Causes of Switching from One Family Planning Method to Another in Rural Areas

Thesis

Submitted for Partial Fulfillment of the Requirement of Master Degree in Community Health Nursing

By

Gmalat Shaaban Mousa Amer

B.Sc.N. Banha University, 2001
Nursing Inspector in Directorate of Health, Menufyia

Faculty of Nursing
Ain Shams University
2018

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Under Supervision

Prof. Dr. Faten Khayrat El-Guindi

Professor of Community Health Nursing,
Faculty of Nursing
Ain Shams University

Dr. Mona Abo Bakr Abd.Elatif

Lecturer of Community Health Nursing
Faculty of Nursing
Ain Shams University

Faculty of Nursing
Ain Shams University
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بسم الله الرحمن الرحيم
قالوا
سبحانك لا علم لنا
إلا ما علمتنا إنك أنت
العليم الحكيم
صدق الله العظيم
سورة البقرة الآية: ٣٢

Acknowledgments

First and foremost, I feel always indebted to **Allah**, *the* ***Most Beneficent*** *and* ***Merciful*** *who gave me the strength to accomplish this work.*

My deepest gratitude to my supervisor, **Prof.Dr. Faten Khayrat El-Guindi,** *Professor of Community Health Nursing, Faculty of Nursing, Ain Shams University, for her valuable guidance and expert supervision, in addition to her great deal of support and encouragement. I really have the honor to complete this work under her supervision.*

I would like to express my great and deep appreciation and thanks to **Dr. Mona Abo Bakr Abd.Elatif,** *Lecturer of Community Health Nursing, Faculty of Nursing, Ain Shams University, for her meticulous supervision, and her patience in reviewing and correcting this work.*

Gmalat Shaaban Mousa Amer

Dedication

I dedicate this work with sincere love and appreciation to the soul of my ***Father****, may Allah give him mercy and bless him.*

✍ *Gmalat Shaaban Mousa Amer*

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List of Abbreviations

Abbr.	Full-term
COcs	**:** Combined oral contraceptives
ESD	**:** Extending Service Delivery
FP	**:** Family planning
HTSP	**:** Healthy Timing and Spacing of Pregnancies
IUD	**:** Intrauterine device
LAM	**:** Lactational amenorrhea method
MPA	**:** Medroxyprogesterone acetate
NET	**:** Norethisterone enanthate
PID	**:** Pelvic inflammatory disease
POPs	**:** Progestin-only pills
SDM	**:** Standard Days Method
WHO	**:** World Health Organization

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ABSTRACT

Background: Switching from one FP method to another is common and this exposes women for unplanned pregnancy. **Aim of study**: assess the causes of switching from one family planning method to another in rural area. **Sample**: Purposive sample of 368 women who switching from a family planning method to another was selected from 4 primary health care units. **Tools**: interviewing questionnaire which consisting of three tools. **First Tool**: **Part (1)** for assessing women's demographic data as (Age, work status, level of education,…etc). **Part (2**) for assessing women's knowledge regarding to family planning .part (3) for assessing women's practices regarding to their family planning methods. **Second Tool**: **Part (1)** for assessing causes of this switching**. Part (2)** for assessing women's health status and present complain. **Third Tool**: for assessing women's satisfaction regarding to family planning services. **Results**: more than half of women in this study doesn't work, 87% had completed secondary & higher education. Most of them has unsatisfactory knowledge about family planning, 32.3% of women suffering from obesity, while 88% suffering from Anemia. 46.7% switching their methods during the first year, 84.5% getting methods from a governmental sector, 36.1% of women switching their methods due to occurrence of side effects and 29% of women are unsatisfied regarding to family planning services. **Conclusion:** more than two fifth of women who switching their methods due to occurrences of a serious medical problem (medical complication), and more than one third is due to occurrences of a side effects, the most common side effects were forgetting the correct time of taking **FP** method and more than three fifth suffering from change in their weight (commonly over weight). **Recommendations:** Raising knowledge for women through programs, booklets and brochures and media. Increase women's knowledge about side effects of FP methods, follow up periodically especially for woman suffering from side effects from the FP methods or other any health problem to prevent stopping and switching of family planning methods in health.

Key words: Family planning, switching, rural area

Introduction

Egypt is the second most populous country in the WHO Eastern Mediterranean Region, WHO is working to promote family planning by producing evidence-based guidelines on safety and service delivery of contraceptive methods, developing quality standards and providing pre-qualification of contraceptive commodities, and helping countries introduce, adapt and implement these tools to meet their needs ***(World Health Organization, 2014).***

In last decades Egypt had suffered major socioeconomic consequences of overpopulation problem as a result of a high level of the birth rate. Overpopulation and unplanned population growth impede the socioeconomic development, hinder prosperity, and threatens the health status of community members ***(Nasr & Hassan, 2016).***

Family planning is one of the leading strategies to improve family life and welfare, control unwanted population growth, and aid the development of the nation ***(WHO, 2018).*** It is a key component of basic health services, it benefits the health and well- being of women, children, families, and their communities, enabling couples to determine whether, when, and how often to have children is vital to safe motherhood and child health ***(United States Agency for International Development, 2014).***

Contraceptive methods rather than woman sterilization, do not permanently affect a woman's ability to have children, these methods can be used to delay the first pregnancy, when a woman is ready to have a child, and she can simply stop using the method ***(Graham et al., 2013).***

Voluntary family planning has been widely adopted throughout the world, more than half of all couples in the developing world now use a modern method of contraception for healthy timing, spacing, and limiting of births to achieve their desired family size, few other public health measures have demonstrated so great a life-saving, health, and economic impact for such a low cost, Family planning has saved the lives of millions of mothers and their children and has improved the well-being of families and communities ***(Family Health International,2012).***

Egypt's family planning program has continued to increase the contraceptive prevalence, strategies aiming to ensure better use compliance and longer durations of use have not been as effective, a general indicator of how well the family planning program is achieving its goals is the program effort score ***(Ross et al., 2010).***