

ASSESSMENT OF FAMILY PLANNING KNOWLEDGE AND PRACTICE AMONG MARRIED COUPLES

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Abstract:

Background: Family planning affect reproductive health of the mother, through having adequate birth spacing, avoiding undesired pregnancies and abortions& improving the QoL of family. **Aim:** The study aimed to assess family planning knowledge and practice among married couples. **Design:** A cross sectional descriptive design was utilized. **Setting:** The study was carried out at medical family center and all obstetric private clinics in Minet Sandob village. **Subjects:** A purposive sample consisted of 176 married couples who met the inclusion criteria. **Tool:** 3tools were used 1sta structured interview questionnaire, 2nd tool family planning knowledge and 3rd tool family planning practical scale. **Results:** 69.9% wives had poor knowledge regarding family planning methods. While the wives higher than their husbands about total score of knowledge. 40.3% of wives, 38.1% of husbands were satisfied with health unit role in providing information about FP. 76.1% of wives, 71% of husbands had information from television. 57.4% of wives used IUD. While using condom 28.4% of husband's, 55.7% of husband used natural methods. **Conclusion:** The study concluded that wives had more knowledge about FP more than their husbands. Main reasons for prefer to use FPM is more comfortable, long duration of work, in other side reasons rejection of using family planning methods are irregular bleeding, difficult to maintain and control. **Recommendation:** Increase awareness of married couples about family planning methods.

Keyword: Couples, Family planning, Knowledge, Practice.

I. Introduction

The global population today reached to 7.7 billion and is expected to reach 9 billion by the year 2045. Increasing population is a global problem today worldwide (Wani et al, 2019). In Egypt population reach to 101 million and the Dakahlia Governorate reach to 6.794.604 by the year 2020. According to the national strategic plan of Egyptian government (2020-2030) Egypt policy makers are looking forward to reach 2.4 Total Fertility Rate (TFR) which is the replacement figure of population annual increase (Ministry of international

cooperation, 2016).

Family planning affect reproductive health of the mother, through having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases and improving the quality of life of mother, fetus and family as a whole (Kasa et al., 2018). In addition prevent social, economic and health concerns resulting from unintentional pregnancies. Contraception is especially beneficial among those at higher risk for maternal, prenatal and child mortality including pregnancies at very young less

than 18 years and old more than 34 years maternal ages, at high parities, with short inter-pregnancy intervals. Family planning for high risk pregnancies was estimated to decrease the risk of maternal mortality by 58 % (*Salisbury et al., 2016*).

Family planning is not based on a single method; there are a number of methods available for the willing couples. These methods are divided on the bases of their criteria, such like the format. could be traditional / modern, it may be natural /artificial, in terms of duration it could be temporary / permanent, specific for male / female or the mode of usage could be oral/inject able/IUCDs (*Alyahya et al., 2019*).

Couples have a right to choose and decide upon the number of children they desire. This means that both partners have the right to be involved in fertility matters and as such husbands play a crucial role in fertility decision-making in most of the world (*Powers, 2017*). The communication between the spouses on the matters of reproduction and family planning is absolutely vital in having a prosperous family and individual life (*Hameed et al., 2019*).

Sufficient knowledge about family planning methods and acceptance of fertility regulations, availability of contraceptives methods, better and open communication between wife and husband of planned pregnancies, and the favorable number of children were all essential factors for effective family planning programs. In addition, male-involvement in family planning has clearly positively affected contraceptive use and has caused an overall decline in fertility in the developing world. Based on the husbands general knowledge towards family planning seems to influence their wives towards containing

the use of modern contraceptives (*Wani et al., 2019*).

The husband's general knowledge concern the ideal family size, gender preference of children, ideal spacing between child births, and contraceptive methods used, greatly influence women's preferences and opinions. Husband involvement helps not only in accepting a contraceptive method but also in effective use and continuation (*Hamed, 2018*).

Therefore, programs that attempt to promote reproductive health through increasing the use of modern contraceptives need to target men specifically at all levels of the program. Hence, men should be actively involved at the knowledge level (the concept of family planning), the supportive level (being supportive for other to use contraception) and the acceptor level (as contraceptive user). Their decision-making role should be taken into account in order to promote contraceptive use (*Hamed, 2018*). According to WHO, previous studies indicated that acceptance of children as God's will, knowledge on different method choice and the understanding of the side effects of different methods are among the factors related to contraceptive use (*Tobey, 2020*).

