

Utilization of Contraceptive Methods Among Women Living in Rural Areas of Tanta city

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Abstract

Family planning not only means birth control but also it involves all the woman decisions regarding her reproductive health, including birth control, planning a pregnancy, child spacing and protection from sexually transmitted diseases. The **aim** of this study is to determine the utilization of contraceptive methods among women living in rural areas belonging to Tanta city. The study was **carried out** in four rural health care units Kharseet and Kafer-Essam health care units at Tanta first sector as well as Seberbay and Shebsheer El-Hesa health units at Tanta second sector. **The subjects** of the study consisted of 600 women attending the above mentioned health care units. A structured interview sheet which consists of three parts was used in data collection. **The first part**, concerning the women socio-demographic data, **part two** (Menstrual and obstetrical history) and **part three** (women utilization of contraceptive methods). The main **results** of this study revealed that the most common reasons for using contraceptive methods were easy to use and had minimal side effects, the majority of studied women ever and currently have used IUD's, pills, male condom, and followed by injectable methods of family planning. The characteristics of studied participants played a major role in using contraceptive methods (IUD's); women's level of education, duration of marriage and numbers of children were highly significant with using of IUD's. The present study concluded that the Egyptian women in rural society prefer using IUD's as contraceptive methods than the other methods. Based on the results of this study an educational program about the different types of contraceptive methods should be designed in rural areas for all women during their reproductive age.

Keywords: Utilization, contraceptive methods, rural areas

Introduction

Family planning (FP) is achieved through using of contraceptive methods (CM). A contraceptive method means intentional prevention of ovulation, fertilization of an ovum or implantation of a fertilized ovum in the uterine wall through the use of various drugs, devices, sexual practices or surgical procedures. It allows individuals and couples to anticipate and attain their desired number of children, spacing and timing their births^(1,2).

The benefits of family planning include preventing pregnancy-related health risks among women, reducing infant mortality, helping to prevent sexually transmitted diseases including HIV/AIDS and adolescent pregnancies, empowering women and enhancing education, slowing population growth, improved quality of life and economic security^(1,3).

India was the first country to start family planning program long back in 1952⁽⁴⁾. Utilization of contraceptive methods has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. In Africa, it has increased from 23% to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67%. More than

225 million women worldwide want to avoid pregnancy but are not using modern method of contraception^(1,5). Unmet need for contraception can lead to unintended pregnancies, i.e. either unwanted or mistimed, which poses risks for women, their families and society^(6,7).

Egypt is the most populous country in the Middle East and the third most populous country in Africa. The unmet need for family planning is 12.6%. The EDHS indicated that around 59% of married women in Egypt are using contraception⁽⁸⁾.

Optimal birth spacing is often presumed to be achieved through the practice of family planning and use of contraceptives⁽⁹⁾. In an ideal world, every woman would find a contraceptive method suited to her age, marital status, and her plan for future fertility. Consequently, she would use the adopted method until she is no longer exposed to risks of an unintended pregnancy, or until changing life circumstances lead her to choose a different method^(10,11). Use of contraceptive methods has been shown to reduce unwanted pregnancy, high fertility and maternal mortality rates⁽¹²⁾.

According to the study of unmet need for family planning in Dar -Assalam, Sudan 2001 founded that in the less-developed countries, about one-fourth of pregnancies

are unintended⁽¹³⁾. Also previous research conducted by the international Public Health Forum, 2014 in Egypt to determine the barriers of FP service use has highlighted the importance of looking beyond physical access to examining barriers that arise from psychosocial, administrative, cognitive and cultural factors as well as physical barriers and barriers related to the method itself⁽¹⁴⁾.

Methods of family planning include the temporary (natural, mechanical, chemical, and hormonal methods), and permanent (female and male sterilization) methods of contraception, and also the folk methods of family planning^(3, 15). Decisions about contraception should be made voluntarily, with full knowledge of advantages, disadvantages, effectiveness, side effects and contraindications. Many outside factors influence this choice, including cultural practices, religious beliefs, attitudes and personal preferences, cost, effectiveness, misinformation, practicality of the method and self esteem⁽¹⁶⁾. Barriers to family planning include cognitive, cultural, demographic, administrative, physical, lack of awareness, gender of health care provider, method itself, decision and empowerment⁽¹³⁾.

