

A professional intervention program from the perspective of the generalist practice of social work in developing awareness of family planning among poor families

An applied study to a sample of families at the Social Solidarity Foundation in Al-Fateh Center, Assiut Governorate

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برنامج للتدخل المهني من منظور الممارسة العامة للخدمة الاجتماعية لتنمية الوعي بتنظيم الأسرة لدى الأسر الفقيرة

دراسة مطبقة على عينة من الأسر بمؤسسة التضامن الاجتماعي بمركز الفتح بمحافظة أسيوط

إعداد

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Abstract

The problem of the current study was identified in determining the effectiveness of a professional intervention program from the perspective of the generalist practice of social work in developing awareness of family planning among poor families.

The aims of the study were to identify the effectiveness of this program in developing awareness (cognitive, emotional, and behavioral) of family planning among poor families.

The study hypotheses were as follows: There is a statistically significant positive relationship between the use of a professional intervention program from the perspective of the generalist practice of social work in developing awareness (cognitive, emotional, and behavioral) of family planning among poor families.

One of the most important results of the study was the validity of its hypotheses.

key words:

Professional intervention, generalist practice of social work, family planning, poor families

ملخص الدراسة باللغة العربية

تحددت مشكلة الدراسة الحالية في التعرف على فاعلية برنامج للتدخل المهني من منظور الممارسة العامة للخدمة الاجتماعية في تنمية الوعي بتنظيم الأسرة لدى الأسر الفقيرة.

وتمثلت أهداف الدراسة في التعرف على مدى فاعلية برنامج للتدخل المهني من منظور الممارسة العامة في الخدمة الاجتماعية في تنمية الوعي (المعرفي، الوجداني، والسلوكي) بتنظيم الأسرة لدى الأسر الفقيرة.

وكانت فروض الدراسة كالتالي: هناك علاقة إيجابية ذات دلالة إحصائية بين استخدام برنامج للتدخل المهني من منظور الممارسة العامة للخدمة الاجتماعية في تنمية الوعي (المعرفي، الوجداني، والسلوكي) بتنظيم الأسرة لدى الأسر الفقيرة. ومن أهم نتائج الدراسة صحة فروضها.

الكلمات المفتاحية :

التدخل المهني، الممارسة العامة للخدمة الاجتماعية، تنظيم الأسرة، الأسر الفقيرة

Introduction to the study problem:

Developing countries strive to achieve comprehensive development that is based on a kind of balance between economic and social development in order to provide a decent standard of living for its citizens, through setting ambitious social and economic plans through which it is possible to achieve high growth rates that enable them to achieve a better standard of living (Ahmed Shafiq Al-Sukari, Mahmoud Mahmoud Irfan: 2000, p. 1), but the developing countries, in their struggle to achieve a better standard of living for their citizens, faced challenges that were imposed and are still being imposed on a large part of the countries of the developing world, and among these challenges (population increase).

The population explosion is considered one of the biggest obstacles to economic and social development in many developing countries, especially Egypt, as the population in Egypt increases naturally and steadily at a time when the productive resources do not increase at the same rate as the population increase (Hamdi Abdel-Harith Al-Bakhshounji: 1996, p. 100).

Family planning is one of the available solutions that must be resorted to cope with the rapid population increase, but there is a lack of awareness of family planning, especially among poor families in rural communities. These

families, despite their low living conditions such as low income, poor educational level, high rate of unemployment among their members, malnutrition, unavailability of a healthy environment, irregular or seasonal craft work, and the dependence of many of their members on donations, subsidies and assistance from philanthropists, charities and by government institutions such as the Social Solidarity Foundation.

However, these families are still associated with the old customs and traditions associated with procreation, which causes an increase in children in these families and their size, and thus an increase in the population in society, and therefore these families are considered more suffering in living conditions, and they cannot face their conditions due to the lack of sufficient awareness (whether cognitive or Affective or behavioral) has the idea, culture, goals, importance and behaviors of family planning as an effective mechanism in achieving a better life for these families and in achieving the required compatibility with difficult living conditions.

President of Egypt Abdel Fattah El-Sisi launched the Decent Life Initiative in January 2019 with the aim of improving the standard of living for the most needy societal groups at the state level. The initiative aims to intervene urgently to improve the quality of life for the Egyptian rural population through the development of 4,584 villages representing 58% of the total population of the Republic at an estimated cost of 515 billion Egyptian pounds. The initiative has succeeded in establishing, developing and raising the efficiency of health units, medical centers and ambulance points located within the villages, and equipping and operating them. With appropriate medical personnel for the purpose of upgrading the medical system in villages, and improving family planning services in villages (Medhat Mohamed Abo El-Nasr: 2023, p. 30).

The profession of social work as a human profession based on society service with all its components, and based on its role in studying various societal issues and problems and contributing to addressing them, and from its role towards facing the problem of population increase and low awareness of family planning among poor families and their interest in studying that

problem, and in the scope of their use of the perspective of generalist practice In pursuit of social justice and combating social injustice.

The importance of the role that the social work profession can play comes from providing family social services aimed at helping individuals and families to enjoy a satisfied psychological and social life and helping them to participate in the life of the group and their effective contribution to society. It also works to increase their personal and family capabilities in the required adaptation processes (Ahmed Mostafa: 2003, p. 293).

The social worker, as a generalist practitioner, focuses during his professional intervention with families on facing social problems and satisfying human needs without giving preference to an approach or method or a theory, model or strategy without the other, using environmental systems and problem-solving processes as a basis for his or her work (see: Medhat Mohamed Abo El-Nasr: 2022, p. 20).

And the perspective of generalist practice allows the generalist practitioner in the field of family care the freedom to choose and apply the appropriate approaches, methods, theories, models, strategies, techniques and methods of professional intervention and to carry out his or her roles and apply his or her skills during this professional intervention in order to develop awareness of family planning among poor families, so the current study tries to find out the effectiveness of a professional intervention program from the perspective of generalist practice of social work in developing awareness of family planning among poor families.

The following item presents the most important previous research and studies on the role of social work in the field of family care and its role in developing awareness of family planning among poor families, focusing on Egyptian society only:

The study by Badr El-Din Kamal, and Mahmoud Abdel-Rahman(٢٠٠٦) : It aimed to build positive values among girls who drop out of education and who are enrolled in a one-class school towards reproductive health through the application of the preventive rehabilitative approach as one of the

approaches to the method of working with groups. Positivity towards reproductive health.

The study by Faten Khamis Muhammad Arafa(٢٠٠٧) : It aimed to identify the role of the social worker in achieving the goals of reproductive health within the medical work team in the urban centers applying the family medicine program, and to identify the principles, techniques and skills he uses in his work, the obstacles of his role, and proposals to activate the role of the social worker in the work team to achieve the goals of reproductive health in urban medical centers, The study reached a proposal to increase the effectiveness of the role of the social worker with the work team to achieve the goals of reproductive health (from the perspective of community service).