Most of reproductive age women know little or incorrect information about family planning methods. Even when they know some names of contraceptives, they don't know where to get them or how to use it, while some have heard false and misleading information. Family planning education is considered to have a great effect on the spouses in case of family planning acceptance and fertility (*Seidman et al., 2018*).

Significance of the study

The success of population policies and programs can be measured by the contraceptive prevalence rate (CPR). According to the Egyptian Ministry of Health and Population (CPR) was 46.5% in 2014 (Eshak, 2020). The percentage of women using contraceptive method, from 2014 to 2017, increased from only 46.5% in 2014 to 63% in 2017 (Farrag, 2020). This positive trend continued until 2020, with a CPR rate of 70% and Egypt's total fertility rate (TFR) has fallen from 7.2 children per woman in the early 1960 to 3.4 in 1998. United Nation population projections suggest that the TFR in Egypt will decrease to 3 in 2000-2005 period and to two by 2020-2025 (Khalifa, 2020).

According to the existing statistics and data received, there are 4 births per minute with a child every 15 seconds. This is why the Egyptian population to reached 100 million by 2016 (Ministry of international cooperation, 2016). From all the above, FP is a must way for reaching the country aim for Total Fertility Rate 2.4 according the strategic plan 2030 (Handady et al., 2015). Understanding why woman do not use family planning is critical to address unmet needs and to increase contraceptive use. The assessment of knowledge and contraceptive practice as well as factors related to contraceptive use is a crucial to achieve the objective of Egyptian strategic plan 2030.

Aim of the study

The present study aims to assess family planning knowledge and practice among married couples

Research question

What are married couples' knowledge and practice regarding family planning?

II. Subjects and Method

Study design

The study followed a descriptive cross sectional design.

Study setting

The study was carried out at medical family center where the place of FP unit located in the first building on the second floor which had large hall with chairs for waiting married couples that lead to room with an office, three chaire, two examination table one behind ultra sound device & the other for administration of different FP methods plus equipment used for provide care to couples and all obstetric private clinics as the same structure in Minet Sandob village.

Study Sample & technique

The study included 176 married couples selected according to the following inclusion criteria. More than 18 years old, married and using family planning methods & First use of family planning methods.

Sample size:

This study aimed to assess the knowledge and practice of family planning among married couples attending primary health center. A previous study showed that knowledge of the family planning among married women was 87% (Handady et al., 2015). To calculate the sample size with precision / absolute error of 5% and type I error of 5%:

$$\text{Sample size} = [(Z_{1-\alpha/2})^2 \cdot P(1-P)] / d^2$$

Where, $Z_{1-\alpha/2}$ is the standard normal variate, at 5% type I error ($p < 0.05$) it is 1.96.

Population based on studies previous = the expected proportion in
d = absolute error or precision.

$$\text{So, Sample size} = [(1.96)^2 \cdot (0.87) \cdot (1-0.87)] / (0.05)^2 = 173.8$$

Based on the above formula, the sample size required for the study is 174 couples.

Tools of data collection:

Tool 1: Interview questionnaire schedule: It was designed by the researcher after reviewing the related literature. It consisted of two parts to measure the following:

Part I: General characteristics of married couples such as (age, education, job, age at marriage and duration of marriage, number of living children). Part II: Medical and obstetrical history such as (medical disease, number of pregnancy, number of unwanted pregnancy, number of birth, number of miscarriage, mode of birth, kind of baby, mode of previous birth, number of wanted child, type of child wife desire, type of child husband desire).

Tool II: Family planning knowledge: It was adapted from (Jahan et al., 2017) to assess knowledge of married couples about FP methods it was consisted of 8 questions, the couples' knowledge about FPM include of (definition of FP, purpose of using FP, different types of FP methods & its types, mechanism of action, health benefits, indication & contraindications). The knowledge was assessed as complete correct answer took score (2), incomplete correct answer took score (1), incorrect answer took score (0).

Tool III: Family planning Practical Scale:

It was adapted from (Upadhaya et al., 2017) to assess practice of FP methods. The adapted tool consisted of four questions (method of used, reasons for preferring and rejecting other method, behavior to side effect of FP

methods).

