaz, S., Tahir, M., ... & Zarak, M. S. (2019). Knowledge, Attitude and Practices (KAP) Regarding Family Planning Services among Married Women of Quetta Pakistan. *International Journal of Research and Reports in Gynaecology*, 1-12.

Hindin, M. J., McGough, L. J., & Adanu, R. M. (2014). Misperceptions, misinformation and myths about modern contraceptive use in Ghana. *Journal of Family Planning and Reproductive Health Care*, 40(1), 30-35.

Isiko, H. R., Kato, C., Okumu, J., Babita, M., Kumakech, J., Lakisa, M. F., ... & Nambuba, S. (2021). Improving Utilisation and awareness of Family Planning services in Adults of Reproductive age through Community Sensitization in Police Wing Village, Jinja District. *Student's Journal of Health Research Africa*, 2(6), 11-11.

Iti, J., & Mudaraddi, R. (2021). A Cross-sectional Study on Urban and Rural Difference of Knowledge and Attitude towards Family Planning Methods, Gadag, Karnataka. *Annals of Community Health*, 8(4), 60-63.

Kantorová, V., Wheldon, M. C., Ueffing, P., & Dasgupta, A. N. (2020). Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. *PLoS medicine*, 17(2), e1003026.

Kasa, A. S., Tarekegn, M., & Embiale, N. (2018). Knowledge, attitude, and practice towards family planning among reproductive age women in a resource limited setting of Northwest Ethiopia. *BMC research notes*, 11(1), 1-6.

Lincoln, J., Mohammadnezhad, M., & Khan, S. (2018). Knowledge, Attitudes, and Practices of Family Planning Among Women of Reproductive Age in Suva, Fiji in 2017. *J Women's Health Care*, 7(3), 431.

Makins, A., & Cameron, S. (2020). Post pregnancy contraception. Best Practice & Research Clinical Obstetrics & Gynaecology.

Saied, N. H. (2021). Family Planning Methods Knowledge, Attitude And Usage Among Married Women In Reproductive Age In Mosul City. *Systematic Reviews in Pharmacy*, 12(1), 891-896.

Seidman, D., Weber, S., Carlson, K., & Witt, J. (2018). Family planning providers' role in offering PrEP to women. *Contraception*, 97(6), 467-470.

Tobey, E., Jain, A., & Mozumdar, A. (2020). The relationship between attitudes towards pregnancy and contraceptive continuation: Results from a longitudinal study of married women in India. *PloS one*, 15(2), e0229333.

Wani, R. T., Rashid, I., Nabi, S. S., & Dar, H. (2019). Knowledge, attitude, and practice of family planning services among healthcare workers in Kashmir—A cross-sectional study. *Journal of family medicine and primary care*, 8(4), 1319.

Yirgu, R., Wood, S. N., Karp, C., Tsui, A., & Moreau, C. (2020). “You better use the safer one... leave this one”: the role of health providers in women’s pursuit of their preferred family planning methods. *BMC women's health*, 20(1), 1-9.

توعية المرأة بوسائل تنظيم الأسرة بمدينة بني سويف

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الخلاصة

الخلفية: يمكن تحقيق العديد من أهداف التنمية المستدامة بمساعدة تنظيم الأسرة. لذلك ، قامت الحكومات والشركاء في جميع أنحاء العالم باستثمارات لتعزيز الوصول إلى وسائل تنظيم الأسرة (FPM) واستخدامها. الهدف: هدفت هذه الدراسة إلى تقييم وعي المرأة بأساليب تنظيم الأسرة ورضاها عن الأساليب المتبعة في مدينة بني سويف. الموضوعات والطريقة: التصميم: تم استخدام دراسة وصفية لإنجاز هذه الدراسة. المكان: أجريت الدراسة ببني سويف. مركز شرق النيل الطبي ، الغمراوي ، والصالون الأخضر لمراكز صحة الأم والطفل. الموضوعات: عينة عشوائية هادفة من إجمالي 114 سيدة. الأداة: تم تطوير استبيان مقابلات منظم من قبل الباحثين في اللغة العربية المكون من خمسة أجزاء ؛ الجزء الأول يتعلق بالبيانات الديموغرافية ، الجزء الثاني. تاريخ المرأة في الدورة الشهرية وأمراض النساء والتوليد ، الجزء الثالث. معرفة المرأة بأساليب تنظيم الأسرة المختلفة ، الجزء الرابع. استخدام النساء لوسائل منع الحمل ، والجزء الخامس. رضا النساء عن استخدام وسائل منع الحمل. النتائج: من أصل 114 مشاركًا ، كان لدى 28.1% و 31.6% و 40.3% درجات معرفة إجمالية ضعيفة وعادلة وجيدة حول أساليب تنظيم الأسرة ، على التوالي. كان إجمالي متوسط درجة الرضا 66.37 ± 21.33 . الاستنتاجات: كانت وسيلة منع الحمل المفضلة الرئيسية هي الـ IUDs. ارتبط عمر المشاركين في الدراسة وسن الزواج ومستوى التعليم والتوظيف بشكل كبير بمعرفتهم حول وسائل منع الحمل. التوصيات: أوصت الدراسة بزيادة وعي المتزوجين حديثاً حول تنظيم الأسرة موسى به لزيادة الوعي الصحي بأساليب تنظيم الأسرة.

الكلمات المرشدة: توعية المرأة ؛ وسائل تنظيم الأسرة.