The study by Hana Abdel-Tawab Rabie(٢٠٠٨): It aimed to define the role of social marketing and to develop women's awareness of the concept of family planning.

The study by Ilham Helmy Abdel Majeed(٢٠١٠) : It aimed to identify the level of schematic awareness among women working in family planning, and the study concluded to identify the indicators of schematic awareness of family planning, which are planning to adopt the concept of a small family, making a decision that there should be a period of time between having children, keenness to adopt modern scientific methods of family planning, to have Women have correct knowledge and ideas about the concept of family planning, the introduction of family planning in practice and behaviour, and women's realization of the importance of family planning for the future of their family.

The study by Ahmed Zaki Mohamed(٢٠١١) : It aimed to determine the relationship between the performance of family friends from the perspective of the general practice of social work and its effective impact on developing youth awareness of reproductive health.

The study by Amira Mohamed Ahmed(٢٠١١) : It aimed to determine the professional requirements of the format (social worker - rural women

pioneers - the institution) necessary for the social worker to activate the role of rural women pioneers towards reproductive behavior from the perspective of generalist practice.

The study by Hindawi Abdel Lahi Hassan(٢٠١٢) : It aimed to determine the relationship between the use of the counseling program from the perspective of the method of community service and the development of the awareness of girls about to get married about the importance of medical examination before marriage, and the adoption of the concept of the small family, and the reproductive culture of children.

A statistically significant relationship between the use of the counseling program from the perspective of the method of community service and the development of awareness among university girls about to get married about reproductive health.

The study by Amal Ibrahim Abdo Suleiman(٢٠١١) : It aimed to identify the extent to which university youth are aware of reproductive health issues.

The study by Al-Weshahi Heba Mahmoud Taha, and others (2021): It targeted the perspectives of social and cultural service providers and the challenges of health services related to family planning after childbirth in Alexandria. Postpartum family planning (PPFP) focuses on the prevention of unintended pregnancies and closely spaced pregnancies during the first 12 months after childbirth. The study found that family planning Post-delivery in Egypt faces many challenges, the most common challenge related to service quality was inadequate health education, and lack of training and supervision of community health workers.

The study by Egypt Oil & Gas (2022) :Targeted the Ministry of Health launches the Knock on the Doors for Family Planning campaign in Egypt for Oil and Gas; Cairo (October 31, 2022 AD), which will be launched in Fayoum under the slogan “Serving you to your doorstep,” and that the campaign aims to improve the health of mothers and children through continuous follow-up of women of childbearing age, providing family planning services, and spreading awareness of free reproductive health, and

that the leadership of rural women It will cover all residential communities to reach women in need of family planning services, and family planning teams from various health departments will be distributed to fixed units and mobile clinics in all villages, especially the villages included in the Presidential Decent Life Initiative, and that preparations for launching the campaign include enumeration of all women of childbearing age, In addition to presenting the campaign and its services by organizing seminars in units and public places with the assistance of awareness and population education officials and rural pioneers.

General comment on previous research studies:

- 1- Some previous research studies focused on the field of family planning.
- 2- While some previous research and studies focused on clarifying the role of the social work profession in the field of family planning.
- 3- The scarcity of previous research studies conducted on the role of social work from the perspective of general practice in developing awareness of family planning among poor families.
- 4- Previous research studies did not address a professional intervention program from the perspective of the general practice of social work in developing awareness of family planning among poor families, which is what the current study aims at.

Based on the foregoing, the study problem is identified in identifying the effectiveness of a professional intervention program from the perspective of the generalist practice of social work in developing awareness of family planning among poor families.

Aims of the study:

The main aim : identifying the effectiveness of a professional intervention program from the perspective of the generalist practice of social work in developing awareness of family planning among poor families.

Sub-aims:

- 1- identifying the effectiveness of the program in developing awareness of family planning among poor families.
- 2- identifying the effectiveness of the program in developing emotional awareness of family planning among poor families.
- 3- identifying the effectiveness of the program in developing behavioral awareness of family planning among poor families.

The importance of the study:

1-Rapid population growth and increasing family size with poor community resources.

2-The importance of studying the problem of family planning in Egypt because it impedes economic and social development plans.

3-The roles played by the social work profession towards caring for poor families and developing awareness of family planning in them, as they are the most segments of society suffering from many and varied economic, social and psychological problems...and therefore they must be cared for and cared for so that they are not at risk.

4-The urgent need to activate the role of the social work profession in the field of family planning through the application of a professional intervention program from the perspective of the general practice of social work in developing awareness of family planning among poor families, and measuring the effectiveness and success of this program.

The study hypotheses :

The main hypothesis: There is a statistically significant positive relationship between the use of a professional intervention program from the perspective of the generalist practice of social work and the development of awareness of family planning among poor families.

Sub-hypotheses:

1-There is a positive, statistically significant relationship between the use of the program and the development of knowledge awareness of family planning among poor families.

2-There is a positive, statistically significant relationship between the use of the program and the development of emotional awareness of family planning among poor families.

3-There is a positive, statistically significant relationship between the use of the program and the development of behavioral awareness of family planning among poor families.

The theoretical framework of the study:

The cognitive-behavioral approach is a system of treatment through which the treating general practitioner and families set goals for the therapeutic relationship and conduct an examination and reconfiguration of the cognitive processes of families associated with their family planning awareness practice (Eckhardt, C.I & Schram, J: 2009, p.138).

And that the cognitive-behavioral approach is a basic necessity as a systematic development of an idea, which is: that families may not pay attention to events as much as they care about the ideas that possess them, and therefore this approach depends on an idea that assumes the existence of a correlation between the intellectual process, feelings and behavior, as illogical and deviant thinking is accompanied deviant negative feelings, and that families to change the way they feel need to change the way they think (Lauderdale-Akhigbe, R: 2010, P2).

The cognitive-behavioral approach is: (Ronen, T: 2002, p.174).

1-A direct application of cognitive and behavioral theories.

2-A dynamic model to help families change and acquire skills.

3-The process of change associated with it is an active process designed to provide families with knowledge and skills and to facilitate the practice and application of the acquired skills.

4-It involves changing the way families think, feel and behave.

5-It aims to help families to identify their automatic thoughts, to become aware of their feelings, to relate their thoughts and feelings to their behavior, and to change their automatic thoughts to more appropriate ones.

Among the objectives of the cognitive-behavioral approach: (Safwat Farag: 2008, p. 304)

- 1- Observing the thoughts of families.
- 2- Identifying the relationship between the cognitive, emotional and behavioral components.
- 3- Substituting realistic ideas instead of distorted ideas.
- 4- Identifying and changing thoughts that prepare families to engage in erroneous thinking patterns.

The purpose of the cognitive-behavioral approach is to help families find their own resources, learn to realize and use their abilities, and discover personal ways of self-help, and this can lead them towards more independence, self-confidence, and the ability to self-change (Ronen, T: 2002, p.174).

