

***Family Planning Methods knowledge,
attitude and practice among Males
and Females in Reproductive age in
AL-Mukalla District***

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INTRODUCTION

Hadhramout considered the largest governorate in the Republic of Yemen which is about 36% of the whole area of Yemen. The governorate has been divided in 2 parts, the first cover the directorates situated at the coastal strip and heights, the other part contain the directorates which stretch at length of the wadi and desert,¹. Each year, roughly 13,000 women in middle east and North Africa (MENA) region die of complication related to pregnancy and childbirth ,although the maternal mortality ratio vary greatly by country three out of five maternal death in the region occur in four countries ;Egypt, Iraq, Morocco and Yemen,². The vast majority in developing countries, Significant proportion of these deaths could be avoided through the effective use of Family Planning Methods (FPMs), It is estimated that, up to 100,000 maternal deaths could be avoided each year if all women who said they wanted no more children were able to stop child bearing³.

The World Health Organization (WHO) has identified Family planning (FP) is well recognized among 4 core components of safe motherhood, the Safe Motherhood Initiative, launched in 1987, defined safe motherhood as "a woman's ability to have a safe and healthy pregnancy and delivery". Promotion of FP to increase utilization of modern contraceptive methods, specifically in countries with high birth rates, has the potential to prevent up to 32% of all maternal deaths and almost 10% of childhood deaths,⁴. Family planning is the voluntary pre pregnancy planning and action of individuals to prevent, delay or achieve pregnancy, Family planning information and services help individuals to maintain their overall health , also it improves the community health by helping men and women have children when they are

ready physically ,emotionally and financially prepared to take on the responsibility,⁵. The FPMs are classified as modern and traditional, the modern methods includes :Spermicidal ,barriers (cervical cap , condom) , Intrauterine contraceptive device(IUCD) , pills , progestin- only mini pills , injectable hormones , implants and sterilization (vasectomy , female sterilization) , the traditional methods includes abstinence , calendar , coitus interrupts and lactation,⁶.

FP enables individuals (women and men) to plan their families and space their children. The umbrella of FP encompasses a range of services, including; FP ,birth spacing counseling, provision of FP methods, infertility diagnosis, treatment and counseling, and reproductive health education, “Use of modern family planning in the developing world increased from less than 10 percent in 1965 to 53 percent in 2005.This led to a global decline in the average number of children being born to each woman from more than six to just over three children.”⁷.

The total fertility rate of a nation is directly related to its prevalence rate of contraceptive use according to the empirical relationship between contraceptive use prevalence rate and total fertility rate, on average for every 15-percent-point increase in contraceptive use prevalence, there is a reduction of one birth per woman. Thus, countries with high total fertility rates tend to have low contraceptive use prevalence rates and vice versa, in Yemen total fertility rate 6.2 births per woman while contraceptive use prevalence rate is 27.4%,⁸ whereas Sudan had contraceptive utilization rate 9% which is low among the lowest in the world (WHO 2007),and total fertility rate had fallen from 5.4 children per women to 4.6 in the period 1995 -2000 and is estimated at the same rate in 2006 ,⁹.

FP policies and programmes in the EMR. Some countries, such as Egypt, Jordan, Kuwait, Islamic Republic of Iran, Libya, Palestine and Tunisia, are champions both in implementing successful FP programmes and in achieving favorable indicators for contraceptive prevalence .Although progress has been made towards improving FP services in many countries of the EMR, the prevalence of use of modern contraceptives remains low 17.4%, 21.7% and 5.7% respectively in Afghanistan, Pakistan and Sudan contribute up to 80% ,¹⁰ .

On the other hand, other countries in the region fear the possible impact that low fertility rates may have on the sustainability and socioeconomic structure of their communities. For example, member countries of the Gulf Cooperation Council have policies and programs that promote increased fertility along with birth spacing",³ .

