

**Evaluation of knowledge and attitude among primary
healthcare Physicians regarding immediate
post-partum contraception in primary
health care centers in Cairo, Egypt**

Thesis

Submitted in Partial Fulfillment of Master Degree
in Family Medicine

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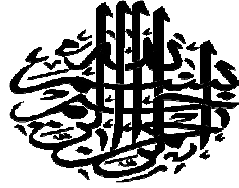
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(قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْحَكِيمُ)

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List of Abbreviations

<i>ACOG</i>	American College of Obstetricians and Gynecologists
<i>BS</i>	Birth Spacing
<i>COCs</i>	Combined Oral Contraceptives
<i>DMPA</i>	Depot Medroxy Progesterone Acetate
<i>ECP</i>	Emergency Contraceptive Pills
<i>DHS</i>	Demographic and Health Survey
<i>ESD</i>	Extending Services Delivery
<i>FHI</i>	Family Health International
<i>FP</i>	Family Planning
<i>HIV</i>	Human Immunodeficiency Virus
<i>IUCD</i>	Intrauterine Contraceptive Device
<i>LAM</i>	Lactational Amenorrhea Method
<i>MDG</i>	Millennium Development Goals
<i>MEC</i>	Medical eligibility criteria
<i>RH</i>	Reproductive health
<i>SPSS</i>	Statistical Package of Social Sciences
<i>STDs</i>	Sexually Transmitted Diseases
<i>UNFPA</i>	United Nations Fund for Population Activities
<i>USAID</i>	United States Agency for International Development
<i>WHO</i>	World Health Organization

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Abstract

Background: Family planning has a great impact on maternal and child health. Postpartum contraception is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth. **purpose:** To assess the level of knowledge and attitude regarding immediate post-partum contraception among primary health care (PHC) physicians.

Methods: A cross-sectional study conducted among 100 PHC physicians from 3 health districts in Cairo governorate, Egypt. The data were collected between October to December 2017. Data were collected through a pre-designed validated self-administered questionnaire about the following: Socio-demographic characteristics, knowledge and attitude questions regarding post-partum contraception.

Results: The mean knowledge score was 31.75 ± 9.24 , with 72% of physicians had poor knowledge score and only 9% had good knowledge scores. The mean attitude score was 76.92 ± 8.81 , with 56% had favorable attitude. There was no significant difference in knowledge and attitude scores regarding gender, residence, marital status and different PHC centers.

However, a significant difference in knowledge scores regarding age and experience. There was a significant difference in total knowledge score and attitude when comparing scientific degrees, with higher scores in Master's degree.

Conclusion: There was unsatisfactory level of knowledge about immediate post-partum contraception; also, there was a high percentage of favorable and neutral attitudes among the studied physicians. Thus, training courses should be designed for PHC physician to maintain and improve their knowledge and skills regarding immediate postpartum contraception.

Key words: Attitude, Knowledge, Physicians, postpartum contraception.

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تقييم معرفة واتجاه أطباء الرعاية الصحية الأولية نحو وسائل منع الحمل بعد الولادة مباشرة في مراكز الرعاية الصحية الأولية بالقاهرة

خطة بحث

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INTRODUCTION AND RATIONALE

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 contraception methods and the treatment of involuntary infertility (**WHO, 2016**).

Postpartum family planning is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth (**WHO, 2012a**) which divided into:

1-Immediate postpartum within 48 hours after delivery

- Post-placental within 10 minutes following placental delivery.
- Early postpartum before discharge within 48 hours after delivery and before women leave the health facility.

2- Interval period more than 6 week after delivery.

Globally, nearly 65% of women in their first postpartum year have an unmet need for family planning services (**United States Agency PFP, 2015**).

In the United States (US), for example, nearly 60 % of pregnancies conceived at any time are unplanned 23 % are unintended and 37% are mistimed (**Mosher et al., 2012**). 33.1% of pregnancies in the USA are conceived within 18 months of a previous birth (**Whaley and Burke, 2015**).

According to an analysis of Demographic and Health Survey data from Egypt, 59 % of currently married women in Egypt are currently using a contraceptive method, 13 % of

currently married women in Egypt are considered as having an unmet need for family planning, One-fifth of non-first births were born within 24 months of a prior birth. 60 % of women are susceptible to the risk of pregnancy at 4-5 months after a birth, and around 75 % are susceptible at 8 to 9 months after a birth **(DHS, 2014)**.