Validity of the study tools:

Tools used in the study were developed by the researcher after reviewing of the current local and international related literatures using books, articles, internet periodicals and scientific magazines. This helped to be acquainted with the problem, and guided in the process of tools designing. Tools were reviewed by three jury from experts in maternity nursing field tested the content validity.

Reliability

All items of the tools were tested and analyzed for reliability by using Cranach alpha and found to be tool 1= 0.856, tool 2= 0.874, tool 3= 0.854.

Ethical considerations:

An official permission was taken from research ethics committee of the Faculty of Nursing, Mansoura University. An official permission was obtained from the director of medical family center and all obstetric private clinics in Minet Sandob village Mansoura to conduct the study after clarifying the study aim.

Prior to the study, written consent was obtained from every couple involved in the study & after clarification of the nature objective of the study. The participants were informed that participation is voluntary and they have the right to refuse or withdraw from the study at any time.

Preparatory Phase

After extensive review of literature. The instruments mentioned above were carefully elected. Preparatory phase lasted two months from July 2017 till the end of September 2017.

Pilot study phase

Pilot study phase was carried out for one month (October 2017) at medical

family center & obstetric private clinics in Minet Sandob village on 10% of the sample size (17) married couples to test the applicability & relevance of the research tools & the clarity of the designed questionnaire and the required modification were made. The pilot sample was excluded from the study

Fieldwork

This study was actually carried out in a period from October 2017 to March 2018. Data were collected from previous mentioned setting after obtaining the approval to conduct the study.

The research introduced her to head of obstetrics and gynecology department in medical family center, head of obstetrics and gynecology physical in all private clinics and married couples, took written approval to conduct study after clarification of the study aim to be included within the study. The researchers attended the previously mentioned setting three days per week from 9 am to 1 pm and six days per week from 9 pm to 10 pm until the calculated sample size of a married couple was obtained.

The researcher interviewed each woman individually for about 15 - 20 minutes to collect data by using structured interview questionnaire, which included questions about their socio-demographic characteristics and obstetrical data, their knowledge and practices regarding family planning methods.

Statistical Analysis

All statistical analyses were performed using SPSS for windows version 20.0 (SPSS, Chicago, IL). All continuous data were normally

distributed and were expressed in mean \pm standard deviation (SD). Categorical data were expressed in number and percentage. Chi-square test was used for comparison of variables with categorical data. Cornbrash's alpha test was performed to test for the internal consistency of the tools used in the study. Statistical significance was set at $p < 0.05$.

I. Results

Table (1): Shows that about one third (29%) of the studied sample from wives their age was ranged from 31-36 years, and about two third (61.9%) of them were house wives. Age at marriage was > 25 years old represent (45.5%), also it shown in this table that more than half of studied sample couples had technical education, In addition (50%) of the studied sample from husband their age was more than 36 years, and the majority (91.5%) of them were working when marriage their age > 25 years old represent (83%).

Table (2): Shows that the majority of studied sample from wives had incomplete correct knowledge regarding definition and purpose from using FP (88.1% & 89.2%) respectively. Around three quarters had incorrect knowledge about FP mechanism of action of natural method (71.6%), also around three quarters of studied wives had incomplete correct knowledge regarding health benefit of barriers methods (73.3%). While more than one fifth had correct knowledge about types of permanent FP (23.3%) concerning knowledge about indications of FP it was found that around one third had correct knowledge about indications of natural , barriers permanent FP methods (33.5% , 36.3% 33%) respectively, the total mean score of knowledge was 41.7 ± 6.0 .

In addition show that the majority of studied sample from husband had

incomplete correct knowledge regarding definition and purpose from using FP (90.3%, 89.8%) respectively. While more than one tenth had correct knowledge about types of permanent FP(14.2%), around three quarters had incorrect knowledge about natural, barrier and permanent FP mechanism of action , also the majority of studied husband had incomplete correct knowledge about health benefits regarding previous FP methods (90.9%, 88.6%, 65.9%) respectively. Concerning knowledge about indication of FP it was found that around one third of husband had correct knowledge about indications of natural, barriers and permanent methods (33.5%, 31.3%, and 29.5%),Respectively. The majority of

husband had incomplete correct knowledge types of natural, barriers and permanent methods (93.2%, 93.7%, and 78.4%), the total mean score of knowledge about 34.4±5.2.**Table (3):** Clarifies that more than three quarters (76.1%) of the studied wives, and (71%) of studied husband have information from television; also more than one fifth of studied couples have information from internet. Concerning source of information about FP from relative mother, brother, father is the main source (58%, 43.2%, and 38.6%) respectively. In addition, health unit & hospital play role in providing information about FP (40.3%, 26.7%) for wives respectively& (38.1%, 31.3%) for husband respectively.

