

## Assessment of Family Planning Knowledge among Premarital Females in Assuit City

Asmaa Abd El-mohsen Abd ELhameed<sup>1</sup>, Nadia Hussien Ahmed<sup>2</sup> & Shaimaa Gomaa Hassen<sup>3</sup>

<sup>1</sup>. Nursing Specialist at the Technical Institute of Nursing, Assiut University, Egypt.

<sup>2</sup>. Professor of Maternal & Newborn Health Nursing, Faculty of Nursing, Assiut University, Egypt.

<sup>3</sup>. Assistant Professor of Maternal & Newborn Health Nursing, Faculty of Nursing, Assiut University, Egypt.

### Abstract

**Background:** Family Planning (FP) is a main point to control growth of population and promoting maternal and child health through providing adequate space between children as well as preventing unwanted pregnancy. **Aim of the study was to:** Assess family planning Knowledge among premarital females at Assuit City. **Research design:** This study was conducted using a descriptive research design **Setting:** Maternal Child Health Centers were used to conduct this study at Assuit city (Kholta MCH and firyal MCH). **Sample:** A convenience sample of 350 available premarital females. **Data collection:** An interview questionnaire was used to gather data, which was divided into two parts: **Part 1:** This personal data for the participant's socio demographic details includes (age, residence, level of education, and occupation) **Part 2:** Included (27) questions to assess Knowledge of family planning. **Results:** Current research findings cleared which exceeds three quarters (81.7%) of females their total knowledge level was poor. **Conclusion:** Current research findings cleared which exceeds three quarters of the premarital females their total knowledge level was poor. Also the majority of females wanted to learn about family planning methods **Recommendations:** Use media channels and TV shows to increase awareness regarding family planning methods for both couples of family planning. Establish conferences and seminars that encourage people to plan their families.

**Keywords:** Family planning, Knowledge, Premarital females

### Introduction:

Overpopulation is a global issue impacting all nations, but especially developing and underdeveloped nations and communities. (Bazin, 2021).

Family Planning (FP) is a main point to control growth of population and promoting maternal and child health through providing adequate space between children as well as preventing unwanted pregnancy (Harpham, et al 2022)

One of the biggest obstacles to FP is a lack of knowledge and inaccurate information that breeds mistrust, particularly in Upper Egypt. (Eshak, 2020)

Family Planning (FP) helps in reducing morbidity and mortality of infant. It also aid in protection the health and wellbeing of young women who are at higher risk of pregnancy related complications and deaths (Mbengue, et al 2022).

Information and services on contraception are essential for protecting everyone's health and human rights. Reduced maternal disease and the number of pregnancy-related deaths are benefits of preventing unplanned pregnancies. (Gupta, et al 2022).

Family planning services were the instruments that used by people and nation to achieve some objectives as reduce poverty, enhance citizens' income for a better life, reduce maternal and infant mortality, and assess exposition of population (D'Souza, et al 2022)

A type of couples therapy called premarital counseling can help you and your partner get ready for marriage. It is meant to assist you and your partner in having essential conversations. (Rita, & Kyeremeh, T. D. 2021).

Methods of contraception include oral contraceptive pills, implants, injectables, patches, vaginal rings, intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal and fertility awareness-based methods. These methods have different mechanisms of action and effectiveness in preventing unintended pregnancy. (Balle, et al 2023)

Family planning reduces health risks to women and gives them more control over their reproductive lives. With better health and greater control over their lives, women can take advantage of education, employment and civic opportunities (Memon, et al 2023).

As initial contact in the family planning clinic the nurse can encourage a positive attitude toward family planning, evaluate the patient's knowledge, lead group discussions facilitate communication and answer questions, prepare the client for examination, and clarify and instructions for the new patient. (Mbambu, 2023)

### Significant of study:

Egypt faces a serious problem with overpopulation due to the world's strong population growth, which

has already reached 7.7 billion and is expected to reach 9.8 billion by the year 2045 (M Abozied, et al 2022)

Egypt's population is growing by 2.6 million a year; a higher at for a country where water and jobs are scarce .Moreover the school and hospitals are overcrowded. In Egypt, the issue of rapid population expansion is a serious concern that hinders all attempts at economic development So, the researchers interested For assessing the knowledge of family planning among premarital females in Assuit City (Halawa, 2023).

Contraceptive discontinuation contributes to unplanned pregnancy and unwanted births, As well as increased maternal, neonatal and infant morbidity and mortality. (Kibonire, & Mphuthi, 2023).

