

**THE ROLE OF THE FAMILY PHYSICIAN IN INCREASING
THE ACCEPTABILITY AND USE OF FAMILY PLANNING
METHODS IN PRIMARY HEALTH CARE CENTERS IN EL-
SHROUK NEW CITY**

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿يرفع الله الذين آمنوا منكم

والذين أوتوا العلم درجات﴾

صدق الله العظيم

(المجادلة: 11)

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Abstract

The postpartum period is a convenient time to address family planning; women are particularly motivated to prevent conception just after birth, so the family physician is in good position to provide the necessary counseling regarding contraception for the new mother.

The rewards in family medicine come from knowing patients intimately over time and sharing their trust, respect, and friendship and from the variety of problems encountered in practice that keep the family physician professionally stimulated and challenged.

This study was conducted in El-Shourok city one of new cities to improve women health through accepting the family planning methods in the post partum period after health education, to find out percentage, characters of acceptors and non acceptors in the post partum period and to find out immediate health problem facing them after 1 month of use.

Convenient sample of 200 women chosen by systematic random sample, and an interview in Arabic language pre coded questionnaire was used for the study for any woman accompanies her child (four month or less) coming for vaccination.

After health education of the group 83% accepted to use contraceptive method while 17% refused and IUD still has the largest percentage of use. Causes for Non-use were mainly family and husband refuse, intercourse, religious background, health concerns, fear of side effect, lack of knowledge about contraception and don't know where to get contraceptive methods.

After one month all the group of acceptor came for follows up 28.9% of users has side effect and 71.0% has no side effect, and all was given the health education and the suitable treatment.

From 48 users who had side affect only 9 women who represent 5.4% from total acceptor changes the method while 94.5% still use the same method after give health education and the suitable treatment, with no recorded case about discontinuation of use.

It was found that:

1-Activating the role of family files, recording and update the data located helps continuous communication between family doctor and client.

- 2- Awareness-raising seminars for husbands should be supported by far reaching channels of communication such as mass media,...
- 3- Proper counseling both before and at the time of method selection give good result.

Key words:

1. Family planning,
2. Post partum,
3. Cause of acceptance and refusal,
4. Different method of contraception.

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List of Abbreviations

CAPMAS:	Central Agency for Public Mobilization and Statistics
CIC	combined injectable contraceptive
COC	combined oral contraceptives and
COCP:	Combined oral contraceptive pill
CPR:	Contraceptive prevalence rate
DVT:	Deep vein thrombosis
DMPA:	Depo-Provera medroxyprogesterone acetate
DMT:	Decision-Making Tool
EIDHS	Egypt Interim Demographic and Health Survey
ESPA:	Egypt Service Provision Assessment
FAM:	Fertility Awareness Method
FP:	Family planning
GIS:	Geographic Information System
HIV:	Human immunodeficiency virus
INFO:	Center for Communication Programs Information and Knowledge for Optimal Health
IUD: -	Intrauterine device
JHSPH:	Johns Hopkins Bloomberg School of Public Health
LAM: -	Lactational amenorrhea method
MOHP:	Ministry of health and population
MCH:	Mother and Child Health
NIH:	National Institutes of Health
Ob/Gyn:	Obstetric /Gynecology
PID:	pelvic inflammatory disease
POI	progestin-only injectables
POP:	Progestin-Only pills

RRR:	Relative risk ratios
SD:	Slandered. Deviation
STDs:	Sexually transmitted diseases
UNFPA:	United Nations Population Fund
USAID:	united state academy international development
WHO:	World Health Organization

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Figure 1- El-Sherouk City Map



INTRODUCTION

The latest population census in Egypt was carried out in November 2006, according to the results; Egypt has a population of 72.2 million. This number excludes the roughly 3.9 million Egyptians who are living abroad. By the beginning of 2008, it is estimated that Population had increased by around one and half million to reach 74.3 Million. (Without considering the group living abroad) **(CAPMAS, 2008 - El- Zanaty, 2009).**

In order to overcome the problem of over population, The family planning program in Egypt has started as early as February 1966 which is aiming to help family to have a suitable number of children, help mothers to have pregnancies within the safest childbearing period, and post pone pregnancy for required period of time when indicated for medical and social purposes **(Khalil, 1999- Ghobashy et al., 2011).**

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. The ability to determine whether or not to become pregnant and how many children to have has long been recognized as a human right. As agreed in 1994 by UN member states in Cairo **(WHO, 2007).**