Regardless of national policies, Egyptian Demographic Family Health Survey (EDFHS) showed that 60.3% of married women in Egypt wanted no more children but only 48% were using contraceptives, and the ratio varied with place of residence"¹¹ . Similarly, the World Fertility Survey of Tunisia indicated that 49% of Tunisian women desired no more children; however, the actual fertility rate remains higher than expected,¹² The family survey in Yemen 2003 has shown that over all contraceptive prevalence rate (both modern and traditional methods) was 27.4% which is little higher than that it was during YDMCHS of 1997 it was only 10%. This is couple with a high actual fertility rate of 6.2, which is considered as one of the highest in the world as desired fertility is only 4.5 live births per women,⁸ . It was also shown that (13.1%) of women using modern contraceptive, the current use of contraceptive among urban women (27 %) is more than that of rural women (9.2%), the rate is almost three time as high among literate women (32.6%) compared to illiterate women (10.5%)⁸ .

FP is not only recognized as a key intervention for improving the health of women and child but also as a human right. Child spacing is matter of choice and that couples need to make spacing decisions based on their personal preferences and situation, and on accurate information and with a range of contraceptive options available. In Yemen 37% of women experienced pregnancy with interval of less than 24 months and 16% of them had first baby before the age of 20years 45.7% of women aged 15-19 years had less than 18months birth interval versus 15.6% among women aged 45-49 years,⁸.

Yemen is developing country with a high growth rate, when it has a contraceptive prevalence rate still low, Yemen have developed population polices and program to reduce population growth rate .

In Yemen both knowledge and use of FPMs have increased considerably in recent years .However, according to results of YFHS (2003) the government sector contributes to the availability of about 52.1% of the methods used. The private sector contributes to providing about 42.8 percent of these methods, including NGOs private hospitals, doctors and pharmacies, half of currently married women know of sources of contraceptive and still only one fifth of women are currently using methods of FP.

The main cause of using family planning methods was birth spacing followed by desire to stop child birth with 78% ,21% respectively, overall birth spacing was the main cause of using family planning among women followed by desire to stop child bearing(78% versus 21% respectively), lack of knowledge (23%),husband's disapproval(16%) and religious prohibitions (15%),those are factors lead to increase growth rate in Yemen,⁸.

Justification (Rational)

It is essential to identify current contraceptive knowledge and attitude before deciding on and implementing any intervention, as knowledge is a necessary initial step in the adoption of new ideas and practice related to FP.

objective

To identify family planning methods knowledge, attitude and practice among males and females in reproductive age in AL-Mukalla District ..

Materials and methods: A community-based descriptive cross-sectional study done from January to May 2012, conducted in AL-Mukalla district Hadhramout governorate, all residing women who were between 15 – 45 years old age and male who over 15 year old age included, total number of reference populations study are 600 male and female within the reproductive age, while females those who were not in reproductive age were as exclusion criteria ,the sample was selected by simple random sampling method was used for conducting a house-hold searching for the target group under study. The sample size was calculated used the formula : $N = Z^2 P(1-P) / D^2$

where P=expected prevalence of FPMs usage, Z= corresponding value of the normal standard deviation at a known level of significance with a confidence level 95% ,Z=1.96% ,D= the degree of accuracy desired usually set at 0.05 or at 0.02.

Using Self-administered Questionnaire, information was sought (demographic, socio-economic data, knowledge attitudes and practices related to family planning), the interviews were conducted by six female health workers in who were trained in interview technique. Data entry and analysis was done using Excel program package .A verbal consent was sort from all participants .

Results

Socio-demographic Characteristics of Respondents:

table 1 ;shows the Socio demographic characteristics of respondents. about25%were aged between (20-24 year)30.5% female and 14% males ,while the age group of (45-≥50years) represented the lowest frequency distribution (8.8%) ,majority of them were married represented by24.16%,39.83%of male and female respectively from the total,3.5% have no formal education (illiterate) while a high literacy rate 38.1%.

Awareness of contraception methods:

table 2 shows knowledge of contraceptive methods for men and women , with (99.3%) for traditional contraceptive methods more than modern (were permeable to give more than one selection) ,awareness of contraceptive pills (16.9%)followed by IUCD (15.8%) were the commonest modern methods knew ,while the safe period (rhythm)and breast feeding were the commonest traditional methods represented by (12.5%,12.6%)respectively ,the least knowledge method was implants.1.8%.

Sources of contraceptive information

Table 3; shows that the most common source of contraceptives aborted was Midwives and Nurses(23.9%,18,5%)respectively most common among age group (20-24)years old, followed by doctors (18.2%) most common among age group (25 -29)years old.