Family planning can avert more than 30% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than two years **(Cleland et al., 2006)**. Closely spaced pregnancies within the first year postpartum are the risky for mother and baby, as adverse outcomes such as preterm, low birth weight and small for gestational age are markedly increased. Pregnancy occurring within six months of the last delivery holds a 7.5-fold increase the risk for induced abortion and a 1.6-fold increased risk of stillbirth **(DaVanzo et al., 2007)**.

The reasons for non-use of contraception are many, including lack of awareness, non-availability of accessible family planning services, and limitations on women's mobility due mostly to cultural or geographical factors **(Grimes et al., 2010)**.

Optimally, contraceptive plans should be initially reviewed as part of prenatal care and before the woman leaves the hospital **(Speroff and Mishell, 2008)**.

The postpartum period, especially the immediate postpartum period, is a time during which couples generally have multiple encounters with the health care system. Providing contraception during this time is cost-effective and efficient because it doesn't require significant increases in staff, supervision or infrastructure. Also, for many women who rarely contact the health care system, family planning

provided in the immediate postpartum does not require a costly and inconvenient return to the facility, the women are highly motivated and need an effective method for contraception and thus expands the opportunities for reaching couples with family planning **(Singh, 2009)**.

There are pressing reasons to consider immediate postpartum contraception. After delivery, return to fertility can be rapid, with resumption of ovulation averaging 45 days, and occurring as early as 3 weeks postpartum in non-lactating women. Many women resume sexual relations by six weeks postpartum, which is the most common time for a postpartum office visit. Delaying contraceptive initiation until several weeks postpartum places women at risk for unintended pregnancy **(Grimes et al., 2010)**.

In a study in Peru, 1,560 women, the women in one ward were given counseling and temporary methods, while the women in the second ward were discharged without comparable service, at six months postpartum, 82% of the experimental group (those who received counseling and services) were using family planning method, with 40% using IUD. In comparison, 69% of controls used a method, with 27,3% using IUD. Predischage IUD insertion was estimated to cost 9,38 US\$ per women, compared with 24,16 US\$ for an interval insertion **(Foreit et al., 2008)**.

There was an unsatisfactory level of knowledge about immediate post-partum and post-abortion family planning; also, there is a high percentage of unfavorable and in-between (neutral) attitudes among the studied physicians **(Mahmoud SS, 2015)**.

Aim of the work

To identify knowledge and attitude among primary healthcare Physicians regarding immediate post-partum contraception.

Participants and methods

Study design: Cross sectional study.

Sampling: using convenient sample in which all primary healthcare Physicians present in ten primary health care centers will be included in the study.

Study setting: primary health care physicians in 3 health districts were 110 physicians will participate in this study. The study group divided into:

Elmarg district which divided into: Alandouls PHC 8 physicians

East marg PHC 11 physicians

Albarca PHC 8 physicians

Alshorfa PHC 7 physicians

Abu seer PHC 7 physicians

Ainshams child PHC 9 physicians

Elzyton district which include: Saraya alkoba PHC 35 physicians

Zyton first PHC 8 physicians

Zyton second PHC 7 physicians

Eamiria district which include: Elamiria PHC 10 physicians

Study tool: pre-designed validated questionnaire including socio-demographic and related knowledge and attitude data towards postpartum contraception.

The knowledge will be assessed by 12 questions; each question followed by choices that include one right answer that graded by five points while the wrong answers will be graded by zero points. The total score of the 12 questions ranged between 0 and 60 points and will be classified as; good ($\geq 80\%$), fair (60-79%), and poor ($< 60\%$). That classification resembles the classifications used in another study (**Mahmoud SS, 2015**).

The attitude will be assessed by 19 items; each item will be presented in five choices on a Likert scale graded from 0 to 5, the grade of the Very agreed attitude = 5, Agreed attitude = 4, and Uncertain attitude = 3. Disagreed attitude = 2. Very disagreed attitude = 1 (**Uebersax 2006**). The total score of the 19 items ranged between 0 and 95 points and was classified as; favorable ($\geq 80\%$), neutral (60-79%), and unfavorable ($< 60\%$). Also, the previous classification of attitude agrees with that used in another study (**Mahmoud SS, 2015**).

Pilot study: Pilot study will be conducted by testing 10 physicians to assess the validity, reliability, applicability, timing, or any needed modifications.

Ethical consideration: Administrative approval, informed consent and approval of ethical committee will be obtained.