Table 1. Distribution of studied sample according to their general characteristics of married couples. N= (176)

Items	Wife		Husband	
	N	%	N	%
Age (years)				
18 – 23	30	17	8	4.5
24 – 30	44	25	41	23.3
31 – 36	51	29	39	22.2
>36	51	29	88	50
Educational level				
Illiterate	12	6.8	15	8.5
Basic education	18	10.3	16	9.1
Technical education	94	53.4	95	54
University or higher Education	52	29.5	50	28.4
Occupation				
House wife	109	61.9	15	8.5
Working	67	38.1	161	91.5
Age at marriage (years)				
<19	17	9.7	4	2.3
19 – 25	79	44.8	26	14.7
>25	80	45.5	146	83
Duration of marriage				
2-4	110	62.5	110	62.5
5-7	31	17.6	31	17.6
>7	35	19.9	35	19.9
Number of living children				
One	38	21.6	38	21.6
Two	61	34.7	61	34.7
>2	77	43.8	77	43.8

Table 2. Distribution of studied married couples according to their knowledge about family planning methods. N= (176)

	Wives contraceptive methods	Husbands contraceptive methods
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ASSESSMENT OF FAMILY PLANNING KNOWLEDGE etc...

Items	Incorrect	Incomplete	Correct	Incorrect	Incomplete	Correct
Definition	6(3.4)	155(88.1)	15(8.5)	7(4.0)	159(90.3)	10(5.7)
Purpose of using	5(2.8)	157(89.2)	14(8.0)	6(3.4)	158(89.8)	12(6.8)
Natural methods						
Types	8(4.5)	159(90.3)	9(5.2)	10(5.7)	164(93.2)	2(1.1)
Mechanism of action	126(71.9)	9(5.1)	41(23.3)	130(73.9)	5(2.8)	41(23.3)
Health benefits	11(6.3)	136(77.2)	29(16.5)	13(7.4)	160(90.9)	3(1.7)
Indications	72(40.9)	45(25.6)	59(33.5)	66(37.5)	51(29.0)	59(33.5)
Contraindications	61(37.3)	63(35.8)	52(29.5)	78(44.3)	50(28.4)	48(27.3)
Barriers						
Types	8(4.5)	157(89.2)	11(6.3)	11(6.3)	165(93.7)	0(0.0)
Mechanism of action	129(73.3)	2(1.1)	45(25.6)	128(72.7)	8(93.7)	40(22.8)
Health benefits	16(9.1)	156(88.6)	2(1.2)	189(10.2)	156(88.6)	2(1.2)
Indications	57(32.4)	59(33.5)	55(31.3)	62(35.2)	59(33.5)	55(31.3)
Contraindications	70(39.8)	50(28.4)	60(34.1)	66(37.5)	50(28.4)	60(34.1)
Permanent method						
Types	0(0.0)	135(76.7)	41(23.3)	13(7.4)	138(78.4)	25(14.2)
Mechanism of action	124(70.5)	0(0.0)	52(29.5)	127(72.2)	11(6.3)	38(21.5)
Health benefits	91(51.7)	39(22.2)	46(26.1)	60(34.1)	116(65.9)	0(0.0)
Indications	71(40.3)	47(26.7)	53(33.0)	75(42.6)	49(27.9)	52(29.5)
Contraindications	72(40.9)	58(33.0)	46(26.1)	68(38.6)	59(33.5)	49(27.9)
Hormonal						
Types	8(4.5)	168(95.5)	0(0.0)			
Mechanism of action	137(77.8)	4(2.3)	35(19.9)			
Health benefits	13(4.5)	153(86)	10(5.7)			
Indications	8(4.5)	168(95.5)	0(0.0)			
Contraindications	20(11.4)	155(88.1)	1(0.5)			
Total knowledge score						
Range		26-27		20-46		P
Mean ± SD		41.7±6.0		34.4±5.2		>0.001

