

## Motives and practices of women seeking governmental family planning services in southern Cairo

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**Abstract: Introduction:** Egypt suffers from a serious population problem having three inter-related dimensions; excessive population growth, maldistribution of population and lower quality of life with regard to health, nutrition, education as well as other components. Family planning programs were introduced to solve one aspect of population problem which is population growth. Family planning implies the ability of individuals and couples to anticipate and attain their desired number of children through the spacing and timing of their births, achieved through the use of contraceptive methods and the treatment of involuntary infertility. Motivation is a phenomenon of the human mind which is a product of purpose, desire, goal, perception, attitude and incentive, of emotions like anger, fear, or relationships of trust and suspicion. After a need is generated, tension is created and a drive toward satisfaction begins. Motivation is an important organizational goal for implementing family planning. It must therefore concern itself with strategies of improvement of the recipient of the services through participation and proper communication techniques. **Objectives:** The study aimed to promote the health of Egyptian mothers by upgrading the practice and reinforce the motives of attendant women towards family planning. **Methods:** A hospital based cross-sectional design was used to recruit 188 women seeking family planning services in FP unit of Dar Al-Salam general hospital by Multi stage random sample technique in Southern Cairo in Egypt. Data were collected by the help of a pre-coded, pre-tested, structured and researcher administered questionnaire based on study variables was used as instrument for data collection. The motives was assessed by a closed ended question with the following choices; enough children, high cost of living, regulate menses and decrease bleeding, work and husband desire. Counseling was assessed by five questions each question was designed to cover the (GATHER) approach in counseling and each question was followed by two choices (yes or no), the (yes) answer was graded by one degree and the (no) answer was graded by zero degree. The total score of the five questions ranged between zero to five points and was classified as Women with one and two counseling score -- low counseling, Women with three and four counseling score --- moderate counseling, Women with five counseling score ---high counseling. **Results:** regular contraceptive users have a higher mean age (28.31±4.27) than irregular users (23.79±2.78) and continuous contraceptive users have a higher mean of age (28.31±4.27) than interrupted users (25.86±3.22), regular women have higher mean of marital years (8.38±3.89) than irregular users (6.38±2.37) and continuous users also have a higher mean of marital years (8.38±3.89) than interrupted users (6.36±2.45), worker women have higher rank between regular users (34.1%) compared with irregular group (3.4%), regular and continuous users have high parity with mean number of births (3.11±1.04) is higher than that of irregular and interrupted users (2.52±0.83), (2.46±0.84) respectively, Most of studied women were using IUCD (58.5%), (30.9%) used pills, and only (10.6%) used injection. Most women indicated that IUCD is more effective (90.9%) but less easy (27.2%), in contrast to pills all pill users revealed that pills are easier (100%) but less effective (87.9%). As regarding injection (75%) of women used it because it is effective method. enough children was strongest motive to use contraception among (31.80%) of recurrent users. to regulate menses and decrease menstrual bleeding was the strongest motive for (24.30%) of recurrent users. (14.90%) of recurrent users declared that spacing between pregnancy was the strongest motive to use contraception. Husband desire was the strongest motive among (8.10%) of recurrent users and (37.50%) of new users, while most new uses (42.50%) defined that spacing between pregnancy was strongest motive. high cost of living was the strongest motive for (18.20%) of recurrent users and (20.0%) of new users, The study clarified that (27.70%) of studied women revealed that doctors did not greet them in a friendly, helpful, and respectful manner, some women stated that doctor shout at them, others said that doctors ignored their comments and feedback and others said that there were distractions in the FP room. The study also stated that (84%) of studied women answered that doctors did not informed them about suspected side effects and (94%) said that doctors did not informed them about the return visits. The study demonstrated that there was no difference in counseling of recurrent and new contraceptive uses **Conclusion:** Irregular contraceptive usage was more in small aged women, women with low marital years, illiterate and low educated women, not working women, husband pressure, personal false beliefs and wrong information from friends. Interrupted usage was mainly in women did not completed her family and side effects of contraceptives. Also interrupted usage was more in small aged women, women with low marital years, illiterate and low educated women, not working women. The study also stated that contraceptive usage was influenced by the strength of motives for usage. family size preference; women who prefer small family size and need no more children were having highest motive, menstrual regulation and decrease menstrual bleeding, high cost of live, spacing between