Benefit of family planning

Graph 1 shows that the believes of the persons toward the benefits of family planning ,the males believe in these methods more than females, (75.7%,55.2%respectively)includes ; spacing between pregnancy ,(32.2%-14% respectively) prevention of pregnancy (12.6%-10.3%) ,while the remainders believe delay of pregnancy.

Complications of family planning methods

Graph 2; shows that (37.5% males and 47% females) were believes FPMs methods cause psychological upset ,sterility (33.6% males and 25.4% females)followed by change in the body function (22.4% males and 25.2% females) while the remaining problems are (cancer, irregularity of the cycle).

Practice of contraception

Table 4 shows that the Previous used of family planning methods was (23%) among age group (25-29) ,and the majority graduated from higher education(34.7%), and the least one are in age group (15-19 year) (2.1%).

Graph 3 shows the counseling were done in (65.4%) for those recent used contraceptives methods from the health provider.

Table 5 shows 29.83% recent use FPMs the most common FPMs at age 20-24 years old (24,6%),the modern methods (66.48% n=119)more than traditional (39.10%n=60) the common traditional methods safe period (50%) mostly at age group (40-44)years old , the common modern family planning was IUCD low (n=55 46.21%), the respondents graduated from secondary educational level (45.8%) were the most common use of both FPMs.

Table 6 reveals the reasons of not using any method of(FP) in the future are due to the side effects of the methods (34.6%),followed by religious unapproved on the (11%).

Discussion

Finding from this study show the level of ever heard about the F.P was high ,although low knowledge of at least one family planning method but this has not transformed into a high practice (this is different from the studies done in Pakistan which showed 68% knew about (FP)and in Nigeria the FPMs Knowledge,(88.1%),¹⁴.

Although knowledge of at least one method of FP, there is low knowledge of individual methods this ranges from pills16.9% & ICUD 15.8?% to implant ,which differ from the study done in Pakistan that found most knew about pills 68% & IUCD 55%.¹³and similar to study done in Nigeria ranged from implant2.8% to condom22.9%, although this may reflect the framing of the question "Name any family planning method you Know"¹⁴.

Majority got their family planning information from the health center workers (midwives and Nurses) this may be one of the good results of publicity ,education and regular work in family planning by health workers reflects the development of knowledge, only few respondents got information from others (pharmacies) ,it can therefore ,be assumed that the pharmacies has not been of much assistance in family planning dissemination .while in Nigeria 60% received their family planning information in the hospital from midwives, and nurses ,¹⁴.

the pattern of previous used of traditional contraceptives in age group 25-29 years old were 25.9%, decline in age 15-19 years old ,this approximately similar to YFHS(2003) found that 23.1% used both(13.4% &9.7% modern and traditional respectively) ,⁷.This pattern possibly reflect when most could have probably achieved their family size, this similar to study done in Nigeria has been found the used to be high among women in their thirties ,¹⁵.

Although contraceptives recent use was low 29.83%, IUCD was the most frequently used ,followed by pills and safe period, contrast with the findings of Nigeria were only 20% of respondents used contraceptives methods ¹⁵.also differ from YFHS(2003) found that 23% used family planning methods ,⁸.

More than one third of respondents refuse to use FPM that reported the cause of refusal were:; side effects followed with religious prohibition, this 'lower than in maternal and child survey(MCS) 1997 ,Yemen which showed that 64% ,and lower than in FHCs2003 was 58.2% refuse to use family planning in future, while result of FHCS2003 revealed that major reasons cited by women for not using contraceptives were desire to have more children 49%, lack of knowledge 4.7%,husband disapproval 5.8% and religious prohibition 9.5% ,⁸.

Regarding complication of using modern FPMs was psychological followed by fear of sterilization ,while in FHS 2003 23.3% of users stop using as a result of having health problems,18.8% wants to have more children, 18.5 % reported methods failure, and 28.9 % s for other reasons,⁸.

Conclusion

Yemen has many activities within the reproductive health program over many decades aimed at improving maternal and child health care services (MCHs),so the intensive targeted information ,education and communication (IEC)and consultation, also efforts concentrating at increase the awareness about family planning methods on women during antenatal and post-natal care, also the efforts should ,therefore be made by all agencies (government and non-government)involved in family planning activities in Yemen must be done according to systematic policies and programs towards eliminating the obstacles of using family planning to serve the couple's attitudes, facilitating their availability. And further qualitative and quantitative studies required regarding family planning .