Table 3. Distribution of studied sample married couples according to source of knowledge about family planning, N= (176)

Items	Wives		Husband	
	N	%	N	%
Source of knowledge				
Media				
Radio	1	0.6	2	1.1
Television	134	76.1	125	71
Internet	40	22.7	44	25
Newspapers /magazines /books	1	0.6	5	2.9
Relatives/friend				
Mother \ Father	102	58.0	68	38.6
Sister \ Brother	57	32.4	76	43.2
Aunt \ Uncle	4	2.3	9	5.1
Neighbors	2	1.1	9	5.1
Friends	11	6.2	14	8
Health center				
Health unit	71	40.3	67	38.1
Maternal and child care centers	36	20.5	31	17.6
Hospital	47	26.7	55	31.3
Pharmacy	5	2.8	6	3.4
Special clinic	16	9.1	16	9.1
Others (Mobile carts offering family planning services)	1	0.6	1	0.5

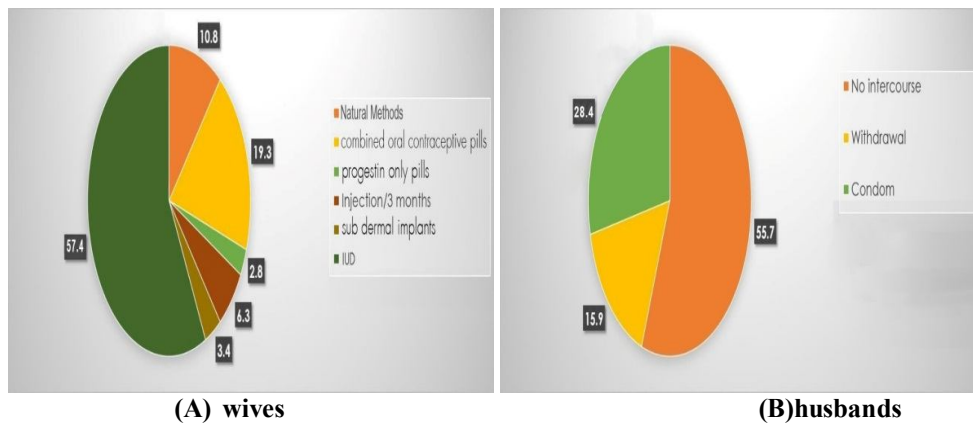


Fig (1). The distribution of studied married couples regarding utilization of family planning methods

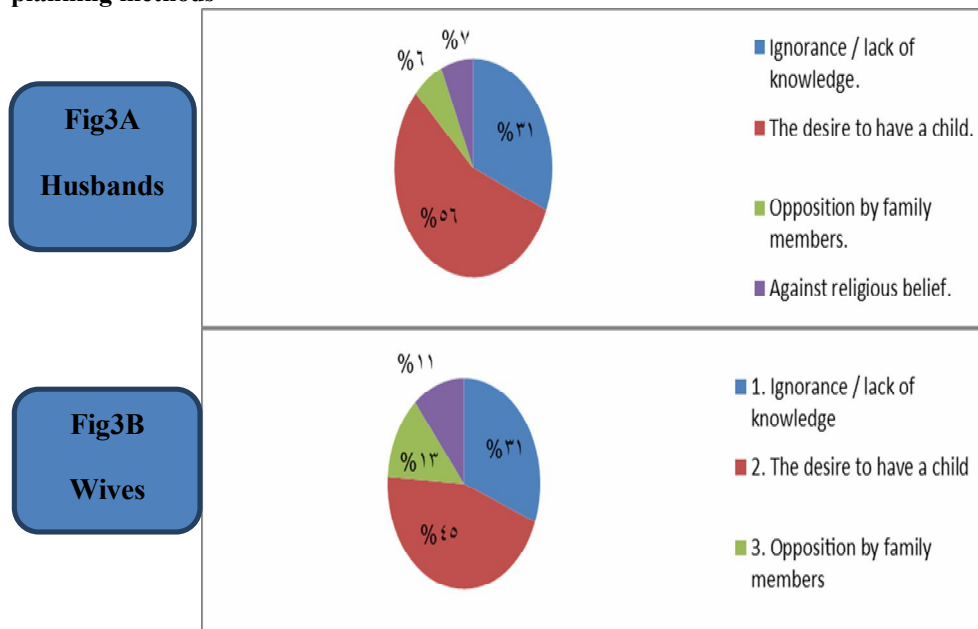


Fig.3, A&B: Distribution of studied married couple's opinion about obstacles that prevent using of family planning methods

IV. Discussion

This study aimed to assess FP knowledge and practice among married couples. The aim of the study was supported by the study findings which answered the research question what are the married couples'

Knowledge and practice regarding family planning?