**Aim of the study:** The current study aimed to:

Assess Knowledge of family planning among premarital females at Assuit City through achieving the following **objectives:**

Assess Knowledge of family planning among premarital females

**Research question:**

**The following question was created to achieve the goal of the current study:**

What are the levels of knowledge about family planning among premarital females?

**Subjects and Method:**

The technical, operational, administrative, and statistical designs constitute the subjects and method for this study.

**Technical design:**

It involved research design, setting, sample and tools of the study

**Research Design:**

This study was conducted using a descriptive research design.

**Setting:**

This study was carried out in the Maternal Child Health Centers at Assuit city (Kholta MCH and firyal MCH).

**Study Sample:**

A convenience sample of 350 available premarital females, who attending Firyal and kholta center based on the following inclusion criteria while recruiting participants for this study.

**The inclusion criteria of the studied are:**

All females come in MCH for premarital investigation (Kholta MCH and firyal MCH) .

**The Exclusion criteria of the studied are:**

Females rejected the study's invitation to participate

**Sample Size Calculation**

A convenience sample of 350 available premarital females, who attending Firyal and kholta center was included in the study. The researcher was take 46%

(160) female from Firyal and 54% (190) from kholta. The sample calculated by using Herbert Arkin formula

$$n = \frac{p(1-p)}{(SE \div t) + [p(1-p) \div N]}$$

n= sample size

N=Population (3579) [1631 from Ferial and 1948 from Qolta]

T=the standard score corresponding to the level of significance=1, 96%

SE=error rate=0, 05

P=Property Availability Ratio and Neutral=0, 05

**n=350 female**

**Data collection Tools :**

The researcher design structure interviewing questionnaire.

Based on an analysis of relevant literature, a questionnaire for interviews was developed to gather females personal data and level of family planning Knowledge among premarital females It was divided into two portions to determine the following:

**Part I:**

Addressed information related to socio-demographic characteristics of premarital females including ( age, education, occupation and Residence)

**Part II:**

**Knowledge of family planning:**

It consists of (27) multiple-choice questions to assess Knowledge of family planning.

**Scoring system:**

The scoring grades attributed to each domain and overall ,were adopted from the Original Bloom's Cut off points, score of 80-100%correct response as good, 60-79%as satisfactory and score <60%as poor knowledge Ghimire,, Lamichhane, et al (2022)

**Reliability**

Reliability for tool was applied by the researcher for testing the internal consistency of the tools. Reliability was assessed using cronbach's alpha test.

**Validity of this study tools**

Three experts in the field of obstetrics and gynecological nursing carried out the tool's content validity assessment in order to look at the content, validity of the tool, completeness, and clarity of the question items. All suggestions and comments was considered and rewording and sequence of some statements was carry out accordingly.

**Operational design:**

The data collection started from December 2022 to July 2023. (8 months).

**Pilot study:**

A pilot study was conducted on 10% of the study sample (35 women) in order to evaluate the study tool's content clarity and applicability as well as the amount of time required for a thorough interview with

women. Since no modifications were made, the females who participated in the pilot study were also included in the overall sample size

#### Procedures:

Procedures of this study of this study involved two phases:

1. Administrature phase.
2. Interviewing phase.

#### Administrative phase

Before implementation of the study an official permission was obtained from the ethical committee of faculty of nursing, Assiut University as well as an ethical approval on the Maternal Child Health Centers (Kholta MCH and Firyal MCH) at Assiut city. Following permission from the nursing faculty's dean and director of Ministry of Health The study implemented from December 2022 to July 2023.

#### Ethical considerations:-

The ethics committee of the nursing faculty granted official permission. Assiut University as well as an ethical approval on the Maternal Child Health Centers (Kholta MCH and Firyal MCH) at Assiut city An informal consent was obtained from each female before inclusion in the study sample after explanation of the study aim in simple and clear manner. They was secured that all data collected was treated in confidentiality. The participants were informed by the researcher that participating Participation in the study

is completely optional, and participants have the right to withdraw from the study at any time.

#### Interviewing phase

The researcher met each female in the study separately to explain the purpose and nature of the study and to ask participation.

They were informed that participating in the study was entirely optional.

After obtaining verbal consent, the study tool was filled by researcher through face to face interview to assess required information and. The researcher greeted the female and introduced herself. Data collection was carried out while the female were on the time interval which involved in individual interview with each female for 15 minutes.