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Table (1): Percent Distribution of Respondents by age ,marital status and health education

Indicator		NO	%	TOTAL
SEX	MALE	200	33.3	600
	FEMALE	400	66.7	
15-19		60	10	
20-24		150	25	
25-29		121	20	
30-34		82	13.7	
35-39		68	11.3	
40-44		67	11.2	
45->49		42	8.8	
Total		600	100	
MARITAL STATUS				
MARRIED		384	64	
SINGLE		186	31	
DIIVORCE		30	5	
TOTAL		600	100	
Education level				
Illiterate		21	3.5	
Read and write		28	4.7	
Primary		51	8.5	
Reparatory		85	14.2	
Secondary		186	31	
Higher than secondary		229	38.1	
Total		600	100	

Table (2)Percentage distribution of respondents, who reported knowledge of contraceptive methods by sex.

The methods	Males		Females		Total	
	N	%	N	%	N	%
Contraceptive Pills	176	17.5	366	16.7	542	16.9
IUCD	145	14.4	361	16.65	506	15.8
Injection	59	5.9	152	6.9	211	6.6
Condom	125	12.5	172	7.8	297	9.3
Jelly	21	2.1	55	2.5	76	2.4
Foam	32	3.2	60	2.7	92	2.9
Implants	17	1.7	40	1.8	57	1.8
Female sterilization	52	5.2	134	6.1	186	5.8
Male sterilization	43	4.3	82	3.7	125	3.9
Safe period	121	12.1	279	12.7	400	12.5
Withdrawal	103	10.3	200	9.1	303	9.5
Exclusive Breast feeding	110	10.8	296	13.35	406	12.6
Total	1004	100	2197	100	*3201	100

*the participant were allowed to report more than one method.

Table (3) Percent distribution of respondents about source of Knowledge of contraception by age and education level – Mukalla district

Age	nurses		midwives		Doctor		pharmacist		Total	
	NO	%	NO	%	NO	%	NO	%	NO	%
15-19	21	9.1	26	8.2	14	10.4	12	21.1	73	9.88
20-24	55	23.9	69	21.7	25	18.5	17	29.8	166	22.43
25-29	45	19.6	65	20.4	27	20	8	14	145	19.59
30-34	30	13	53	16.7	17	12.6	6	10.5	106	14.32
35-39	31	13.5	37	11.6	19	14.1	7	12.3	94	12.70
40-44	19	8.3	44	13.8	24	17.8	3	5.3	90	12.16
45-49	21	9.1	13	4.1	5	3.7	2	3.5	41	5.54
50	8	3.5	11	3.5	4	2.9	2	3.5	25	3.38
Total	230	100	318	100	135	100	57	100	740	100
Educational level										
Illiterate	5	2.2	6	1.9	4	2.9	6	10.5	21	2.84
Read and write	15	6.5	13	4.1	6	4.4	5	8.8	39	5.27
Primary	20	8.7	25	7.9	7	5.2	5	8.8	57	7.70
Reparatory	34	14.8	51	16	23	17	6	10.5	114	15.41
Secondary	61	26.5	107	33.6	38	28.1	10	17.5	216	29.19
University and above	95	41.3	116	36.5	57	42.4	25	43.9	293	39.59
Total	230	100	318	100	135	100	57	100	740	100

*the participant were allowed to report more than one method.

Table (4) Percent distribution of respondents previously used methods in relation to age and education level. N=291

Age	Tradition methods		Modern Methods		Mixed Methods		Total	
	F	%	F	%	F	%	F	%
15-19	6	3.6					6	2.1
20-24	35	20.9	6	8.6	2	3.7	43	14.8
25-29	40	23.9	13	18.6	14	25.9	67	23
30-34	33	19.8	14	20	12	22.2	59	20.3
35-39	21	12.6	14	20	9	16.7	44	15.1
40-44	20	11.9	12	17.1	16	29.6	48	16.5
45-49	5	2.9	5	7.1			10	3.4
>50	7	4.4	6	8.6	1	1.9	14	4.8
total	167	100	70	100	54	100	291	100
Education Levels								
Illiterate	6	3.6	3	4.3			9	3.1
Read and write	9	5.4	4	5.7	3	5.6	16	5.5
Primary	15	8.9	4	5.7	2	3.7	21	7.2
Reparatory	26	15.6	11	15.7	16	29.6	53	18.2
Secondary	55	32.9	20	28.6	16	29.6	91	31.3
High graduated	56	33.6	28	40	17	31.5	101	34.7
Total	167	100	70	100	54	100	291	100