The weakness of the families' practice of awareness of family planning as a result of the circumstances and events of the environment surrounding them, which made the cognitive-behavioral approach with them aim to identify patterns of influences on how to interact with the outside world and develop regular techniques and training skills aimed at enabling families to understand and control the level of their practice of family planning in different situations With a focus on cognitive restructuring and problem solving (Eckhardt, C.I & Schram, J: 2009, p.138).

The principles of the behavioral cognitive approach are as follows: (Safwat Farag: 2008, p. 295).

- 1 .Cognitive activities affect feelings and behavior.
- 2 .The various cognitive activities accept observation and can be changed.
- 3 .The desired behavioral changes can be achieved as a result of the cognitive changes that can be achieved.

The cognitive-behavioral approach is used in the current study to modify and improve the level of families' practice of awareness-raising behaviors of family planning. (cognitive, emotional, and behavioral).

The study concepts:

- **Awareness:**

Consciousness is defined linguistically: understanding and integrity of perception, and the individual's feeling of what is in himself and what surrounds him (Arabic Language Academy: 2004, p. 104). Awareness: means the sum of what is obtained from feeling, perception, inclination, will, or behavior (Abdul Karim Bakkar: 2000, p. 10). The awareness of the family in the current study is formed through (the cognitive component): which is what the family receives or acquires from knowledge, ideas and beliefs, whether rational or irrational, related to family planning, as well as (the emotional component): which is what the family consists of feelings and feelings as a result of what It received knowledge, ideas and beliefs about family planning, and finally (the behavioral component): it is what the family adopts in terms of behaviors with the attitude to confront the decline in the family's practice of positive behaviors related to family planning. Society has resources and capabilities to counter the decline in family practice of positive behaviors related to family planning.

- **Family planning:**

It is the practices of the spouses so that it prevents unwanted births, and the control and spacing between the births of children, which helps in the existence of a small planned family, and it is the best way to quickly control the population density, which contributes effectively to the promotion of health and social care for family members as well as contributing effectively

Effective in the economic development of the country (Ilham Helmy Abdel Majeed: 2010, p. 391). The poor family in the current study refers to married women of childbearing age (20-40) who have children and frequent the Social Solidarity Foundation in Al-Fateh Center to obtain social solidarity services.

And family planning in the current study means spacing between childbearing periods by using family planning methods suitable for the family, and for the family to link childbearing to its circumstances and the conditions of the society in which it lives.

The development of awareness of family planning among poor families is defined as the family's realization and sense of the importance of family planning for the future of its family, and the introduction of family planning in practice and behavior, depending on its energies and the available resources and capabilities of society in order to cope with the large size of the family with the weak income of the family, and thus confront the increase society's rapid population.

The professional intervention program from the perspective of the generalist practice of social work in developing awareness of family planning among poor families in this study means: a group of organized and planned professional efforts carried out by the researcher starting with assessing the situation, defining the objectives, strategies and techniques of intervention within the framework of the intervention plan, then implementing the plan and finally evaluating The results of the intervention, termination and follow-up, directed to poor families (the experimental group) who have a decrease or weakness in the level of their practice of family planning awareness behaviors. On the scale of awareness of family planning among poor families, and the professional intervention program, its implementation is linked to a specific period of three months.

The professional intervention program from the perspective of the generalist practice of social work in developing awareness of family planning among poor families:

Program Goals:

The general goal of the program is to "develop awareness of family planning among poor families", and it is achieved by achieving sub-goals that include developing awareness (cognitive, emotional, and behavioral) of family planning among poor families. Achieving the previous goals includes focusing on the following aspects:

1 .The preventive aspect: It includes protecting families (cognitively, emotionally and behaviorally) from exposure to any obstacles or personal difficulties that weaken their awareness of family planning.

2 .Therapeutic aspect: It includes helping families to get rid of erroneous ideas and replace them with positive ideas that increase their awareness of family planning, through cognitive reconstruction of families, explanation and clarification.

3 .The constructive aspect: It is represented in the development of positive ideas, feelings and behaviors related to awareness of family planning in families through explanation, clarification and positive support for families to confirm the importance of this awareness and its benefit to families and society.

4 .The developmental aspect: It includes developing the capabilities, knowledge, experiences and skills of families related to practicing awareness of family planning and explaining and clarifying the positive results of that for families, which contributes to consolidating the meanings of awareness of family planning in the hearts of these families.

Dealing systems in the professional intervention program:

The systems of dealing in the occupational intervention program are as follows:

1-The change agent system: it is meant by the researcher because she is responsible for implementing the professional intervention program and achieving the goals.

2-The Client system: It includes families who suffer from poor awareness of family planning, and the professional intervention program is intended to be applied to them. They are families in the experimental group.

3-The target system : It includes the families who are affected by the change, and they are the families of the experimental group who suffer from poor awareness of their family planning. These families were intervened as an individual format, as a group format, and as an institutional community format.

4-The action system: It is the system of participating in the implementation of the professional intervention program, such as (social workers, director of the institution, heads of social units, some employees, clerics, and some lecturers at seminars).

5-The professional system: It included the entrances, strategies, techniques, therapeutic methods, tools, roles and professional skills for the content of the professional intervention program.

6-Problem identification system: The problem is the lack of awareness of family planning among poor families.

Steps of the professional intervention program:

1-Liaison: Where communication is built and the professional relationship is formed with the systems targeted for change, and with the participating systems.

2-Estimation: The situation was assessed by collecting the necessary data and information about family planning and the problem of poor awareness of family planning among poor families. The assessment phase aims to identify the variables that the program seeks to change or modify, as follows:

a- Cognitive variables: They are the variables that are related to the cognitive processes that are represented in the knowledge and ideas of families, such as (the association of procreation with pride, the formation of a large family, bragging about the large number of children, nervousness, and adherence to

having males) that may be dominant in the minds of families, as well as the feelings associated with it. Love, inclination, and the desire to have many children), which are supposed to be associated with the poor level of families practicing positive behaviors that are conscious of family planning.

b-Affective variables: They represent the feelings associated with the families' erroneous knowledge, beliefs and ideas (previously referred to in the cognitive variables) and are required to be changed into positive ideas such as (the idea of contentment, contentment, having a number of children that is commensurate with the family's income and living conditions, and that having a male is like a female and the most important thing is care And good education..etc.) to control the minds of families instead of the idea (the connection of childbearing with pride and boasting, especially with male procreation). Accordingly, feelings change in the direction of achieving the goals targeted in the current study, so the feelings become positive, such as (rejection of frequent childbearing without awareness in exchange for the turnout and love for awareness-raising practices organized The right family for the family...etc.).

c-Behavioral variables: They represent the positive behaviors associated with the practice of awareness of family planning and what is required to change, raise or increase the level of practice of the families of the experimental group, by changing the erroneous ideas in the minds of families and replacing them with correct ideas, so the feelings and behaviors change according to them, so the feelings become positive and increase with it Families' practice of positive behaviors associated with practicing family planning awareness.