People's decisions to adopt a contraceptive method are based on whether they want another child, decisions also are deeply

influenced by whether family, friends, and the larger community oppose or support family planning. The psychosocial barriers limit the decision making abilities of women, who were dominated by the men and older women (especially mothers-in-law) in the family. The more dominant the position of male in the society, the higher the probability that the decision on the timing and number of children the couple will have remain the decision of the male (husband). The degrees of communication between couples, a couple's educational level and whether they are resident in urban or rural are significant variables in a couple's decision about family size^(17, 18).

The maternity nurse plays an important role in helping a woman to choose a method of contraception, learning how to use the chosen method effectively, reviewing any possible side effects and warning signs related to the chosen method and counsels the woman about the action which should be taken if she suspects failure or pregnancy⁽¹⁶⁾. So this study is conducted to determine the utilization of contraceptive methods among women living in rural areas of Tanta city.

AIM OF THE STUDY

The aim of this study is to determine the utilization of contraceptive methods

among women living in rural areas of Tanta city.

Research questions:

1-What are the types of contraceptive methods used by women living in rural areas of Tanta City?

2-What are the factors affecting the utilization of contraceptive methods?

Subjects and methods

Study design:

A descriptive research design was used to conduct this study.

Setting:

The study was **carried out** in four rural health care units, Kharseet and Kafer-Essam health care units at Tanta first sector as well as Seberbay and shebsheer El-Hesa health units at Tanta second sector.

Subjects: The study included a convenient sample of women who attended the above mentioned health care units during the period from 14/6/2015 to 14/1/2016. These centers were approached three days/week; the total number of women interviewed by the researchers is 700 women. Of those 70 women were contacted for the pilot study and 30 women refused to participate in this study or incompatible to the study criteria. The rest (600 women) was eligible for being recruited in the study sample according to the following criteria:

Married and fertile women

15-50 years of age

Free from medical problems

Free from the major surgical operations

Willing to participate in this study

Tools of data collection: - A structured interview sheet was designed to collect the required data regarding the study elements. It included the following parts:-

Part one:

Socio-demographic characteristics of the women such as age, education, job, husband's education and his job, number of children, age at marriage and the marital duration.

Part two:

Menstrual and obstetrical history includes questions related to:-

a- Menstrual history such as: (age of menarche, duration of menstrual period, frequency and rhythm of menstrual cycle).

b- Obstetrical history such as (gravidity, parity, mode of delivery, number of still birth and abortion).

Part three:

- questions related to **contraceptive methods utilized by the women** such as: (the previous contraceptive methods used by the women and factors affecting their utilization, Current contraceptive methods and the factors affecting their current utilization and the source of women

knowledge regarding contraceptive methods).

Method

- Official letter clarifying the purpose of the study was obtained from the Faculty of Nursing and was submitted to the responsible authorities of the selected setting for permission to carry out the study.
- Tool was developed after reviewing recent literature; it was tested for content and construct validity by three experts in the field of obstetrics and gynecological nursing.
- The suitable statistical test analysis was used for testing the reliability of the developed tool.
- Ethical consideration: all participants were informed about the purpose of the study, confidentiality of information; right to withdraw from the study at any time. Consent from participants was taken orally.
- Pilot study was done on 10% of the sample from the previously mentioned setting to test the clarity, feasibility and applicability of the tool. It was re-modified and made ready for use. The data obtained was excluded from the study
- The present study was conducted in twenty eight weeks; seven weeks in each health center, three days/week, and seven

to eight women were interviewed daily, so the total number of women from each center was 150 women who were accepted to participate in the study.

- The structured interview questionnaire was conducted individually for each woman to collect the required data.
- The collected data was organized, coded, analyzed and tabulated to determine the factors affecting the utilization of contraceptive methods among women living in rural areas of Tanta City.

Statistical analysis: Data was collected, coded and organized into tables, and then analyzed using the statistical package for social science (SPSS). Descriptive measures, including frequency, percentage, arithmetic mean and standard deviation were presented. ANOVA test were used for statistical correlation. P value was statistically significant at level 0.05%. Ranking of obstacles was also done.

Result :

Table (1): Presents the distribution of the studied participants according to their socio-demographic characteristics. Women's age ranged between 15 to 50 years old, nearly two thirds of them (66.2%) aged 25-34, more than two fifth of had secondary education and the majority of them were housewives (71.2%). Meanwhile, nearly half (49%) of their

husbands had university education and the majority of them were professional, 60% of them were married at the age of 21-25 years old, with a duration of marriage between 1-5 years (46.2%), and more than one third of them (35.8) had two children.