Regarding to the studied sample(wives) knowledge about FP methods, the present study revealed that the majority of wives had incomplete

correct knowledge about definition and purpose of using FP, this result was in congruent with (Sandhiya et al, 2017) found that the majority of wives had incorrect knowledge the family methods.

The current study showed that around three quarters had incorrect knowledge about FP mechanism of action of natural methods and one third had correct knowledge about indication of natural FP methods, these findings were similar to (Jahan et al, 2017) and (Mustafa et al, 2015) who found that one quarter of wives had correct knowledge about mechanism of natural methods, they were consider breast feeding as a natural way to avoid pregnancy, while this result was disagreement with (Handady et al, 2015) found that nearly to half of wives had correct knowledge of natural methods.

Also the present study revealed that, near one third of wives had correct knowledge about barriers methods, this result was in the same line with (Cammock et al, 2018) who reported that one third of wives had correct knowledge of barrier methods, and disagreement with (Sushmita and Kshitij, 2016) who showed that near three quarters of wives had correct knowledge about barrier methods. This may be related to educational level.

The current study showed that majority of wives had incomplete correct knowledge types of hormonal methods, this result was agree with (Jahan et al, 2017) who found that three quarters of wives knowledge of hormonal methods

and these result in congruent with (Ramaiah et al, 2017) found that one quarter of wives knowledge of hormonal methods. In addition the present study revealed that one quarter of wives had correct aware of permanent methods, near one quarter of wives aware of permanent methods, and these result disagreement with (Jahan et al, 2017) found that more one third of wives aware of permanent methods. This may be related to their source of knowledge.

Also the present study revealed that, the majority of husbands had incomplete correct knowledge definition of FP and purpose of using it this may be related to educational level and the nature rural male not think & not give more attention to FP but occupied his mind by working and having money.

Concerning to the source of knowledge about FP the present study found that around three quarters of couples had knowledge from television; relative mother was most common with wives and brother with husband. In addition to health unit play main role in providing knowledge about FP, these result were agree with (Upadhyay et al, 2017) reported that health unit is main place to source of information about FP as the majority of couples were satisfied with the role of lady health worker (LHW) as they provide information and services with concerns over the IUCD procedure performed by them.

While disagreement with (Mosovela et al, 2016) who found that radio is the main source of knowledge about FP, the majority of men mentioned that their wives are the main source of

FP information indicating that could be relied upon as an effective channel for passing FP message to men.

In relation to utilization of FP methods among studied couples the current study reported that more than half of wives uses IUD this result may be due to they fear from hormonal methods and not suitable for them as complain to use as the same time, but near two third of husbands had using natural methods this result was in the same line (**Mustafa et al, 2015**) which found that the majority of men were not using any FP methods mainly because they wanted more children, had negative perception about FP for women , or had concerns about side effects and due to lack of access to information and services .

Concerning to the obstacles that prevent using of FP among studied wives, the current study found that the desire to have a child was most common factor for not using FP, these result in the same line with (**Jahan et al, 2017**) found that desire to have a child is most reason prevent women to practice FP methods, these result disagreement with (**Ramaiah et al, 2017**) found that lack of awareness was main factor for not using FP methods.

Conclusion

The study concluded that wives had more knowledge about FP more than their husbands; more couples have information from television. More wives used IUD and more husbands used natural methods. Main reasons for prefer to use FPM is more comfortable, long duration of work, in other side reasons rejection of using family planning

methods are irregular bleeding, difficult to maintain and control.

VI. Recommendation

Based on the present study findings, the following were recommended:

- Increase awareness of married couples about FP especially husbands.
- Stress on improving couples knowledge and solve obstacles that prevent using of FP.
- Further study: Implementing education session about improvement utilization family planning methods.
- **Acknowledgement**
 - The researchers would like to thank all participants for their cooperation during the study.

Conflict of Interests

The authors state that there is no conflict of interests regarding this study.

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