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Assessing Client Satisfaction about Family Planning Methods, A Cross Sectional Study From two PHC centers, Al-Wihda Al-itihady & Al-Shaheeda Nada PHC centers, Sharq Al-Neel locality, Khartoum state, Sudan (April 2018- November 2019)

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- List of abbreviations:

PHC	Primary health care
IUCD	Intrauterine contraceptive device
STD	Sexually transmitted disease
PAC	Post abortion care
FP	Family planning
IUD	Intrauterine device
HIV	Human immunodeficiency virus
AIDS	Acquired immunodeficiency syndrome

DEDICATION

To our Mothers,

To women,

To fathers, sisters and brothers,

To our teachers especially our supervisor,

To the noble souls of December's revolution martyrs,

Most of all To Maternal unit of PHC centers.

ACKNOWLEDGEMENT

Thank you Allah for seeing us through to this point, for giving us the zeal, courage, strength, ability and determination to bring this research to light.

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Our special gratitude to the staff, members and clients of AL- Wihda Al-itihady and AL- shaheeda Nada PHC canters, and Mr: Ahmed Al-tayeb Ahmed Al-Mustafa for helping us with the statistical analysis.

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ABSTRACT

- **Background:**

Assessment of the Family planning (FP) client satisfaction for service conduction in healthcare facilities is receiving growing acceptance as a contrivance for monitoring and evaluation in developing countries for primary health care program. Good quality of family planning service helps individuals and couples to meet their reproductive health needs in a safe and effective way. So, it can help in increasing family planning users as a result, controlling morbidity, mortality rate and unplanned population growth.(1)

- **OBJECTIVES:**

1. To assess the level of satisfaction of family planning methods among women attending PHC.
2. To assess the knowledge about family planning.
3. To assess the practice of family planning methods.

- **METHODS AND MATERIALS:**

An Observational, descriptive cross-sectional studies by total coverage of(300) women of reproductive age in Al-wihda Al-itihady and Al-shaheeda Nada PHC centers, using structured administered questionnaire to obtain data from Respondents.

- **RESULTS:**

According, to the data collected from 1st February 2019 to 1st October 2019 from Al-shaheeda Nada PHC centers and Al-wihda Al-itihady PHC center respectively, 41.9% and 62.1% are very satisfied with family planning services, 24.2% and 12.1% are moderately satisfied with the services because they experienced side effects, 19.4% and 17.2% are mildly satisfied with the services due to side effects. ,clients who are not satisfied with family planning services are 14.5% and 8.6% respectively.

Knowledge about family planning in Al-wihda Al-itihady PHC center was found to be 72% and practice was 50.9%,

while in Al-shaheeda Nada PHC center they were found to be 80% and 51.6% respectively.

- **CONCLUSION:**

We concluded that majority of clients having knowledge about family planning is high, but the practice of family planning is comparably low. Among respondents practising family planning, a higher percentage is found to be highly satisfied with the outcomes, fewer proportion of clients satisfaction about family planning is remarkably low, mostly due to side effects experienced. As a result, Lack of compliance to practise of family planning is due to side effects experienced.

ملخص الأطروحة :

• خلفية :

تقييم رضا العميل عن خدمة تنظيم الأسرة من أجل توصيل الخدمة في المرافق الصحية يستقبل قبولاً متزايداً كوسيلة ضبط و تقييم لبرنامج الرعاية الصحية الأولية في الدول النامية. (1)

• الأهداف :

1. تقييم رضا العميل عن خدمة تنظيم الأسرة في مركزين صحيين.
2. تقييم مستوى المعرفة بتنظيم الأسرة.
3. تقييم استخدام تنظيم الأسرة.

• المنهجية :

دراسة وصفية مقطعية شملت عدد 300 امرأة في سن الإنجاب في مركزي الوحدة الاتحادي و الشهيدة ندى للرعاية الصحية الأولية، و ذلك باستخدام استبيان منظم للحصول على بيانات من المستجيبين.

• النتائج :

وفقاً للبيانات التي تم جمعها منذ الأول من فبراير 2019 و حتى الأول من أكتوبر 2019 من مركزي الشهيدة ندى و الوحدة الاتحادي على التوالي؛ نجد أن 41.9% و 62.1% راضين تماماً عن نتائج تنظيم الأسرة، و 24.2% و 12.1% يشعرون بالرضا بصورة أقل و ذلك لتعرضهم أحياناً لبعض الآثار الجانبية، و 19.4% و 17.2% ليسوا راضين عن النتائج بسبب الآثار الجانبية، و 14.5% و 8.6% ليسوا راضين على الإطلاق.

كان مستوى المعرفة بتنظيم الأسرة بمركز الوحدة الاتحادي للرعاية الصحية الأولية بنسبة 72% و بلغت نسبة الاستخدام 50.9%، بينما في مركز الشهيدة ندى للرعاية الصحية الأولية كانا بنسبتي 80% و 51.6% على التوالي.

• الخلاصة :

لقد استنتجنا أن غالبية العملاء لديهم معرفة مرتفعة عن تنظيم الأسرة، ولكن بالمقارنة كانت نسبة الممارسة لتنظيم الأسرة منخفضة نسبياً. من بين المستجيبين الذين يمارسون تنظيم الأسرة تم العثور على نسبة عالية من الرضا عن نتائج تنظيم الأسرة و أيضاً نسبة منخفضة من رضا العملاء عن تنظيم الأسرة بشكل ملحوظ؛ و يرجع ذلك الى الآثار الجانبية التي مروا بها. و نتيجة لذلك فإن عدم الامتثال لممارسة تنظيم الأسرة يرجع الى الآثار الجانبية المجربة.