Table (2): Concerning women menstrual history more than half (54.8%) of the participants had their menarche started between 9 to 14 years old and the majority of them had normal menstrual characteristics in relation to its duration, frequency, and regular rhythm. The table also shows that more than one quarter of participants had gravida two & one parity. Moreover, more than three quarters (77.3%) of them had no history of abortion and 63.2% of them delivered by cesarean section.

Table (3): The majority of women had previous history of utilization of contraceptive methods (83.3%) and almost three quarters (74%) currently use contraceptive methods. As regard the reason for using the previous contraceptive method, more than half (59.5%) of them said that it was easy to use, on the other hand more than one quarter (29.8%) of them said that it led to minimal side effects, The inconveniency of previous family planning method was the main reason for changing it among more than three quarters (78.7) of the participants. As regard the barriers of using currently

contraceptive methods; the table shows that nearly tenth (8.8%) of studied women explained that the main reason was their husbands refusal. Two fifth of them (40.3%) said that their duration of using contraceptive methods were less than 6 month. In relation to reasons for using contraceptive methods, the table also detected that 54.5% of the studied women said that it was easy to use.

Table (4): Shows the distribution of the studied participants in relation to the main source of information about contraceptive methods. It shows that more than half (54.2%) of studied participants gained their knowledge from physician, and 18.2%, 15.8% respectively gained their knowledge from neighbors and hospital staff.

Table (5): Presents distribution of the studied participants in relation to previous and current contraceptive methods. It was observed three fifths (60 %) of them using IUD's as a previous method of contraception and nearly three quarter of them using IUD's as a current method of contraception. This table also shows that 13.2% & 10.8% respectively of the studied women were used pills as a previous and current method of contraception, the table also shows that 11.0% & 3.3% of them used male condom as previous and current method of contraception, followed by 5.2

% & 4.5% were used injectable methods as previous and current method of contraception.

Table (6): Shows distribution of studied participants regarding factors affecting choice of intra uterine devices for contraception. It was revealed that no significant difference between who use and who don't use IUD's according to age ($P= 0.443$). In relation to educational level, it was revealed that nearly two third (62.5) of studies participants have university education using IUD's with significant difference between them ($P= 0.001$). According to duration of marriage in years, the same table also detected that more than two third (67.9) who use IUD's their duration of marriage was 6-10 years with significant differences between them and who don't use IUD's. Also, there was significant difference between the number of children and using IUD's, about two third (61.9%) of studied participants have two children using IUD'S ($P= 0.001$).

Table (1): Socio-demographic characteristics of studied participants

Variables	Number (n=600)	%
Age in year:		
15-24	175	29.2
25-34	397	66.2
35+	28	4.6
Educational level:		
Illiterate	22	3.7
Elementary	25	4.2
Preparatory	15	2.5
Secondary	267	44.5
University	256	42.7
Others	15	2.5
Occupation:		
Housewife	427	71.2
Non professional	126	21.0
Professional	35	5.8
Others	12	2.0
Husband education:		
Illiterate	29	4.8
Elementary	22	3.7
Preparatory	14	2.3
Secondary	223	37.2
University	294	49.0
Others	18	3.0
Husband's occupation:		
Non professional	103	17.2
Professional	479	79.8
Others	18	3.0
Age at marriage:		
15-20	220	36.7
21-25	362	60.3
26-30	18	3.0
Duration of marriage:		
1-5	277	46.2
6-10	184	30.7
11-15	54	9.0
16-20	31	5.2
>20	54	9.0
Number of children:		
1	165	27.5
2	215	35.8
3	195	32.5
>3	25	4.2

Table (2): Distribution of women according to their menstrual & obstetrical history

Variables	(n=600) N0	%
Age at menarche:		
9-14	329	54.8
15-19	257	42.8
20+	14	2.3
Duration of menstrual period "days"		
3-5	490	81.7
6-8	110	18.3
Frequency of menstrual cycle in "days"		
15	11	1.8

28	505	84.2
30	45	7.5
>30	39	6.5
Rhythm of menstrual cycle:		
Regular	526	87.7
Irregular	74	12.3
Gravidity:		
0	83	13.8
1	153	25.5
2	184	30.7
3	124	20.7
>3	56	9.3
Parity:		
0	92	15.3
1	171	28.5
2	163	27.2
3	153	25.5
>3	21	3.5
History of abortion:		
0	464	77.3
1	84	14.0
2+	52	8.7
Mode of previous delivery:		
Spontaneous vaginal	123	20.5
Assisted vaginal	98	16.3
Caesarean	379	63.2