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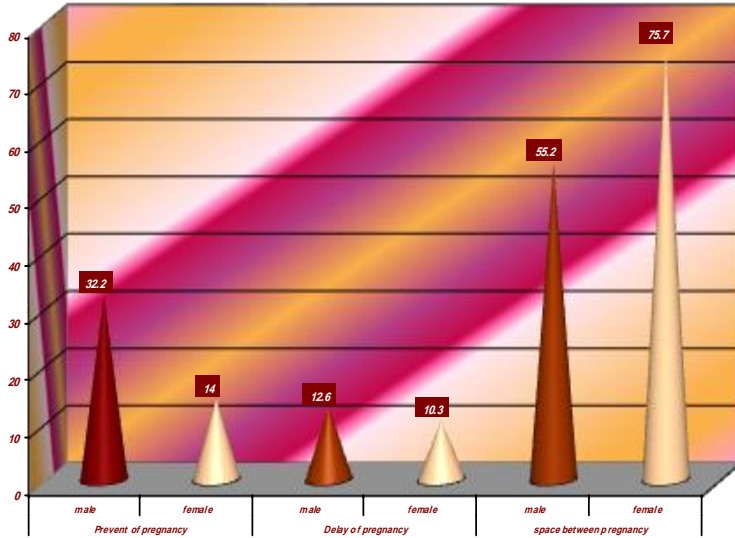
Table(5)percent distribution of recent use methodsin relation to age and education level N=179

AGE	Modern methods				Traditional methods				Total	
	pills	IUCD	Injections	Condom	Withdrawal	Safe period	Breast feeding			
15-19	2	5.9	2	3.6	-	-	-	-	4	2.2
20-24	5	14.7	27	49.1	2	10	2	6.7	44	24.6
25-29	8	23.5	9	16.4	1	100	9	31.1	40	22.3
30-34	9	26.5	9	16.4	-	-	4	13.8	38	21.2
35-39	9	26.5	7	12.7	-	-	2	6.9	30	16.8
40-44	1	2.9	1	1.8	-	-	4	13.8	19	10.6
45-49	-	-	-	-	-	-	2	6.9	3	1.7
50	-	-	-	-	-	-	1	3.4	1	0.6
Total	34	100	55	100	1	100	29	100	179	100
Educational level										
Illiterate	1	2.9	-	-	-	-	-	-	5	2.8
Read and write	2	5.9	1	1.8	-	-	1	3.4	8	4.5
Primary	3	8.8	2	3.6	-	-	1	3.4	11	6.1
Reparatory	5	14.7	6	10.9	1	100	2	6.9	26	14.5
Secondary	10	29.4	35	63.7	-	-	16	55.2	82	45.8
High graduated	13	38.3	11	20	-	-	9	31.1	47	26.3
Total	34	100	55	100	1	100	29	100	179	100

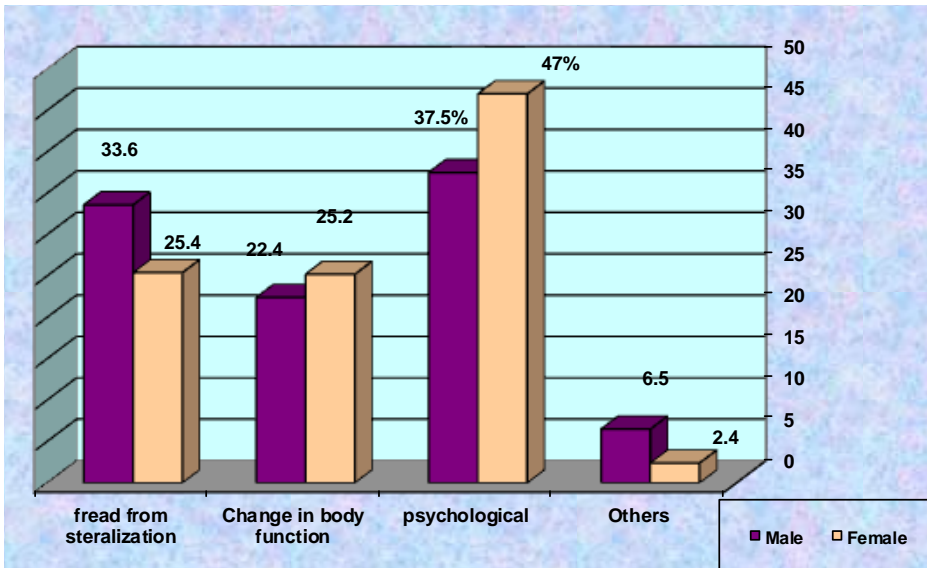
Table (6) Percent distribution of respondents in relation to reasons of refusal using FPMs.