#### Statistical analysis:

The collected data was organized, categorized, coded, tabulated and analyzed using the Statistical Package for Social Sciences (SPSS) version 26. Data was presented in tables and figures using numbers, percentages, means, standard deviation and Pearson test was used in order to find an association between two qualitative variables. Statistical significant was considered at P-value < 0.05.

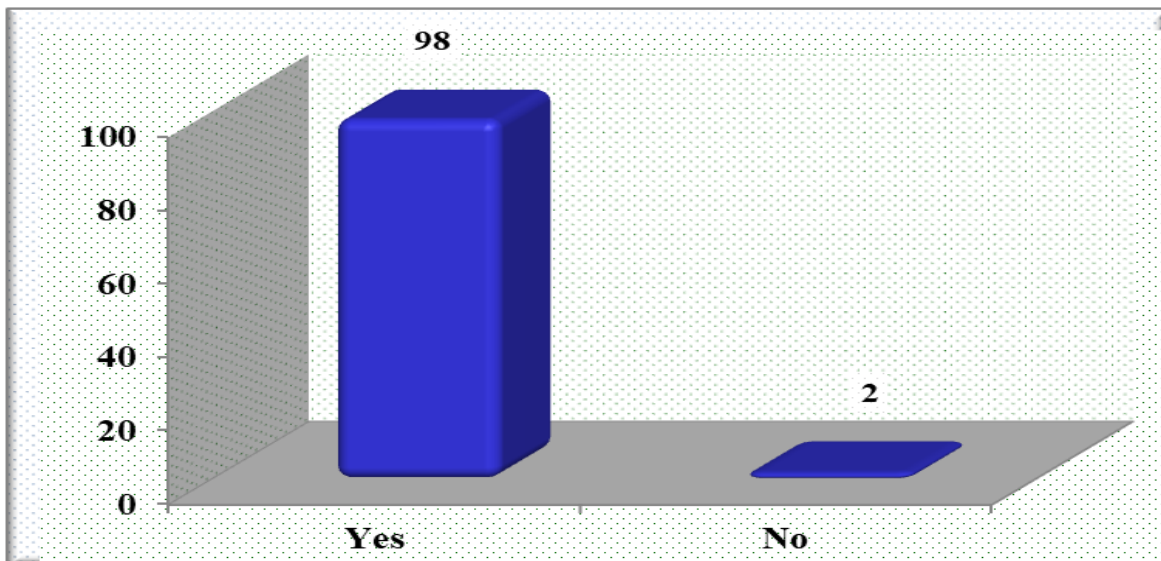
## Results

**Table (1): Distribution of the studied premarital females according to their socio demographic characteristics (N=350)**

Items	N	%
<b>Age/ years</b>		
▪ <20 years	32	9.1
▪ 20-25 years	212	<b>60.6</b>
▪ >25 years	106	30.3
<b>Mean±SD</b>	<b>22.21±3.14</b>	
<b>Residence</b>		
• Urban	235	<b>67.1</b>
• Rural	115	32.9
<b>Females' education</b>		
▪ Illiterate	8	2.3
▪ Read & write	8	2.3
▪ Primary education	2	.6
▪ Preparatory education	7	2.0
▪ Secondary education	167	<b>47.7</b>
▪ University education	158	45.1
<b>Females' occupation</b>		
▪ Working	97	27.7
▪ Not working	253	<b>72.3</b>

**Table (2): Distribution of the studied premarital females according to their family planning future plan (N=350):**

Items	N	%
<b>Plan future children :</b>		
▪ Yes	329	<b>94.0</b>
▪ No	21	6.0
<b>Ideal children number:</b>		
▪ 2 children	216	<b>61.7</b>
▪ 3-4 children	106	30.3
▪ More than 4 children	28	8.0
<b>Optimum gap between two child births</b>		
▪ <2years	318	<b>90.9</b>
▪ 2-4 years	32	9.1
▪ >4 years	0	0.0
<b>Family planning is helpful in avoiding unwanted births</b>		
▪ Yes	337	<b>96.3</b>
▪ No	13	3.7
<b>Encourage using contraceptive methods to limit children number:</b>		
▪ Yes	327	<b>93.4</b>
▪ No	23	6.6



**Figure (1): Distribution of the studied premarital females according to having general knowledge about family planning (N=350)**