3-Planning for intervention and contracting: The professional intervention plan was defined in terms of: defining goals, appropriate methods, targeted formats, participating formats, selecting strategies, techniques, therapeutic methods, tools, roles and professional skills used in professional intervention, as well as the contracting procedure by obtaining the approval of families to join the program, which is a verbal contract It is based on mutual trust regarding mutual responsibilities and tasks between the

researcher and the intervention program formats, within a specific time frame for completing the intervention and achieving its objectives, which is three months.

4-Intervention (implementation): The chosen strategies, techniques, therapeutic methods, tools, roles and professional skills were applied.

5-Evaluation: Evaluation was made for every step that took place during the implementation phase of the program from its inception to its end and its effectiveness was proven, as well as the impact of practicing strategies, techniques, therapeutic methods, tools, roles and professional skills used in the program to achieve its goals and proved their effectiveness. During the evaluation, difficulties that faced professional intervention were also identified. Such as (the researcher's lack of time between work and study), and this evaluation stage takes place during the researcher's meeting in the institution with the families of the experimental group and the formats participating in the professional intervention, at the end of the implementation of each step of the intervention, and at the end of the application of the program as a whole, during the closing group meetings and interviews together, and evaluation And continuous periodic follow-up.

6-Termination: It took place after the completion of the implementation and evaluation of the program and the achievement of its objectives, during which it was planned to terminate the professional relationship between the researcher and the participating families and formats.

7-Following-up: It took place after the end of the intervention, and it includes follow-up contact with the participating families and groups to follow up on maintaining the progress achieved by the professional intervention program.

The professional Intervention Program Strategies:

Education and learning strategy: by providing families with new information about awareness of family planning, holding discussions and dialogues between families on the issue of awareness of family planning, and teaching

families and training them on problem-solving method and skills (persuasion, problem-solving) using education and training from watching families for the personality (researcher and specialists) social workers, and peers from families) as real models, and also their viewing of personalities (movies, plays, programs, and plays) as expressive symbolic models for families to follow and imitate.

The Professional Intervention Program Techniques:

1-The brainstorming technique: the cognitive review of what is going on in the families' minds of ideas and knowledge took place in individual interviews with each family, as well as during group discussions and also during brainstorming sessions, where each family is given an open question, which is: what you know about family planning, and your personal opinion about family planning The family and the importance of awareness of it, and this happens before the process of cognitive reconstruction of families, then each family presented its ideas and knowledge, and it was found that there are correct ideas and knowledge among families linked to awareness of family planning and deserves its development, while the other ideas and knowledge, which are mostly wrong and illogical, and they are in need To modify, change and delete them to replace them with other positive thoughts that are correct and logical by providing the family with new positive cognitive aspects about awareness of family planning, which is known as cognitive reconstruction for all families. It can be observed directly and indirectly, as it is inferred from the family's words and apparent actions.

2-Technique of explanation, interpretation and clarification: The explanation was done by discussing the families about the nature of the problem of lack of awareness of family planning, the reasons for that, and the danger of its continuation on their future and the future of their society, and that joining their efforts together with the researcher leads to increasing their awareness of family planning, and this is of great importance. He explained the meanings of awareness of family planning to them, its importance and its manifestations, and in the explanation, families were helped to link their erroneous ideas and knowledge and the negative feelings associated with

them to the lack of awareness of family planning, so that they would have insight into the causes of their problem, so they would move themselves to confront it. Family planning for families to understand, understand and absorb it quickly, and also to remove confusion and misconceptions between them, such as (the many families' questions about how to understand family planning and the demand for it).

3-Observational learning technique: Realistic and symbolic behavioral models were presented to families, and realistic models were presented by people such as (the researcher, social worker, and family peers) and symbolic ones such as characters (a movie, play, play, or talk show about family planning), and it was identified their opinions about it.

4-The role-playing technique: A group of roles was agreed upon with the families, and they were trained to practice these roles, and the researcher participated in playing some roles with them, which are roles for personalities who have awareness of family planning, and others that represent personalities who encourage frequent childbearing without awareness and display the results of that, and contributed This is in strengthening communication, forming relationships, exchanging positions, roles and responsibilities, and acquiring knowledge and skills.

5-Problem-solving technique: It was done through the researcher presenting a problem and then following the steps to solve it. All of this was done in front of the families, then she asked them to represent what exactly the steps she had taken to solve the problem, and this was repeated more than once in front of them and with multiple and different situations and problems in order to stand together. Basics of problem solving and its application to similar situations and problems.

6-Training technique: Families were trained on the skill of solving the problem by presenting to them a problem and the steps to solve it in an easy and simplified way, so that they could put their hands together on alternative solutions and discuss them to reach the best solution.

The therapeutic means used in the occupational intervention program:

1-Cognitive reconstruction: After the process of reviewing what is going on in the families' minds of knowledge, ideas, beliefs, and wrong attitudes related to family planning through brainstorming sessions, and the families' realization of these wrong ideas and their impact on their feelings and behavior, it helped to replace them with true and correct ideas, and to provide families with better ways and methods In thinking and solving the problems they face, repeating and reviewing the way they think, criticizing their thoughts themselves, and linking their thoughts with their feelings and behavior, which develops their ability to think critically and increases their awareness and mental discrimination of what is right and what is wrong. her, and test its validity and sincerity with honest evidence.

2-Behavioral modeling: During which realistic models were presented to families that represent symbols such as the personalities of (the researcher, the social worker, some peer families) and symbolic models such as the characters of (films, and plays), including those who practice behaviors that accept the large number of children without awareness, and others that practice behaviors that reject the large number of children Childbearing and has an awareness of family planning, and the consequences in both cases, and all of this is observed and witnessed by the families themselves.

3-Role-playing: where families play the roles of real or symbolic model characters (they perform positive and negative behaviors related to family planning and its consequences), to identify the extent of families' responses to them.

4-Positive support: In the sense that once the family, on its own, during the professional intervention program, practices behaviors that reject the large number of children without awareness and practices the behaviors of the desire for family planning, the family is provided directly with material positive support such as (financial reward, a meal they like) and moral (praise).This helps families to practice as much awareness of family planning behaviors as possible, and helps them acquire new skills.

5-Training families on the method of solving the problem: by presenting a problem to families related to family planning (the family's refusal to rely on its own capabilities to satisfy some of its needs and its desire to have many children), and then applying the steps to solve the problem, which is (recognizing the family's idea of Her own destiny, her idea of family planning, the formulation of the problem in a question, then the development of solutions or alternatives to solve the problem and the provision of material and moral incentives).

6-Training families on some social skills: such as the skill of (persuasion, problem-solving), and after explaining and clarifying the meanings of these skills to the families, then a behavioral model was presented by more than one personality who practices these skills in a positive way more than one of them.