Table (3): Distribution of studied participants according to their utilization of contraceptive methods

Variables	Number (n=600)	%
Ever used family planning methods	500	83.3
Reason for using the previous family planning method:		
Don't know	32	5.3
Minimal side effects	179	29.8
Affordability	9	1.5
Convenient	23	3.8
Easy to use	357	59.5
Reasons for changing a family planning method		
Inconvenient	472	78.7
Side effects	48	8.0
Failure of method	59	9.8
Difficult to use	18	3.0
Costly	3	0.5
Currently using family planning methods	444	74.0

Barriers for using family planning methods:		
Old age	42	6.0
Cultural constraints	15	2.5
Religious believes	3	0.5
Husband refusal	53	8.8
Not aware	21	3.5
Past experience of failure of a method or side effects	2	0.3
Don't have time	9	1.5
Want to get pregnant	11	1.8
Duration of using family planning methods:		
<6 months	242	40.3
6-11 months	80	13.3
1-2 years	230	38.3
>2 years	48	8.0
Reasons for using current family planning method:		
Minimal side effects	243	40.5
Affordability	12	2.0
Convenient	18	3.0
Easy to use	327	54.5

Total is not exclusive

Table (4): Distribution of studied participants in relation to the main source of information about contraceptive methods

Source of information	Number (n=600)	%
Physicians	325	54.2
Mass media	34	5.7
Friends and relatives	8	1.3
Books and magazines	11	1.8
Teachers	9	1.5
Neighbors	109	18.2
Hospital staff	95	15.8
Others	9	1.5

total is exclusive

Table (5): Distribution of studied participants in relation to previous and current contraceptive methods used.

Contraceptive methods	Previous method		Current method	
	N	%	N	%
	500		444	
Periodic abstinence	3	0.6	0	0.0
Withdrawal	0	0.0	0	0.0
Lactation amenorrhea	0	0.0	0	0.0
Male condom	55	11.0	15	3.4

Female condom	10	2.0	6	1.4
Diaphragm or cervical cap	37	7.4	15	3.4
IUDs	300	60.0	328	73.8
Pills	66	13.2	48	10.8
Injection	26	5.2	20	4.5
Implants	0	0.0	9	2.0
Surgical methods	0	0.0	0	0.0
Traditional methods	3	0.6	3	0.7

Table (6): Distribution of studied participants regarding factors affecting the using of intra uterine devices for contraception

Variables	Not using IUD's N 270		Using IUD's N 330		X ²	P
	N	%	n	%		
Age in years:						
<25	83	47.4	92	52.6	0.589	0.443
≥25	187	44.0	238	56.0		
Educational level:						
Less than university	129	37.5	115	44.9	18.324	0.001*
University	141	55.1	215	62.5		
Duration of marriage in years:						
1-5	154	55.6	123	44.4	25.899	0.001*
6-10	59	32.1	125	67.9		
>10	57	41.0	82	59.0		
Number of children:						
1	96	58.2	69	41.8	16.572	0.001*
2	82	38.1	133	61.9		
≥3	92	41.8	128	58.2		

*Significant

Discussion

Many developing countries are characterized by rapid population growth that is partly attributed to high fertility rate, high birth rates accompanied by high declining mortality rate, low contraceptive prevalence rate⁽¹⁹⁾. It is estimated that globally 222 million women in developing countries would like to delay or stop childbearing but do not use any method of contraception. The main reasons for this disparity include limited choice of methods, limited access to contraception, fear or experience of side effects, cultural or religious opposition, poor quality of available services, and gender-based barriers⁽²⁰⁾. Promotion of contraception and ensuring access to contraceptive methods for women and couples is essential to securing the well-being and autonomy of women and development of communities⁽²¹⁾.

This study was conducted to determine the utilization of contraceptive methods among women living in rural areas of Tanta city. This study revealed that the highest incidence of studied participants ever and currently have used contraceptive methods. This result was supported by Bader et.al. (2013) who reported that more than eight in ten women are currently using a contraceptive methods (82.9%).

While Elzanaty & Way (2009) found 60% of married women in Egypt are using contraceptive methods^(22, 23). From the researcher point of view, this increase in using contraceptive methods in the present study may be due to low socioeconomic stander and increase awareness of women regarding the benefits of small families.