**Table (3): Distribution of the studied premarital females according to their known family planning methods (N=350):**

Items	N	%
<b>Hormonal contraceptive pills:</b>		
▪ Yes	285	<b>81.4</b>
▪ No	65	18.6
<b>IUD:</b>		
▪ Yes	198	<b>56.6</b>
▪ No	152	43.4
<b>Injection :</b>		
▪ Yes	136	38.9
▪ No	214	<b>61.1</b>
<b>Implanon :</b>		
▪ Yes	111	31.7
▪ No	239	<b>68.3</b>

Items	N	%
<b>Breast feeding :</b>		
▪ Yes	104	29.7
▪ No	246	<b>70.3</b>
<b>Condom :</b>		
▪ Yes	32	9.1
▪ No	318	90.9
<b>Safe period :</b>		
▪ Yes	22	6.3
▪ No	328	<b>93.7</b>
<b>Tubal ligation:</b>		
▪ Yes	23	6.6
▪ No	327	<b>93.4</b>

**Table (4): Distribution of the studied premarital females according to their knowledge about priority to choose family planning methods (N=350):**

Items	N	%
<b>Effectiveness:</b>		
▪ Yes	18	5.1
▪ No	332	<b>94.9</b>
<b>Safety:</b>		
▪ Yes	25	7.1
▪ No	325	<b>92.9</b>
<b>Price:</b>		
▪ Yes	81	23.1
▪ No	269	<b>76.9</b>
<b>Easy to use:</b>		
▪ Yes	176	<b>50.3</b>
▪ No	174	49.7
<b>Availability:</b>		
▪ Yes	11	3.1
▪ No	339	<b>96.9</b>
<b>Effectiveness and safety:</b>		
▪ Yes	39	11.1
▪ No	311	<b>88.9</b>

**Table (5): Distribution of the studied premarital females according to their knowledge about oral and injectable contraceptives methods (N=350):**

Items	N	%
<b>Oral contraceptives</b>		
<b>Know how taken in relation to the cycle:</b>		
▪ Yes	198	<b>56.6</b>
▪ No	152	43.4
<b>Know number of pills in the packet :</b>		
▪ Yes	119	34.0
▪ No	231	<b>66.0</b>
<b>Know what should you do if forgets taking :</b>		
▪ Yes	116	33.1
▪ No	234	<b>66.9</b>
<b>Know side effects of pills:</b>		
▪ Yes	251	<b>71.7</b>
▪ No	99	28.3
<b>Injectable contraceptives</b>		
<b>Know time of its administration:</b>		
• Yes	96	27.4
• No	254	<b>72.6</b>
<b>Know its side effects:</b>		
• Yes	138	39.4
• No	212	<b>60.6</b>

**Table (6): Distribution of the studied premarital females according to their knowledge about intra uterine device (IUD) (N=350):**

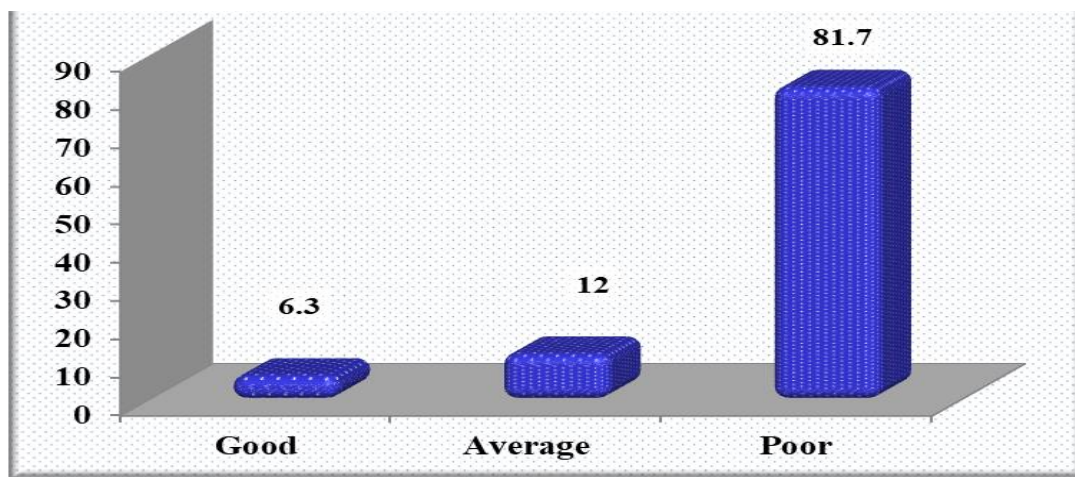
Items	N	%
<b>Know time of its insertion:</b>		
▪ Yes	180	<b>51.4</b>
▪ No	170	48.6
<b>Know how long it lasts in the uterus:</b>		
▪ Yes	159	45.4
▪ No	191	<b>54.6</b>
<b>Know how to check its position:</b>		
▪ Yes	82	23.4
▪ No	268	<b>76.6</b>
<b>Know side effects of IUD:</b>		
▪ Yes	167	47.7
▪ No	183	<b>52.3</b>
<b>Know advantages of IUD:</b>		
▪ Yes	101	28.9
▪ No	249	<b>71.1</b>
<b>Know signs of infection:</b>		
▪ Yes	106	30.3
▪ No	244	<b>69.7</b>