The Professional intervention program tools:

1-Interviews of all types (individual, group): A face-to-face meeting was conducted between the researcher and each family to collect preliminary data about the family, during which open-ended questions are presented to the family such as (What is your position on family planning?), to give the family freedom of expression and fluency in speech, and then Closed questions were presented to her, such as (Do you have a desire to family planning ?), and the aim was to collect information about the past and present of the family and the situations it was exposed to and make the necessary comparisons, as well as to identify the current and future family's attitudes, beliefs and feelings related to family planning, and group interviews were conducted With the family group as a whole during the implementation of the professional intervention program to collect information about their opinions, attitudes, feelings, collective behavior, their past and present reality, and their current and future attitudes, joint interviews were conducted including the researcher, the families and the formats participating in the program to discuss the course of the program and identify their opinions and suggestions and discuss the results of the program in the joint interview Concluding.

2-Group discussion: There are quick discussions with families, and there are self-contained group discussions about family planning, the importance of awareness of it, and ways to address the large number of children without awareness. Holding lectures, asking questions, telling stories and realistic stories related to family planning, and using means of expression such as films and pictures. A play about family planning was held and watched by families, and a group discussion took place on what was expressed in the theatrical show.

3-Meetings: The researcher used the meetings in developing a professional intervention program, distributing responsibilities, discussing and evaluating the results, and they are with the families and with the participating formats every week, and invitations are sent with the day, date, hour, duration and place of the meeting in the institution and the agenda for each member of the meeting, and the invitation is accompanied by the minutes of the previous session, These meetings took place periodically throughout the implementation period of the program.

4-Brainstorming sessions: about (5) sessions were held over the period of implementation of the program, the duration of one session was an hour and a half, and the sessions included all topics related to family planning and defined by the scale. Any topic covered by the sessions was formulated in the form of a question, then each family presented a larger She has as many thoughts as possible on the topic at hand.

5-Seminars: four seminars were held on family planning, the duration of the seminar (an hour and a half), the venue (inside the institution), the names of the lecturers and the specializations of each of them such as (sheikh, doctor, faculty member, researcher, social workers in the institution) and at the beginning of the seminar The researcher introduced the lecturers and their specializations, and then each lecturer begins and presents and explains his point of view on the subject of the symposium and they exchange views among themselves, then the lecturers at the end of the symposium ask the families to give their opinions about the ways they benefit from the symposium and to ask the lecturers the questions they are looking for

answers to. Between the following questions of families (what is the position of religion on family planning, and what are the natural methods of family planning and modern methods suitable for families?), and the lecturers answered all the questions of families and families understood that.

6-Lectures: Some lectures were held during group discussions about family planning, and the discussion was effective during these lectures, during which symbolic models were used (some clips from a movie about family planning, and images expressing the problem of excessive childbearing without awareness).

7-Teaching aids: with the aim of facilitating families' rapid, accurate and codified understanding of the topics presented on family planning, and were also used in implementing the content of the professional intervention program, and visual aids such as pictures and paintings related to family planning were used, movies and dramas about family planning.

8-Concerts: A closing party was held to entertain the families, and as a support for the families to encourage them to participate in other future professional intervention programs.

The professional roles of the generalist practitioner in the professional intervention program:

1-The role of the therapist: He provides families with new knowledge to replace their erroneous ideas related to the problem of their lack of awareness of family planning with correct and honest ideas, and help them link their thoughts with their feelings and behaviors so that they realize and become aware of themselves that their erroneous ideas lead to negative feelings that weaken their level of awareness of family planning, as well as contribute to increasing families' practice of family planning awareness behaviors through the application of remedial methods during the implementation period of the intervention program in order to achieve its objectives, as well as training families on problem-solving method and some skills such as (persuasion, problem-solving) skills through modeling, role-playing, positive reinforcement and the development of families' abilities.

2-The role of the educator: This includes providing families with information and knowledge about the nature of their problem, the meanings and concepts of family planning, and some skills in order to develop their abilities and provide them with new skills.

3-The role of the explainer: by clarifying information, facts, meanings, and concepts related to the problem of families, family planning, and behaviors that reject family planning, which may be ambiguous or ambiguous, so that families understand and assimilate them well during their implementation of the intervention program to achieve its goals.

4-The role of the encourager: It includes encouraging families to implement the content of the intervention program, encouraging them to practice behaviors of awareness of family planning, encouraging and developing their positive ideas and feelings, and providing incentives and encouraging supports to families, which helps them to accomplish their tasks entrusted to them in the intervention program quickly and successfully.

5-The role of the program manager: It includes managing the intervention program by carrying out all the necessary technical and administrative roles such as (preparation, planning, organizing, implementation, supervision, guidance, control, evaluation, and follow-up) to implement the intervention program and achieve its objectives that this program was designed and applied to achieve. .

6-The role of the registrar: it includes preparing, organizing and recording.

The Intervention Program Time Frame:

The program was implemented over a period of approximately three months, from (1/7/2022) to.(٢٠٢٢/٩/٣٠)

The methodological framework of the study:

Study type: It is a quasi-experimental study that seeks to test the impact of a professional intervention program from the perspective of generalist practice

of social work in developing awareness of family planning among poor families.

The method used: the semi-experimental method using the one-group model and taking into account the control of the experiment and the steps of conducting it.

Fields of the study:

1-The human field: a non-random sample of (20) married women of childbearing age from (20-40) who frequent the Social Solidarity Foundation in Al-Fateh Center to obtain social solidarity services, and they have children.

2-The spatial field: the Social Solidarity Foundation in Al-Fateh Center in Assiut Governorate, due to reasons including, the increase in the size of families and families in Al-Fateh Center and its affiliated villages, with a decrease in the standard of living of families, and the presence of customs and traditions associated with the existence of wrong ideas among families about childbearing and family planning, and the belief that having children Many children are pride and pride, especially having males, in addition to the role played by the Social Solidarity Foundation in providing services to families in the center and its affiliated villages and its cooperation with the researcher.

3-The time field: The time period for implementing the professional intervention program is approximately three months, starting from early July 2022 to late September 2022. **Experiment steps:**

1-Using the model of one experimental group of married women of childbearing age (20-40) who frequent the Social Solidarity Foundation in Al-Fateh Center, have children, and receive social solidarity services.

2-The use of one experimental group achieved homogeneity between the members of the sample in terms of place of birth, residence, age, educational, cultural, social and economic level.

3-Conducting the measurement on the group on the first of July 2022 to determine the extent of poor families' awareness of family planning .

4-Appling the professional intervention program specified in the current study to the group.

5-Conducting a post-measurement on the same experimental group after the end of the professional intervention period.

6-Using the t-test, one of the statistical coefficients, to address the differences between the pre and post standards of the same experimental group to measure the return of using the professional intervention program specified in the current study and its impact on developing awareness of family planning among poor families.

Study tools:

1-Interviews: Interviews were held with the families and some officials of the institution under study, and interviews were also held with some of the participants, experts and specialists in order to clarify the objectives of the study and its importance and to cooperate with the researcher to complete it.