Concerning to the barriers of using contraceptive methods the present study found that husband's refusal was the most common barriers for using contraceptive methods. This result agrees with Olugbenga-Bello A et al.,(2011) who found that the main reason for non- using contraception was husbands' disapproval of using contraceptive methods⁽²⁴⁾. On the other hand this result contradicted with Bader et.al. (2013) and Arbab et al., (2008) who reported that the desire to have more children was the most common cause of not using a contraceptive methods^(22,25). Also another studies done by El-Reffay 2004, Okluna et al., (2006), and Elshishiny R., et al., (2015) found that the desire to become pregnant was the most common reason of not using a contraceptive methods^(26,27,28).

As regard the main source of information about contraceptive methods, the present study denoted that more than half of the studied participants their source of

information was physicians and more than tenth of them from neighbors and hospital staff respectively. This result in line with El Shishiny R., et al. (2015) who reported that 58% of the individuals gained knowledge of contraception from primary healthcare facilities (family planning clinic and family health unit) ⁽²⁸⁾. Also, this result is compatible with Olugbenga Bello A et al., (2011) who noticed that the majority of the women source of information was mainly from health personnel ⁽²⁴⁾.

In relation to previous and current contraceptive methods used by studied participants, the result of the present study stated that IUD's was the most previous and current contraceptive methods used by studied participants followed by pills, male condom then injection. From the researcher point of view, these results are due to the encouragement of the Egyptian state policy for using these methods of contraception plus it was accepted and preferable among Egyptian women. This result conform with Badr et al.,(2013) who reported that the IUD's was the most widely methods used by the studied women representing about two thirds, followed by pills which represent more than half of them, then injection which represents more than one third, and nearly one quarter used male condom, also the

present result contrast with El-Zanaty & Way (2009) who found that IUD's was the most widely accepted method of studied women in their lives, they also reported that thirty-seven percent of women have ever used the pills, while about one fifth have ever used injection ^(22,23).

Regarding the reason for using of the previous and current contraceptive methods. The present study detected that the main reason set for using contraceptive methods was that it was easy to use and had minimal side effects, this result contradict with Olugbenga et al., (2011) who stated that the main reason for using contraceptive methods was as a result for its affordability and availability ⁽²⁴⁾.

In relation to factors affecting the using of IUD's. The present study revealed that no significant differences between those who use and who don't use IUD's and their age. From the researcher point of view that the studied participants in the present study have close ages. This result conflicts with Osmani A et al., (2015) who showed that there was strong statistically significantly increase between contraceptive use and women's age. The low contraceptive use among women aged less than 20 years may be due to the fact that most of women in this age group are newly married and have interest in having

children. Considerable increase of contraceptive use from age of 25 to 44 years indicated that the majority of women reached their desired number of children and then chose to avoid pregnancy by using modern contraceptive methods⁽²¹⁾.

As expected, In relation to educational level, this study represents that there was a highly statistically significant relation between educational level and using IUD's. This result was expected because nearly two thirds of the studied women had university education which increases their chance for gaining information regarding contraceptive methods. This result agreed with Osmani et al., (2015) who found that the relationship between education and contraceptive use was strong. In general, current use of contraception progressively increased with increasing female education. This may be because educated women had better access to health facilities and information about contraception⁽²¹⁾. The contraceptive use increases gradually with household wealth status that has several possible explanations. For example, the wealth variable was an aggregate index of assets, with many having assets such cellphones, radios, televisions,

motorbikes, cars, or bicycles, all of which can contribute to other important factors such as access to information and transport^(29,30).

The present study shows that there is positively significant relation between number of children and the duration of marriage and the using of contraceptive methods. This result pointed that when women reach their wanted number of children within a reasonable time of marriage, they begin to use contraceptive methods to avoid pregnancy. This result is in agreement with Osmani A and et al (2015) who found that when the number of children increased, the number of women using contraception also relatively increased⁽²¹⁾.

Conclusion: The present study concluded that IUD's and pills were the most common types of contraception methods previously and currently used by the studied women. There was positively significant relation between using IUD's among studied women and the educational level, duration of marriage in years and the number of their children. On the other hand there was negative relation between using IUD's among studied women and the age of women.

Recommendations: Further studies were needed to assess the prevalence of contraception used by Egyptian women in

the other rural and urban areas. Educational programs should be provided to the women regarding the different types of male and female contraceptive methods.

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