**Table (7): Distribution of the studied premarital females according to their knowledge about male condom (N=350):**

Items	N	%
<b>Know what is male condom:</b>		
▪ Yes	56	16.0
▪ No	294	<b>84.0</b>
<b>Know that the condom can protect against sexual transmitted diseases:</b>		
▪ Yes	47	13.4
▪ No	303	<b>86.6</b>

**Table (8): Distribution of the studied premarital females according to their knowledge about natural family planning methods (N=350):**

Items	N	%
<b>Know what the meaning of Lactation amenorrhea</b>		
▪ Yes	136	38.9
▪ No	214	<b>61.1</b>
<b>Know what the meaning of safe period:</b>		
▪ Yes	37	10.6
▪ No	313	<b>89.4</b>
<b>Know what the meaning of coitus interruptions:</b>		
▪ Yes	26	7.4
▪ No	324	<b>92.6</b>



**Figure (2): Distribution of the studied premarital females according to their total knowledge level about family planning methods (N=350):**



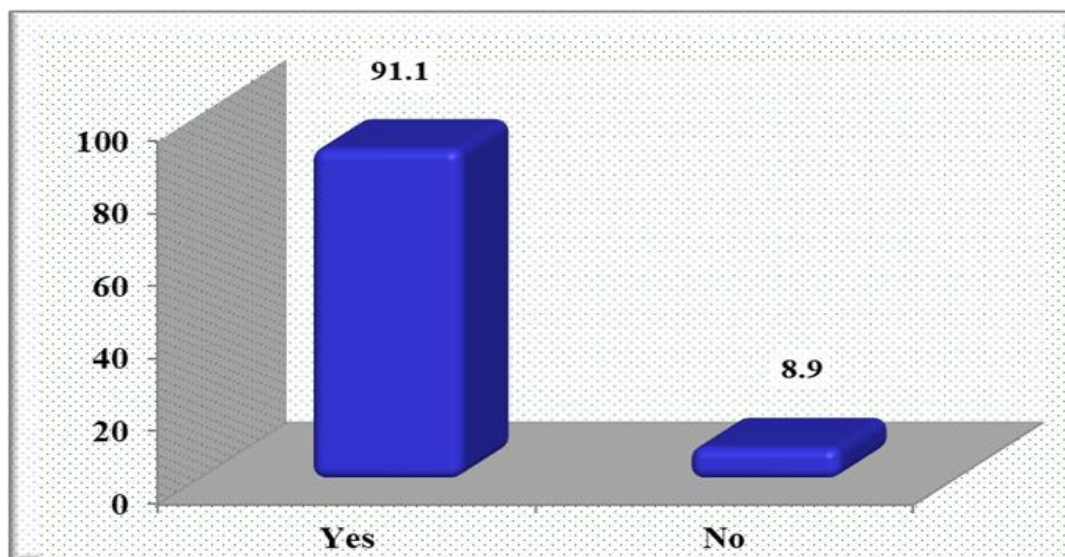


Figure (3): Distribution of the studied premarital females according to their desire to know in family planning methods (N=350)