resons	Married		Non married		Previously married		Total	
	NO	%	NO	%	NO	%	NO	%
Religious unapproved	15	9.7	6	13	3	17.7	24	11
Relatives unapproved	6	3.9	-	-	-	-	6	2.8
Difficult to obtain	3	2	-	-	1	5.9	4	1.8
Disagree family planning	6	4	2	4.4	-	-	8	3.7
Side effects	57	37	15	32.6	3	17.7	75	34.6
High coast	-	-	1	2.2	-	-	1	0.5
Husband unapproved	9	5.9	-	-	-	-	9	4.2
Don't know	11	7	8	17.4	1	5.9	20	9
Menopause	9	5.9	-	-	1	5.9	10	4.6
Unsure	21	13.6	13	28	7	41	41	19

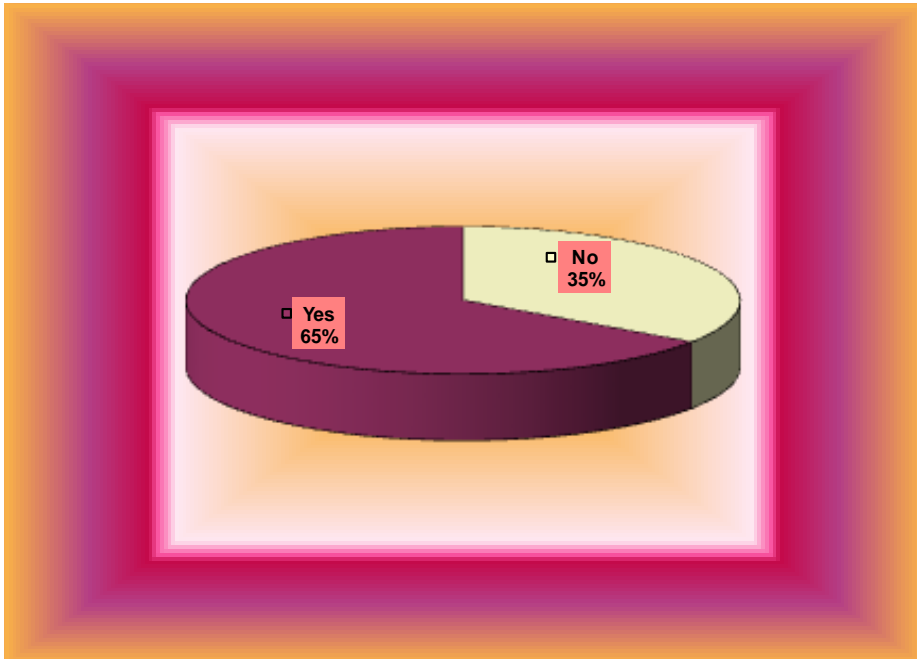
Graph (1) Distribution of respondents in relation to benefits family planning



Graph (2) Distribution of respondents in relation to complication



Graph (3) Distribution of consultation or not about family planning



Abstract

Background: Each year, over half a million women die of complications of pregnancy, child bearing or unsafe abortion, the vast majority in developing countries ,Significant proportion of these deaths could be avoided through the effective use of family planning, Family planning is recognized as among the 4 core components of safe motherhood.

Objective: identify the knowledge, attitude and practice among males and females in reproductive age to ward family planning methods in AL-Mukalla district .