pregnancy, husband pressure was in order the strongest motives reported by studied women for contraceptive usage. IUCD come at the top of contraceptive methods used by studied women, constituting (58.5%) of all methods, while pills come next forming (30.9%). Injection is of lowest frequency in use (10.6%) of all methods. The strongest cause for selection of IUCD and injection in women using them was their effectiveness while for pills was that it is easier in use. The study emphasized the advantage of hormonal contraception in regulating menses and decrease menstrual bleeding. Inter personal counseling skills need to be upgraded by applying the five steps of GATHER approach. The study concluded that there is a great need to prepare health workers to provide effective general, method-specific, and follow-up counseling to family planning clients and their families. The counseling practice should include ways of addressing misconceptions and rumors; counseling mothers, mothers in-law, and husbands of clients. [Emad El-din Salama, Zayed Saleh, Mohamed Rizk and Haytham Hasan. **Motives and practices of women seeking governmental family planning services in southern Cairo.** *N Y Sci J* 2017;10(9):82-87]. ISSN 1554-0200 (print); ISSN 2375-723X (online). <http://www.sciencepub.net/newyork>. 12. doi: [10.7537/marsnys100917.12](https://doi.org/10.7537/marsnys100917.12).

**Key words:** motives of contraception, counseling in family planning.

## 1. Introduction

By enabling smaller family sizes, family planning can help stabilize rural areas, slow urbanization, and balance natural resources usage with the needs of the population. Since reliable methods of family planning became available in the 1960s, the use of modern contraception has steadily risen to 54 per cent (and 61 per cent when traditional methods are taken into account) among all women currently married or in union. As a result, fertility rates continue to fall. (1).

Investing in family planning means current and future generations will have the natural resources they need to be healthy and thrive. The climate is changing and the impacts are increasingly severe: wide-spread crop failures and drought, more violent storms, and the spread of deadly diseases. Rapid population growth makes it difficult for poor countries – many already dealing with water scarcity and hunger – to cope with these challenges. Population growth is also associated with a proportionate increase in CO<sub>2</sub> emissions. Increasing access to family planning can help slow population growth, reduce greenhouse gas emissions and build resilience to a changing climate. In fact, just meeting unmet need for contraception can provide 16-19% of the emissions reductions needed by 2050 to avoid dangerous climate change. (2).

A variety of demographic and socioeconomic characteristics influence women' spacing practices. These include a woman's age at the birth of each child, the number of children she already has, and her educational attainment, social status, labor force participation, and place of residence. (3).

Motivation in family planning is Provision of information that encourages and eventually results in a behavioral change in an individual or group. If a person or group is persuaded that a change will benefit her/him/them, motivation will often lead to making that change. In the context of family planning, motivation encourages a client to seek more information regarding family planning methods, and

based on the perceived benefits of the behavior (i.e., practicing family planning), it will often lead a client to adopt family planning. motivation should never be used to encourage a client to accept a specific method. The choice of an appropriate method must be the client's choice (4).

Good family planning counseling procedures have two major elements and occur when; Mutual trust is established between client and provider. The provider shows respect for the client and identifies and addresses her/his concerns, doubts, and fears regarding the use of contraceptive methods. The client and service provider give and receive relevant, accurate, and complete information that enables the client to make a decision about family planning. (5).

## Study objectives

The study aimed to promote the health of Egyptian mothers by upgrading the practice and reinforce the motives of attendant women towards family planning. The general objective could be achieved through the following specific objectives: To reveal the socio demographic characteristics of attendant women to the FP unit, To identify reasons and factors that motivate women for seeking family planning services, To explore and identify factors that influence selectivity of FP methods and to appraise the role of counseling on practices of women seeking FP services.

## 2. Materials and Methods

**Research setting:** The study was conducted in Family planning Centers present in southern Cairo in Egypt.

**Targeted population:** Women seeking family planning services (either recurrent users or new users) in family planning centre at southern Cairo family planning centres.

**Study design:** A cross-sectional descriptive study was conducted due to its suitability to investigate the current topic. Data were collected by the help of a pre-coded, pre-tested, structured and

researcher administered questionnaire based on study variables was used as instrument for data collection. The motives was assessed by a closed ended question with the following choices; enough children, high cost of living, regulate menses and decrease bleeding, work and husband desire. Counseling was assessed by five questions each question was designed to cover the (GATHER) approach in counseling and each question was followed by two choices (yes or no), the (yes) answer was graded by one degree and the (no) answer was graded by zero degree. The total score of the five questions ranged between zero to five points and was classified as Women with one and two counseling score --- low counseling, Women with three and four counseling score ---- moderate counseling, Women with five counseling score -----high counseling. The instrument of data collection (questionnaire) was subjected to appraise its validity content by recognized subject matter experts (panelists) to evaluate whether test items are essential or not essential. Lawshe, developed a formula termed the content validity ratio  $CRV = (n - N/2) / (N / 2)$ ; where CRV mean content validity ratio, (n) mean number of subject matter expert panelists indicating essential and (N) mean total number of subject matter expert panelists (Lawshe, 1975). Sufficient statistical analysis was done. The data was analysed using (SPSS) version 21. The level of statistical significance was set at  $P < 0.05\%$ . Pretest study: before conducting the research, a pilot trial was carried out on 15 women, a preliminary questionnaire was generated and tested to assess the validity, reliability, applicability, timing, or any needed modifications to reach the final accepted form (the pilot group was excluded from data analysis).