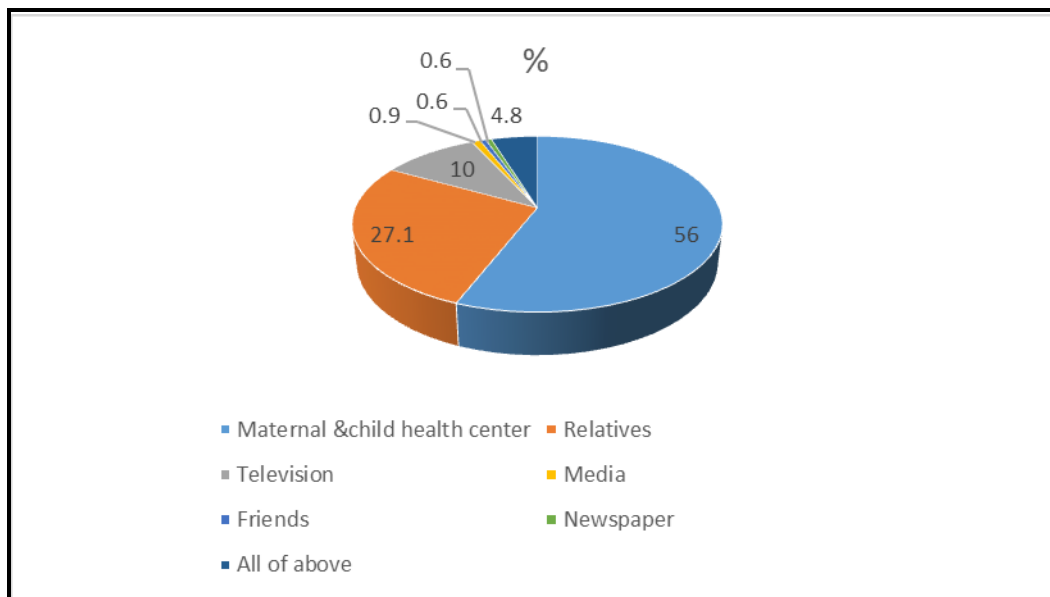


Figure (4): Distribution of the studied premarital females according to the best source of information of family planning (N=350):

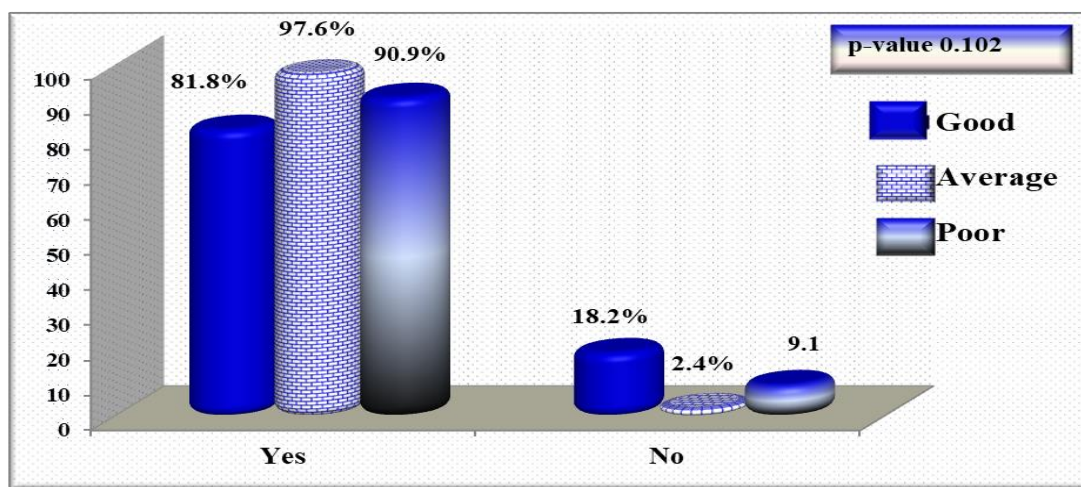
Table (9): Distribution of the studied premarital females according to their point of view about method that can be used in the future (N=350):

Items	N	%
Hormonal contraceptive pills	201	57.4
IUD	9	2.6
Injection	87	24.9
Implanon	26	7.4
Breast feeding	6	1.7
Condom	4	1.1
Safe period	10	2.9
Tubal ligation	7	2.0

**Table (10): Relation between the studied premarital females’ socio demographic characteristics and total knowledge level about family planning methods (N=350):**

Socio demographic characteristics	Total knowledge level about family planning methods						p-value
	Good (22)		Average (42)		Poor (286)		
	N	%	N	%	N	%	
<b>Age/ years</b>							<b>0.001**</b>
▪ <20 years	6	27.3	11	26.2	15	5.2	
▪ 20-25 years	11	50.0	22	52.4	179	62.6	
▪ >25 years	5	22.7	9	21.4	92	32.2	
<b>Residence</b>							0.054
▪ Rural	11	50.0	24	57.1	200	69.9	
▪ Urban	11	50.0	18	42.9	86	30.1	
<b>Females' education</b>							<b>0.001**</b>
▪ Illiterate	0	0.0	0	0.0	8	2.8	
▪ Read & write	1	4.5	3	7.1	4	1.4	
▪ Primary education	0	0.0	0	0.0	2	0.7	
▪ Preparatory education	0	0.0	1	2.4	6	2.1	
▪ Secondary education	0	0.0	6	14.3	161	56.3	
▪ University education	21	95.5	32	76.2	105	36.7	
<b>Females' occupation</b>							<b>0.026*</b>
▪ Working	1	4.5	15	35.7	81	28.3	
▪ Not working	21	95.5	27	64.3	205	71.7	