Material :a total of 600 male and female ,in reproductive age living in AL- Mukalla district were interviewed about their knowledge, attitude and practice of family planning, Descriptive cross- sectional study was conducted in AL- Mukalla district, 2012, using self-administered questionnaires.

Results: About 3.5% of respondents were illiterate ,there knowledge(89,5%) for traditional methods (99.3%)was more than modern methods and approval (67%) about family planning methods. the females mostly preferred IUCD (16,7%) and males preferred women use pills 17.5%, The most common source of family planning information was Midwives and nurses , closely followed by doctors ,the believes toward the benefits of family planning , males were more than females (32.2%-14% respectively) includes child spacing between pregnancies prevention of pregnancy, delay of pregnancy and.(37.5%males and 47%females) were believes FPMs cause psychological upset , sterility (33.6% males and 25.4% females),followed by change in the body function and other problems (cancer, irregularity of the cycle).

the Previous usage of family planning methods was 33%,at the time of this study the usage of family planning methods was (29.83%) the most common is modern (66.8%) the common was IUCD(40.2%) the most common reason for non-practice of family planning was the side effect followed by religious un approval.

Conclusion: the intensive targeted information ,education and communication (IEC) program, and efforts should move at increasing the awareness of family planning on women toward modern methods .

Key words: Family planning (FPMs),intrauterine contraceptive device (IUCD).

الخلاصة:

مقدمة : أكثر من نصف مليون امرأة تتوفى كل سنة في الدول النامية نتيجة مضاعفات الحمل، الولادات المتكررة والإجهاض الغير آمن . نسبة كبيرة من هذه الوفيات يمكن تجنبها من خلال الاستخدام السليم لوسائل تنظيم الأسرة.

الهدف : لدراسة معرفة، مواقف وممارسة كل من الرجال والنساء تجاه طرق تنظيم الأسرة في مدينة المكلا .

منهجية الدراسة : إجمالي (٦٠٠) رجل وامرأة في سن الانجاب من سكان مديرية المكلا ،بعد اعداد وتوزيع الاستبانة الذاتية لإجراء الدراسة الوصفية المقطعية ٢٠١٢م.

النتائج : أوضحت هذه الدراسة ان ٣٠.٥% من المشاركين في الدراسة لديهم تعليم من المستوى الأدنى الى الجامعي وما فوق ، وبلغت نسبة المعرفة حول طرق ووسائل تنظيم الأسرة ٨٩%، للطرق التقليدية أكثر من الحديثة وأغلبية النساء يفضلن اللولب الرحمي ١٦.٧% أما الرجال يفضلون الحبوب الفموية ١٧.٥% ،ويحصلون على معلومات ووسائل تنظيم الأسرة من العاملين الصحيين في المراكز الصحية ومراكز الأمومة والطفولة ، وتشير الدراسة عن المواقف الايجابية تجاه تنظيم الأسرة للرجال اكثر من النساء ٣٢.٢% و١٤% على التوالي وتشتمل على :المباعدة بين الأحمال، منع الحمل وتأخير الحمل، لكن ٣٧.٥% يعتقدون أن وسائل تنظيم السرة تسبب الصدمات النفسية، العقم، تغيير وظائف الجسم ومضاعفات أخرى كالسرطان واضطرابات الدورة الشهرية .

الاستخدام السابق لوسائل تنظيم الأسرة في كل من الرجال والنساء يقدر ب(٣٣%)، والاستخدام اثناء اجراء الدراسة لوسائل تنظيم الأسرة ٢٩.٨٣%، وتعتبر الطرق الحديثة هي الأكثر استخداما ٦٦.٨% واللولب الرحمي هي أكثر الطرق المستخدمة حاليا ٤٠.٢% ،ومن أهم الأسباب لعم استخدام وسائل تنظيم الأسرة المضاعفات والاعتقادات الدينية وغيرها من الأسباب .

الاستنتاجات : يجب أن تبدل جهود مركزة لتعريف الناس بالطرق الحديثة خاصة ، وإضافة إلى المعلومات، التوعية و برامج الاتصال التي تحث على المباعدة بين الأحمال واستخدام وسائل تنظيم الأسرة الحديثة.

مفاتيح الكلمات : تنظيم الأسرة ، اللولب الرحمي