2-Scale of awareness of family planning among poor families:

The stage of preparing the expressions or phrases of the scale:

Some theoretical writings and previous research studies related to the subject of the current study were reviewed, and interviews were conducted with families, experts and specialists in order to develop the phrases related to awareness of family planning, and phrases for the dimensions were developed as follows:

- 1- The first dimension: cognitive awareness (10) phrases.
- 2- The second dimension: emotional awareness (10) phrases.
- 3- The third dimension: behavioral awareness (10) phrases.

The validity of the scale:

The validity of the scale has been ascertained in two ways, namely the validity of the judges and the validity of the scale. The veracity of the arbitrators "virtual honesty"

Where the researcher presented the scale in its initial form to a number of experts from the professors of social work, psychology, sociology and statistics, and asked them to judge the scale, and their number reached (10) arbitrators, and she made the necessary deletion and modification in the light of the proposals submitted.

First: Internal Validity:

Internal consistency honestly means the extent to which each paragraph of the scale is consistent with the field to which this paragraph belongs. Table No. (1) shows the correlation coefficient between each paragraph of the dimensions of the family planning awareness scale for poor families and the total score for each dimension separately, which shows that the correlation coefficients shown are a function at a significant level of 1%, and thus the field is considered valid for what was set to measure it.

Table No(١) .

The correlation coefficient between each item of the family planning awareness scale dimensions for poor families and the total score for each dimension separately

The behavioral awareness dimension		The emotional awareness Dimension		The cognitive awareness dimension	
Significant	0.733 **	significant	0.444 *	Significant	0.568 **

Second: Structure Validity

Structural validity is one of the measures of the validity of the tool, which measures the extent to which the objectives that the tool wants to reach, and shows the extent to which each dimension of the study is related to the total score of the scale items. %, and thus all domains of the scale are considered true to what was set to be measured.

Table No(٢) .

Correlation coefficient between the score of each dimension of the scale and the overall score of the scale

Dimensions total

Level of significance	the overall score of the scale	Dimensions
Significant	0.829**	The cognitive awareness dimension
Significant	0.704**	The emotional awareness Dimension
Significant	0.836**	The behavioral awareness dimension

It is clear from Table No. (2) that all correlation coefficients in all dimensions of the scale are statistically significant at a significant level of 1%, and thus all domains of the scale are considered true to what they were set to measure.

Third: the reliability of the scale

To ensure the reliability of the scale, the researcher used the method of re-testing, where she applied the scale on a sample of families whose number

reached (20) families, then she re-tested and applied the scale on the same families after a period of about (15) days, and these families were not included in the final analysis of the scale distributed to the study sample. The results were as follows:

Cronbach's Alpha Coefficient

The researcher used the Alpha Cronbach method to measure the reliability of the scale, and the results were as shown in Table No. (3) as follows:

Table No(٣) .

Scale reliability coefficients and Subjective validity of family planning awareness scale dimensions of poor families

Subjective validity coefficient	Alpha Cronbach coefficient	Number of phrases	Dimensions
0.939	0.881	10	The cognitive awareness dimension
0.915	0.838	10	The emotional awareness Dimension
0.940	0.884	10	The behavioral awareness dimension

Table No. (3) shows a high value of the reliability coefficient and the subjective validity of the scale, which confirms the degree of confidence in the possibility of its application in the field.

The Statistical Package for the Social Science (SPSS) program, was used to analysis the research data.

The following are the most important statistical tools used in the study :

1-Cronbach's alpha stability coefficients for calculating scale stability.

2-Frequencies, percentage, mean, and standard deviation.

3-The sum of weights, relative and weighted averages, and relative degrees of dimensions.

4-The Likert scale was used since the variable that expresses the options (yes, to some extent, no) is an ordinal scale, and the numbers that enter the program, which are (yes = 3, to some extent = 2, no = 1), were calculated The gradation of the relative strength of the dimension, and the verification level was determined through the equation as follows:

$$\text{Verification level} = (n - 1) / n.$$

where n means the number of responses (n = 3)

$$\text{Verification level} = (3-1) / 3 = 0.67$$

Table No(٤) .

The level of arithmetic mean and relative strength
weighted average relative strength

relative strength		level of arithmetic mean		strength weighted
To	From	To	from	
55.67%	33.33%	1.67	1.00	Low
77.67%	56.00%	2.33	1.68	Average
100.0%	78.00%	3.00	2.34	High

Table No. (4) shows the degrees of verification level.

5-Paired Samples (2-Dependent samples) T Test to measure the differences between the mean scores of the pre and post measurement .

6-Measure the effect size of the independent groups by calculating the Eta squared (η^2)

7-Effect Size: Effect Size

8-Normal distribution test (Kolmogro-Smirnov test): One Sample K-S.The Colmgrove-Smirnov test was used to verify the normality of the distribution for the variables as follows:

It is clear from Table No. (5) that the significance values for the statistical value of Z (Colmgrov-Smirnov test) were all greater than (0.01), which indicates the moderation of the distribution as follows:

Table No(٥) .

Moderation of the distribution of the study variables, the normal distribution test (Kolmgrove-Smirnov test) "One Sample K-S."

Level of significance	Asymp. Sig. (2-tailed)	Kolmogorov-SmirnovZ	No.	Dimensions
Not significant	0.167	0.136	20	The cognitive awareness dimension
Not significant	0.091	0.157	20	The emotional awareness dimension
Not significant	0.127	0.142	20	The behavioral awareness dimension

It is clear from Table No. (5) that the significance values for the value of the statistical Z (Colmgrov-Smirnov test) were all greater than (0.01), which indicates the moderation of the distribution, the possibility of using statistics and the possibility of using parametric statistics such as the "t"

test and the Eta test to measure the size of the effect Occupational intervention.

Data and analytical presentation of the results of the primary data:

Table No(٦) .

Frequency, percentages, and order of the personal variables of the study sample

Rank	%	F	Age
1	40.0%	8	20-26 years
2	20.0%	4	27-33 years
١	40.0%	8	34-40 years
	100.0%	20	Total
Rank	%	F	Education
1	75.0%	15	Not read and not write
2	25.0%	5	Read and write
	100.0%	20	Total
Rank	%	F	Family Income
4	10.0%	2	400 pounds
2	30.0%	6	500 pounds
3	15.0%	3	600 pounds
1	45.0%	9	700 pounds

	100.0%	20	Total
Rank	%	F	No. of family members
4	10.0%	2	٤
2	30.0%	6	٥
1	45.0%	9	٦
3	15.0%	3	٧
	100.0%	20	Total
Rank	%	F	Place of residence
1	100.0%	20	Rural

Table No. (6) shows the primary data for families, and that most of them fall into the age group (from 20 years to 26 years), (and from 34 years to 40 years) with a rate of (40.0%). At this age, there is fertility in women, and thus high pregnancy rates and childbirth, and most of them do not read or write at a rate of (75.0%), which indicates their poor awareness of family planning, and most of them have a monthly income of about 700 pounds (approximately 45.0%), which is a weak income in light of the conditions of high prices and high prices, which indicates a low standard of living Families, most of them number of family members (6 members) at a rate of (45.0%), which indicates a large family size with low family income, and all families are rural residents at a rate of (100.0%), which may indicate their association with wrong ideas, beliefs, rural customs and traditions related to procreation and organizing The family, which may include boasting about having a large number of children for the work of pride and family and the love of having males, so the woman who has sons of daughters continues to have children until she gives birth to a male, which increases the size of the family without awareness of the dangers of this on the future of the family

and its children in light of the weak family income, and low The standard of living.