(\*) Statistical significant difference (P-value <0.05) (\*\*\*) Highly Statistical significant difference (P-value <0.01)



**Figure (5): Relationship of the studied premarital females’ desire to know information and their total knowledge level about family**

**Table (1):** Clear up that the participants age ranged from (20-25) years that Mean ± SD 22.21±3.14, More than half of participants lived in urban area. Regarding education level (47.7%) were secondary education of the studied premarital females not working.

**Table (2):** As regards distribution of females according to their family planning future plan revealed that the majority of females (94.0%) were Plan for future children .More than half of females (61.7%) answered that the ideal children number was (2 children ) . (90.9%) were had concept that

optimum gap between two child births was (96.3%) were agree with Family planning is helpful in avoiding unwanted births.(93.4%) were Encourage using contraceptive methods to limit children number. **Figure (1):** Demonstrated that the majority of females (98%) were had general knowledge about family planning.

**Table (3):** Demonstrate that the more than three quarters of females (81.4%) were had known about Hormonal contraceptive pills .and only (6.3%) of females were had known about Safe period as family planning methods



**Table (4):** Show that there were (50.3%) of the studied premarital females the priority to choose family planning methods was Easy to use and (3.1%) of females choose with Availability and (92.9%&88.9) of females not choose with Safety and Effectiveness and safety

**Table (5):** Illustrated that the three quarters of studied premarital females (71.7%) were know about side effects of oral contraceptives pills but (60.6%) were not know about side effects of Injectable contraceptives

**Table (6):** Illustrate that the three quarters of studied premarital females (76.6%) were not know about how to check the IUD position ,(71.1%) were not know advantages of IUD .

**Table (7):** Demonstrated that the majority of studied premarital females (84.0%) were not know about the male condom, (86.6%) of females were not know about the condom can protect against sexual transmitted diseases

**Table (8):** Show that there were the majority of studied premarital females (89.4%) of females were not know about the meaning of safe period , the majority of females (92.6%) were not know about the meaning of coitus interruptions.

**Figure (2):** Cleared that more than three quarters (81.7%) of females their total knowledge level was poor.

**Figure (3):** Shows that the majority (91.1%) of females were had desire to know in family planning methods, only (8.9%) of females were had not desire to know in family planning methods.

**Figure (4):** Cleared that more than half of females (56%) were choice Maternal &child health center and only (4.8%) of females were choice all the above as the best source of information of family planning

**Table (9):** Clears that more than half (57.4%) of females their appropriate method that can be used in the future was Hormonal contraceptive pills, only (2.0%) of females can be used in the future the Tubal ligation.

**Table (10):** Clear up that there was a Statistical significant difference between total female's knowledge level about family planning methods and their age and female's education level (P-value <0.01)While there was no a Statistical significant difference between total female's knowledge and female's occupation and residence(P-value<0.05).

**Figure (5):** Reveals that no statistical significance difference (p-value 0.102) between the studied premarital female's desire to know information and their total level of knowledge about family planning methods

## Discussion

The use of contraception is influenced by a number of variables, including social norms, moral codes, and behaviors with regard to marital obligations. The acceptance of family planning methods varies within and between cultures, and there are various factors at the community, family, and individual levels that contribute to this variety. Education, culture, and the socioeconomic environment all play important roles. The promotion and acceptance of contraception are greatly influenced by the media. **Lahiri, & Bingenheimer, et al 2023).**

This study sought to assess knowledge of family planning, among premarital females at Assuit city.

The present study our analysis showed that the mean age of the studied premarital females was (22.21±3.14) more than half of them were in the age of (20-25) years and were lived in urban areas, less than half of studied females were had secondary education .concerning female's not working these findings similar with results reported by **(Arthur, 2023)** who illustrated that three fifths of studied women their age ranged from (21-34) years.

On the other hand **(Semachew, et al 2022)** reported that more than half of studied women their age ranged from (20-45.) Near to half of women were illiterate. And more than three fifths of women were housewives.