**Sampling technique:** Multi stage random sample technique:

Stage one: Masr Al-Kadima district is selected from the ten districts of southern Cairo.

Stage two: Family planning Centre of Dar Al-salam general hospital was selected randomly from five family planning Centres present in Masr Al-Kadima.

Stage three: the required sample size of women was selected according to the following equation  $n = P*(1-P)* (Z\alpha/d)^2$ .

**Analysis of data:** Descriptive statistics: - The mean  $\pm$  SD were used for quantitative variables. - The number and percent (%) were used for qualitative variables. Analytic statistics:- In order to assess the differences in frequency of qualitative variables, chi-square test was used, and t-test in quantitative variables to assess the difference in means.- The statistical methods were verified, assuming a significance level of  $p < 0.05$ .

**Ethical consideration:** Approval of the authorized personnel of the studied site was obtained. an informed verbal Consent to participate in the study was obtained from women, and they were told that refusal to participate will not affect the quality of provided services.

### 3. Results:

**Table (1): General characteristics of studied women.**

General characteristics	Studied group (n=188)	
	Mean	SD
Age of women at time of study	26.5	3.8
Marital years	6.8	3.5
Crowding index	2.7	0.7
Education level of women	No.	%
Illiterate	43	22.8%
Read and write	79	42.0%
Primary	51	27.0%
Secondary	15	7.9%
Occupational status of women	NO.	%
House wife	145	77.1%
Worker	43	22.8%

Table (1) shows that the mean age of studied women is ( $26.5 \pm 3.8$  years), and the mean duration of marital years is ( $6.8 \pm 3.5$  years). The mean crowding index is ( $2.7 \pm 0.7$  CI). Regarding educational level, most of the studied women are either having primary education or read and write (27.0%, 42.0% respectively). Illiteracy and secondary education are found among 22.8% and 7.9% respectively. Most of studied women (77.1%) are house wives.

**Table (2): frequency of last contraceptive method used by studied women.**

Contraceptive methods	Frequency of usage	
	No.	%
IUCD	110	58.5%
pills	58	30.9%
injection	20	10.6%
total	188	100%

Table (2) shows that IUCD come at the top of contraceptive methods used by studied women, constituting (58.5%) of all methods, while pills come next forming (30.9%). Injection is of lowest frequency in use (10.6%) of all methods.

**Table (3): causes that influence method selectivity**

Causes of selection	Contraceptive methods					
	IUCD		pills		injection	
	No.	%	No.	%	No.	%
Easy	30	27.2%	58	100%	0	0.00%
Effective	100	90.9%	51	87.9%	15	75%
Doctor advice	50	45.5%	25	43%	8	40%

\*The total number of responses exceeds the total number of cases as the cases expressed more than one response.

Table (3) shows that the most common cause that influence IUCD selection is that it is more effective method constituting (90.9%) of causes. The second cause is doctor advice (45.5%). The third cause is the easiness of IUCD constituting (27.2%). Easiness of pills is reported by all women as a cause of pills selection. the second cause is effectiveness of pills

(87.9%). the third cause is doctor advice with pills constituting (43%). Effectiveness of injection is the most common cause for selection (75%). the second cause is doctor advice constituting (40%). while no women reported easiness of injection as a cause for use.

**Table (4): motives of usage of contraceptive methods in recurrent and new users.**

motives	Recurrent users		New users	
	No.	%	No.	%
Enough children	47	31.80%	0	00.00%
Regulate menses and decrease bleeding	36	24.30%	0	00.00%
High cost of living	27	18.20%	8	20.00%
Spacing between pregnancy	22	14.90%	17	42.50%
My husband's desire	12	8.10%	15	37.50%
Work	4	2.70%	0	00.00%
total	148	100%	40	100%

Table (4) show that enough children is the strongest motive for recurrent user women to use contraceptives constituting (31.80%) of all women. The second motive is to regulate menses and decrease menstrual bleeding constituting (24.30%) of recurrent users. High cost of live, spacing between pregnancy and husband desire constitute (18.20%,14.90 and 8.10%) of recurrent users. Work is weakest motive for contraceptive usage constituting (2.70%) of recurrent users. The strongest motive for new users is spacing between pregnancy constituting (42.50%) of recurrent users. The second motive is husband desire constituting (37.50%) of recurrent users. High cost of living is the weakest motive constituting (20.0%) of new user group.