Data and analytical presentation of the results of the study hypotheses test:

Table No(٧) .

The level of statistical significance (pairs "t" test) between the pre and post measurement averages for the cognitive awareness dimension

Eta-square (effect size)	Significance test (eta)	Level of significance	t – test	Standard deviation	Weighted average	F	Measurement	Phrases	No.
0.014	0.119	Not significance	1.83	0.510	1.45	20	Pre	The family has knowledge of family planning	1
				0.754	1.60	20	Post		
0.031	0.177	Not significance	1.75	0.587	1.35	20	Pre	The family is aware of the dangers of increasing the size of the family with a decrease in income	2
				0.821	1.60	20	Post		
0.009	0.097	Not significance	1.37	0.745	1.35	20	pre	The family knows the difference between family planning and birth control	3
				0.827	1.50	20	post		
0.062	0.249	Significance	2.33*	0.550	1.25	20	pre	Teaching the family about the healthy	4

				0.821	1.60	20	post	customs and traditions of childbearing that must be adhered	
0.080	0.284	Significance	2.94**	0.821	1.40	20	Pre	Look at the family planning guidelines issued by the Ministry of Health for families	5
				0.912	1.90	20	Post		
0.116	0.340	Significance	2.94**	0.587	1.35	20	pre	Information is available for families about family planning centers in the community	6
				0.813	1.85	20	Post		
0.003	0.056	Not significance	1.00	0.470	2.70	20	Pre	There are misconceptions in the family about family planning	7
				0.444	2.75	20	Post		
0.069	0.263	Significance	2.63*	0.671	1.65	20	pre	The family is aware of its circumstances and capabilities and the conditions and capabilities of the society in which it lives	8
				0.826	2.05	20	Post		
0.070	0.264	Significance	2.94**	0.951	1.80	20	pre	The family believes that family planning is not prohibited by religion	9
				0.923	2.30	20	Post		
0.286	0.535	Significance	4.29**	0.503	1.40	20	pre	Families know about family planning methods	10
				0.768	2.20	20	Post		
0.161	0.401	Significance	11.77**	4.194	15.70	20	Pre	Total cognitive awareness dimension	
				4.368	19.35	20	Post		

*Tab T. value at 5% = 2.02 **Tab T. value at 1% = 2.70

It can be concluded from Table No. (7) that there are differences between the mean scores of the respondents in the pre and post measurement with regard to the (cognitive awareness) dimension, in favor of the post measurement.

It was found that the total cognitive awareness dimension has been proven statistically significant for the difference between the pre and post averages at the level of significance (1%), and to measure the effect size to know the size of the professional intervention between the pre and post measurement by calculating (eta square) it was found that its value (eta square) (0.161) This value indicates

that there is a significant impact of professional intervention in changing the respondents' response.

The study agrees with the study of (Badr El-Din Kamal, Mahmoud Abdel-Rahman (2006), Ilham Helmy Abdel-Majeed (2010), Hindawi Abdel-Lahi Hassan (2012).

Table No(٨)

The distribution of the respondents according to categories after the cognitive awareness of the pre and post measurement

Post Measurement			cognitive awareness dimension	Pre Measurement			cognitive awareness dimension
Rank	%	F		Rank	%	F	
2	30%	6	Low	1	60%	12	Low
1	45%	9	Average	2	40%	8	Average
3	25%	5	High	3	0	0	High
	100%	20	Total		100%	20	Total

It is concluded from Table No. (8) that the low category of the cognitive awareness dimension in the pre-measurement came in the first order with a rate of (60%), while the average category for the dimension of cognitive awareness in the post-measurement came in the first order with a rate of (45%), which indicates that there is an effect of the professional intervention program in developing knowledge awareness of family planning among poor families.

Table No(٩) .

The level of statistical significance (pairs "t" test) between the pre and post measurement averages for the emotional awareness dimension

Eta-squared (effect)	Significance test (eta)	Level of significance	T test	Standard deviation	Weighted average	F	Measurement	Phrases	No.
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t size)									
0.095	0.308	Significance	2.65*	0.598	1.40	20	Pre	The family wants to take family planning measures	1
				0.813	1.85	20	Post		
0.176	0.420	Significance	3.58**	0.681	1.40	20	Pre	The family has a sense of social responsibility towards family planning	2
				0.759	2.05	20	Post		
0.161	0.401	Significance	3.39**	0.671	1.35	20	Pre	The family wants to participate in society to educate other families about family planning	3
				0.945	2.05	20	Post		
0.123	0.350	Significance	2.94**	0.686	1.55	20	Pre	The family has confidence in itself towards family planning	4
				0.686	2.05	20	Post		
0.124	0.352	Significance	2.46*	0.754	1.60	20	Pre	The family is satisfied with family planning	5
				0.745	2.15	20	Post		
0.186	0.431	Significance	3.32**	0.754	1.60	20	Pre	The family tends to change its negative health and social habits and traditions from family planning	6
				0.639	2.25	20	Post		
0.214	0.463	Significance	2.89**	0.826	1.55	20	Pre	The family likes to visit family planning centers for periodic check-ups and to see a doctor	7
				0.745	2.35	20	Post		
0.183	0.428	Significance	3.29**	0.887	1.55	20	Pre	The family has a safe feeling about family planning procedures	8
				0.733	2.30	20	Post		
0.173	0.415	Significance	3.39**	0.686	1.45	20	Pre	The family loves to listen to media talk about family planning	9
				0.875	2.15	20	Post		
0.105	0.324	Significance	2.46*	0.754	1.40	20	Pre	The family tends to use natural family planning methods	10
				0.887	1.95	20	Post		
0.344	0.586	Significance	4.36**	4.913	14.85	20	Pre	Total emotional awareness dimension	
				3.964	21.15	20	Post		

*Tab value of 5% = 2.02 **Tab value of 1% = 2.

It is clear from Table No. (9) that there are differences between the mean scores of the respondents in the pre and post measurement with regard to the dimension (emotional awareness) in favor of the post measurement.

It was found that the total emotional awareness dimension has been proven statistically significant for the difference between the pre and post averages at the level of significance (1%), and to measure the effect size to know the size of the occupational intervention between the pre and post measurement by calculating (eta square) it was found that its value (eta square) (0.344) This value indicates that there is a very significant effect of professional intervention in changing the respondents' response.

