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قسم

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The Effect of Antenatal Counseling on Family Planning Practice

THESIS

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بسم الله الرحمن الرحيم
قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا
عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ
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ABSTRACT

- **Objectives:** The present study aimed to explore the impact of antenatal counseling offered to pregnant women on their choice for family planning practice within 6 months after delivery.
- **Methodology:** A comparison was conducted between 100 third-trimester women receiving counseling about family planning (Counseling group) and another 100 third trimester women who did not receive it (Control group). The study was conducted at the Rural Health Unit of Elwan Village, north of Assiut City. Two tools were designed and used for data collection, which included an opinionnaire to assess women's knowledge and opinion about family planning and the counseling follow up schedule.
- **Results:** Most women included in the study aged above 20 years (82% in both groups). After conducting the counseling meetings, women became significantly better informed about reproductive health and family planning (FP) and stayed preferring to have male children with. Education and employment of wife showed a significant impact over the information of women about these reproductive ideals. Benefits of FP were correctly known by a minority of women before counseling (10% of women in the control group vs. 6% in the counseling group). However, after family planning meetings, 84% of women in the counseling group could correctly know the benefits of FP. After implementation of the counseling meetings, 82% of women and 70% of husbands agreed to use FP methods. Mass media constituted an important source for information about FP for counseled women. After counseling meetings, the number of women who wanted more children dropped in both groups (51% and 44%, respectively). This drop is statistically significant in the counseling group only. IUD was the main contraceptive method among both the control and counseling groups (22 women and 58 women, respectively), while the pills occupied the next rank (13 women and 17 women). After the application of the counseling meetings, more than half of the wives became the main decision makers for family planning (52%). Most of women in the counseling group (90%) reported that the best timing is during third trimester. About 36% of women in the control group and 68% of women in the counseling group reported using a contraceptive method after delivery. Effective counseling was the main motive for using a FP method in the counseling group, followed by prescription by a physician or a nurse, while in the control group, the main reasons were obtaining a cheap contraceptive method and being prescribed by a physician/nurse.
- **Conclusions:** Women in rural areas might lack knowledge about family planning and several others aspects of reproductive health, and if pregnant women are exposed to antenatal counseling, they tend to be well informed and have better attitude about family planning. Their practice also increases significantly with the IUD as the preferred method for contraception. Mass media, especially TV can constitute a major source for information of the public about family planning, and education and/or employment of females seem to be significant factors in fostering family planning practice.
- **Recommendations:** To enhance and enforce use of mass media, especially the TV for health education of the public about reproductive health and family planning, train and qualify nurses to lead proper counseling meetings in different aspects of reproductive health, especially family planning, to support and encourage education and employment of females, to extend the counseling to cover husbands and mother-in-laws about items of reproductive health and family planning, to conduct a similar study that should include larger sample sizes from both urban and rural areas in several Egyptian governorates.

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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
BBT	Basal body temperature
CAPMAS	Central Agency for Public Mobilization and Statistics
COC	Combined oral contraceptive
Depo-Provera	Depot-medroxyprogesterone acetate
DMPA	Depot-medroxyprogesterone acetate
FPA	Family Planning Association
FPIS	Family Planning Information Service
FSH	Follicle stimulating hormone
IUD	Intrauterine contraceptive device
LH	Luteinizing hormone
LNG	Levonorgestrel
MCH	Maternal and child health
NHS	National Health Service
OTC	Over the counter
PAP smear	Papanicolau smear
PID	Pelvic inflammatory disease
STD	Sexually transmitted disease
USAID	United States Agency for International Development

Introduction and Aim of Study

INTRODUCTION

effective measures to control fertility are taken rapidly, the world's population will reach a level that exceeds the ability of available natural resources to support (Nortman, 1991).

The Supreme Council for Family Planning (1997) stated that Egypt is considered as one of the highly populated countries among the Arab land. The rate of its natural increase is one of the highest rates in the world. Egypt population problem consists of three main components namely; high population density, poor population characteristics and high population growth:

1- *High population growth rate:*
at a very high rate. Whereas in 1897 the population numbered about 10 million people, it increased to about 50 million in 1986. This means that the population has increased five folds in less than a century (Sayed, 1989).

2- *High population density:* According to the reports of the Central Agency for Public Mobilization and Statistics (CAPMAS), Egypt is currently one of the most densely populated countries in the world. The total area of Egypt is around one million square kilometers. Only about 4 percent of its land area is habitable while the rest is currently uninhabitable desert. The population is compressed into an exceptionally small area consisting of the Nile Valley, the Delta, and a few scattered oases. The result is a population density of more than 2,500 persons per square mile. This is more than double the density of the Netherlands, the most densely settled country in Europe. In some

parts of Egypt, population density is among the worlds highest. The area defined as Greater Cairo has present population of more than 8 million, which is roughly 20% of Egypt's total population (CAPMAS, 1999).

3- *Poor population characteristics:* Egypt is an agrarian society. In fact, it represents one of the oldest peasant-based communities in the world. The population is predominantly rural, in spite of heavy internal migration of the cities over the past few decades, however many of the people who have migrated to urban areas have maintained their village values and ways of life. Moreover, age composition of both sexes, education, marital status, economic activity and housing conditions showed population characteristics differences (CAPMAS, 1999).

Revision of population in Egypt showed that population nearly doubled in fifty years from 1897 to 1947 to reach 10 millions. The next doubling took less than 30 years from 1947 to 1976, from 19 millions to 38.2 millions (National Population Council, 1993). The CAPMAS (1999) stated that the population growth rate of Egypt reached 1.9% while the population of Egypt is 62.5 millions. According to the National Population Council (1993), the population of Egypt will almost double in 29 years i.e., between 1980 and 2010, reaching nearly 100 million by the first quarter of the next century. With the limited resources of the country, this increase will result in an over-population and a national catastrophe and related obstacles for the social and economic development (El-Zanaty, 1998).

Khalil (1992) stated that hazards of overpopulation are:

- *Hazards for individuals:* infants and young children exposed to risk of high morbidity and mortality. Mothers exposed to hazards of

repeated unspaced pregnancies, stress and burden of big family size. Also fathers suffer continued worry of big family and face financial problems. UNICEF (2000) reported that Egypt has a high maternal mortality rate of 170/100,000.

- *Hazard for family:* these hazards can arise from big family and low per capita income, which may lead to poor housing and unsanitary living conditions, inadequate feeding and nutrition, unemployment and lack of medical care.
- *Hazards for the society:* overpopulation is an obstacle to community development, being associated with socioeconomic problems and unsatisfactory standard of living.

Unlimited population growth is undesirable and detrimental to socio-economic development and high fertility is harmful to the health of mothers and children, So, fertility regulation is clearly one of the most important public health tasks today. The challenge lies in three areas: the further reduction of mortality, especially among children and the provision of the necessary prerequisites so that fertility regulation becomes an acceptable strategy to individual couples, and the provision of effective family planning services to the population of the developing world (Hatcher et al., 1989).

Family planning is one of the key solutions to overcome overpopulation. It is considered as a basic human right. It is important both in primary health care and maternal and child health. It is the means of planning families that are wanted, spaced according to choice and timed to fit in with life decisions (Fleissing, 1991).