**Table (5): frequency of counseling score between recurrent and new users.**

Counselling score	Recurrent users	New users
mean	2.506	2.500
SD	0.82	0.67
t.test	0.47	
P value	> 0.05	

Table (5) shows that the mean of counseling score in recurrent users is (2.506±0.82) and that of new users is (2.500 ± 0.6) so there is no statistical difference between the two groups (t.test=0.47, p> 0.05).

#### 4. Discussion:

Most of studied women were using IUCD (58.5%), (30.9%) used pills, and only (10.6%) used injection. Most women indicated that IUCD is more effective (90.9%) but less easy (27.2%), in contrast to pills all pill users revealed that pills are easier (100%)



but less effective (87.9%). As regarding injection (75%) of women used it because it is effective method. (6).

The study concluded that enough children was strongest motive to use contraception among (31.80%) of recurrent users. to regulate menses and decrease menstrual bleeding was the strongest motive for (24.30%) of recurrent users. (14.90%) of recurrent users declared that spacing between pregnancy was the strongest motive to use contraception. Husband desire was the strongest motive among (8.10%) of recurrent users and (37.50%) of new users, while most new uses (42.50%) defined that spacing between pregnancy was strongest motive. high cost of living was the strongest motive for (18.20%) of recurrent users and (20.0%) of new users.. (7,8,9,10).

The study clarified that interrupted contraceptive usage was mainly because women need more children as they did not complete their family (35.71%), although having a third or fourth child may not be considered ideal to these women, other causes was due to side effects of different contraceptive methods as pelvic pain and inter menstrual bleeding (17.86%) for each cause these can be explained by decreased emphasis on counselling (especially good communication and follow up) at visits for FP units. Other explanation is pharmacists as source of advice for women seeking contraceptive method as the pharmacy will not introduce a good counselling program for women. Husband advice also has the same frequency (17.86%), lastly (10.71%) stated that headache was the cause of interrupted contraceptive usage. (11,12,13,14).

We found that personal false believes about contraceptive practice and wrong information from friends are the commonest causes of irregular contraceptive practice constituting (31.0% and 27.60%) in order. these false believes are different from women to women and from culture to another (some women said that they think that regular use can lead to infertility). infrequent sex and boring of regular usage were stated as causes of irregular contraceptive usage constituting (24.10%, 17.20%) in order. (15,16).

The study clarified that (27.70%) of studied women revealed that doctors did not greet them in a friendly, helpful, and respectful manner, some women stated that doctor shout at them, others said that doctors ignored their comments and feedback and others said that there were distractions in the FP room.

The study also stated that (84%) of studied women answered that doctors did not informed them about suspected side effects and (94%) said that doctors did not informed them about the return visits.

The study demonstrated that there was no difference in counseling of recurrent and new contraceptive uses as shown in table (27,28), and no

woman in all studied group get the all items of counseling process.

## 5. Conclusion

From the results and discussion of this study, it can be concluded that Irregular contraceptive usage was more in small aged women, women with low marital years, illiterate and low educated women, not working women, husband pressure, personal false beliefs and wrong information from friends. Interrupted usage was mainly in women did not completed her family and side effects of contraceptives. Also interrupted usage was more in small aged women, women with low marital years, illiterate and low educated women; not working women. The study also stated that contraceptive usage was influenced by the strength of motives for usage. family size preference; women who prefer small family size and need no more children were having highest motive, menstrual regulation and decrease menstrual bleeding, high cost of live, spacing between pregnancy, husband pressure was in order the strongest motives reported by studied women for contraceptive usage. IUCD come at the top of contraceptive methods used by studied women, constituting (58.5%) of all methods, while pills come next forming (30.9%). Injection is of lowest frequency in use (10.6%) of all methods. Inter personal counseling skills need to be upgraded by applying the five steps of GATHER approach. The study concluded that there is a great need to prepare health workers to provide effective general, method-specific, and follow-up counseling to family planning clients and their families. The counseling practice should include ways of addressing misconceptions and rumors; counseling mothers, mothers in-law, and husbands of clients.

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