Table No(١٠) .

The distribution of the respondents according to the categories after the emotional awareness of the pre and post measurement

Post measurement			emotional awareness dimension	Pre measurement			emotional awareness dimension
Rank	%	F		Rank	%	F	
2	25%	5	Low	1	65%	13	Low
1	50%	10	Average	2	35%	7	Average
٢	25%	5	High	3	0	0	High
		20	Total		100	20	Total

It can be concluded from Table No. (10) that the low category of the emotional awareness dimension in the pre-measurement came in the first order with a rate of (65%), while the average category for the dimension of emotional awareness in the post-measurement came in the first order with a rate of (50%), which indicates that there is an effect A professional intervention program in developing emotional awareness of family planning among poor families.

Table No(١١) .

The level of statistical significance (pairs "t" test) between the pre and post measurement averages for the behavioral awareness dimension and the total dimensions of family planning awareness among poor families

Eta-square (effect size)	Significance test (eta)	Level of significance	T test	Standard deviation	Weighted average	F	Measurement	Phrases	No.
0.176	0.420	Significance	3.115**	0.410	1.20	20	Pre	The family applies complete family planning procedures	1
				0.933	1.85	20	Post		
0.113	0.336	Significance	2.132*	0.607	1.50	20	Pre	The family rejects the erroneous customs and traditions of family planning	2
				0.858	2.00	20	Post		
0.029	0.171	غير دال	1.228	0.607	1.50	20	Pre	The family is convinced of the necessity of periodic examination and a visit to the doctor in family planning centers	3
				0.851	1.75	20	Post		
0.056	0.237	غير دال	1.677	0.598	1.40	20	Pre	The family is keen to use family planning methods properly and appropriately	4
				0.851	1.75	20	Post		
0.061	0.248	غير دال	1.926	0.587	1.35	20	Pre	The family attends lectures and seminars on family planning	5
				0.801	1.70	20	Post		
0.105	0.323	Significance	2.131*	0.503	1.40	20	Pre	The family participates in educating other families about the importance of family planning	6
				0.813	1.85	20	Post		

0.171	0.413	Significance	2.698*	0.489	1.35	20	Pre	The family listens to the social worker's instructions about family planning	7
				0.826	1.95	20	Post		
0.123	0.350	Significance	2.127*	0.510	1.45	20	Pre	The family cares about spacing between pregnancies	8
				0.826	1.95	20	Post		
0.092	0.304	Not Significance	1.756	0.607	1.50	20	Pre	The family benefits from family planning methods	9
				0.826	1.95	20	Post		
0.194	0.440	Significance	3.322**	0.550	1.25	20	Pre	The family is interested in obtaining sufficient information about family planning methods	10
				0.788	1.90	20	Post		
0.229	0.478	Significance	3.521**	2.989	13.90	20	Pre	Total dimension of behavioral awareness	
				5.575	18.65	20	Post		
0.462	0.680	Significance	6.937**	6.428	44.45	20	Pre	Total dimensions	
				9.549	59.15	20	Post		

Tabular v-value at 5% = 2.02, Tabular t-value at 1% = 2.70

It is clear from Table No. (11) that there are differences between the mean scores of the respondents in the pre and post measurement with regard to the dimension (behavioral awareness) in favor of the post measurement. It was found that the total dimension of behavioral awareness has been proven statistically significant for the difference between the pre and post averages at the level of significance (1%), and to measure the effect size to know the size of the professional intervention between the pre and post measurement by calculating (eta square) it was found that its value (eta square) (0.229) This value indicates that there is a very significant effect of professional intervention in changing the respondents' response.

It was found that the total dimensions proved to be statistically significant for the difference between the pre and post averages at the level of significance (1%), and to measure the effect size to know the size of the professional intervention between the pre and post measurement by calculating (eta square) it was found that its value (eta square)

(0.462), and this The value indicates that there is a very significant effect of the professional intervention in changing the response of the respondents.

The study agrees with that of Faten Khamis Muhammad Arafa (2007), Ilham Helmy Abdel Majeed (2010), Hindawi Abdel Lahi Hassan (2012), Egypt Oil & Gas, 2022.

Table No(١٢) .

The distribution of the respondents according to the categories after the behavioral awareness of the pre- and post-measurement

Post measurement			behavioral awareness dimension	Pre measurement			behavioral awareness dimension
Rank	%	F		Rank	%	F	
1	45%	9	Low	1	70%	14	Low
2	40%	8	Average	2	30%	6	Average
3	15%	3	High	3	0	0	High
	100%	20	Total		100%	20	Total

It is concluded from Table No. (12) that the category of low for the dimension of behavioral awareness in the pre-measurement came in the first order with a rate of (70%), while the category of low for the dimension of behavioral awareness in the post-measurement came in the first order with a rate of (45%), which indicates that there is an effect A professional intervention program in developing behavioral awareness of family planning among poor families.

Table No(١٣) .

The distribution of the respondents according to the categories of the total dimensions of awareness of family planning among poor families, for pre and post measurement

Post measurement			Total dimension s	Pre measurement			Total dimension s
Rank	%	F		rank	%	F	

2	35%	7	low	1	75%	15	low
1	40%	8	average	2	25%	5	average
3	25%	5	high	3	0	0	high
	100%	20	total		100%	20	total

It can be concluded from Table No. (13) that the category of low for the total dimensions in the pre-measurement came in the first order with a rate of (75%), while the category of average for the total dimensions in the post-measurement came in the first order with a rate of (40%), which indicates that there is an effect of the professional intervention program in developing awareness of family planning among poor families.

Suggestions and recommendations to activate the role of the social work profession from the perspective of generalist practice in raising awareness of family planning among poor families:

- 1-Increasing the budget of family planning centers.
- 2-Mobilizing all available efforts and capabilities to confront the problem of rapid population growth.
- 3-Collecting and strengthening the necessary national efforts to raise awareness of family planning.
- 4-Increasing the number of social workers working in family planning centers.
- 5-Encouraging volunteers to participate in family planning awareness programs, initiatives and awareness campaigns.
- 6-Preparing trainers specialized in practicing family planning programs.
- 7-Giving training courses for the functional staff in family planning centers.
- 8-Granting the social worker sufficient resources to practice his or her work successfully.

9-Carrying out awareness campaigns to increase the awareness of community members of the role of the social work profession in raising awareness of family planning.

10-Changing the perception of many families towards family planning, while clarifying the negative effects of the problem of overpopulation.

11-Training social workers and providing them with the necessary professional knowledge and skills to carry out their professional role in raising awareness of family planning.

12-Encouraging civil society organizations and NGOs to offer many and varied programs in the field of family planning.

13-Carrying out more research studies on social work in the field of raising awareness of family planning among poor families and facing the population problem.

14-Activating the role of the social work profession in raising awareness of family planning and confronting the problem of population explosion, and the work of social work institutions in facing this problem.

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