Regarding the distribution of females according to their family planning future plan revealed that the majority of females Planned for future children ,More than half of females answered that the ideal children number was (2 children ) , the majority of females were had concept that optimum gap between two child births was (<2 years )which is agreement with **(Teshale, 2022)** which showed that only more than half of them believe they should only have two children, almost more than half believe there should be a minimum of two years between the births of children, and only one third believe there should be at least three or more years between the births of children.

According to females having general knowledge about family planning revealed that the majority of females were had general knowledge about family planning these findings agreed with results reported by **(Bajaj, 2022)** study found that majority of the women had knowledge about family planning .

Regarding the females knowledge about family planning methods and the best source of information of family planning demonstrate that the three quarters of females were had known about Hormonal contraceptive pills, more than half of females revealed that the most common source of information was Maternal &child health center In contrast, **(Gupta, et al 2021)** who found that more than three

quarters of women were known oral contraceptive pills. The source of knowledge of family planning methods in that study were mainly doctors and health worker

However, regarding to females knowledge about oral and injectable contraceptives methods three quarters of studied premarital females were know about side effects of oral contraceptives pills but more than half not know about side effects of Injectable contraceptives likewise with (Afolabi, 2023) found that More than three quarter of women interviewed knew of modern contraceptive methods this more than three quarter of the mothers had knowledge of side effects of Oral contraception ,followed by about more than half mothers did not knew about side effects of injectable contraceptives.

According to their knowledge about intra uterine device Illustrate that the three quarters of studied premarital females were not knowing how to check the IUD position these findings disagreed with (Amenu, et al 2023) who reported that half of the mothers know about how to check Copper-T is placed in the uterus.

According to females their knowledge about male condom Demonstrated that the majority of females were not know about the male condom ,three quarter of females were not know about the condom can protect against sexual transmitted diseases these similar to result reported by (Wiyeh et al2020) who found Only one-third of survey respondents were aware that STIs can be prevented from spreading between couples by using barrier methods like male and female condoms.

Concerning to knowledge about natural family planning methods the majority of females were not know about the meaning of coitus interruptions these similar to result reported by (Afolabi, 2023) who found Only 7.5% mothers thought about coitus-interrupts as a contraceptive method.

Our study clears that more than half of females the appropriate method that can be used in the future was Hormonal contraceptive pills, that these similar to result reported by (Gemmill, & Bradley, et al 2023), near to half of studied women prefer to use oral contraceptives as a contraceptive method in the future This disagreement may be caused to culture, tradition, and education difference between these women and current study. Also (Rodriguez-Wallberg, et al 2023) executed their study in Addis Ababa, Ethiopia to assess knowledge, attitude, and practice of permanent family planning methods, and reported that less than one quarter of women intended to use family planning method in the future.

The current study revealed that Statistical significant difference between total female's knowledge level about family planning methods and their age and

female's education level (P-value <0.01) this agree with (Namukoko, et al 2022),that reported the younger females have lack of knowledge of different methods and reproduction While there was no a Statistical significant difference between total female's knowledge and female's occupation and residence(P-value <0.05) this finding is disagreement with the study carried out by (Goueth, et al 2022 ) Furthermore, (Nachimuthu, et al2022) reported that cultural attitudes, lack of knowledge of different methods and reproduction, socio demographic factors, and health service barriers are the main obstacles to know about contraceptive among women. The current study cleared that no statistical significance difference (p-value 0.102) between the studied premarital female's desire to know information and their total level of knowledge about family planning methods; that the majority of females were had desire to know in family planning methods and more than three quarters of females their total knowledge level was poor in the same study, the study by (Silumbwe, & Nkole, et al 2022). Reported that majority of studied women had lack of knowledge of different methods but had increase desire for knowledge about family planning methods.

### Conclusion:

Based on this study results, The following conclusion emphasized that more than three quarters of the premarital females their total knowledge level was poor .Also the majority of females were had desire to know about family planning methods .

### Recommendations :

**The following suggestions are made in light of the findings of the present study:**

- Use media channels and TV shows to increase awareness regarding family planning methods for both couples of family planning.
- Establish conferences and seminars that encourage people to plan their families.
- Establish Brochures and booklets about family planning methods should be written in nice colorful way to attract people.
- Schools and universities should support discussions about family planning issues.
- Continuous training program among primarily nurses working in family planning clinics about the new advances in family planning methods.
- Future studies should be focus on the family planning awareness programs should be tailored for husbands, wives, and young adolescents. Moreover, the information should be tailored for different audiences (i.e. educated vs. non educated groups).

## References

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