Chapter one
Introduction

1.1. Background:

Assessment of the Family planning (FP) client satisfaction for service conduction in healthcare facilities is receiving growing acceptance as a contrivance for monitoring and evaluation in developing countries for primary health care program. Good quality of family planning service helps individuals and couples to meet their reproductive health needs in a safe and effective way. So, it can help in increasing family planning users as a result, controlling morbidity, mortality rate and unplanned population growth.(1)

The service of family planning is unique in putting up the methods for couples to gap or limit their births as well as to stabilize world's population. According to evidence, the variation of client satisfaction is by region, health facility and service delivery point. Patients of private hospital were more satisfied than those at public hospitals of which their satisfaction was found to be associated with reasons for visiting and waiting time, while satisfaction in private facilities was associated with consultation duration and visit type.(1)

The World Health Organization definition is this: "Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and treatment of involuntary infertility. A women's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy."(2)

Contraception (birth control) can prevent pregnancy by intervening with the ovulation normal process, fertilization, and also with implantation. There are various types of contraceptives which act at different points in the process of contraception. Although there are many various kinds of birth control, they can be divided into a few groups based on their working form modality. These groups include: Hormonal methods: These use medication (hormones) for preventing ovulation. Hormonal methods include birth control pills (oral contraception), Depo Provera injection, and Norplant. Also there are the barrier methods which work by preventing the sperm from

getting to and fertilizing the egg. They include male condom, female condom, diaphragm and cervical cap. The condom is the only form of birth control which also protects against sexually transmitted disease, including human immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS). The Spermicides: which is medications that kill sperms in contact. Most spermicides contain nonoxonyl-9. Spermicides come in many different forms like jelly, foam, tablets, and even a transparent film. All are placed in the vagina. Spermicides work most effectively when they are used at the same time as a barrier method. There is also the intrauterine devices (IUDs): These devices are inserted into the uterus, where they remain from one to ten years. An IUD work by preventing the fertilized egg from implanting in the lining of the uterus and may have also other effects. Tubal ligation method: This is a medical permanent procedure of contraception for women. Each fallopian tube is either tied or burned closed. The sperm can't reach the egg, and also the egg can't travel to the uterus. Vasectomy: This medical procedure is the male form of sterilization and should be considered permanent. In vasectomy, the vas deferens, which are the tiny tubes that carry the sperm into the semen, are cut and tied off.(6)

Advantages of hormonal methods of birth control include their highly effectiveness and their effects reversibility. They do not rely on spontaneity and can be used in advance of sexual activity.(7)

Disadvantages of hormonal methods of birth control include: the necessity of taking medications continuously, their cost, also women must remember taking them regularly or use them exactly as prescribed, a doctor's visit and prescription are required, they do not protect against [STDs](#) or sexually transmitted diseases, Women should begin using hormonal contraceptives in advance before they become effective, and also For some women, hormonal preparations are linked with annoying side effects or increased health risks.(7)

1.2. Problem Statement:

Good satisfaction about family planning methods result in increased client's acceptance for the service, so the conduction of family planning services is affected positively by increasing the family planning users, thus increasing the control of morbidity, mortality and unplanned population growth.

1.3. Rationale:

We are assessing clients' opinion and level of satisfaction on the effectiveness of family planning methods in order to improve the quality of care and services provided by the primary health care centers, and also to know the utilization rate of family planning methods.

1.4. Variables:

Dependent	Independent
Women of reproductive age	Educational status
Knowledge about family planning methods	Marital status
Use of family planning methods	Religion
	Occupation
	Number of children

Chapter two
Literature Review

2.Literature review:

Large population and high density countries to their available resources suffer tremendously from fertility rates. High fertility rates are associated strongly with inadequate gapping between births, which in turn is associated with high maternal and infant mortality. A 600000 maternal deaths are estimated occurring each year worldwide, 99% of them in developing countries. The world Health Organization estimates that 13% are a result of unsafe abortion. Approximately, 50 million women worldwide resort to induced abortion each year, frequently results death and adverse health consequences.(3)

Contraceptive use has increased in many world's parts, especially in Asia and South America, but continues to be low in sub-Saharan Africa. Globally, modern contraception use has raised with a little increase from 54% in 1990 to 57.4% in 2015. Regionally the proportion of women aged 15-49 reporting modern contraceptive methods use has increased minimally or stabilized between 2008 and 2015. In Africa it changed from 23.6% to 28.5%, in Asia it has a very small increase from 60% to 61.8%, at the same time it has remained stable at 66.7% in both Latin America and the Caribbean.(4)

214 million women of reproductive age in developing countries are not using modern contraceptive methods when they want to avoid pregnancy. Reasons predisposed to this include: limited options of methods, limited choice access to contraception specially among young people, poorer sections of population, or unmarried people, side-effect experience fear, cultural and religious disapproval, weak quality of accessible services, users and providers bias and gender-based barriers.(4)

It is important that family planning is available widely and easily reachable through midwives and other trained health workers to all people who are sexually active, including adolescents. Family planning is solution to decelerate unmaintainable population growth and the resultant negative effects on the economy, environment, and national and regional developmental efforts, also it can prevent closely spaced and ill-timed pregnancies and

deliveries, which have a role to some of the world's highest infant mortality rates, Also a woman's ability to decide if and when to get pregnant has direct impact on her health and well-being.(4)

In our country Sudan, maternal and infant mortality and fertility indicators are one of the highest in the region. Estimation of maternal mortality is at 600 per 100,000 life deliveries and newborn mortality is at 70 per 1000 live births; also the fertility rate is estimated at 4.6 children per women. The total fertility rate of a country is related directly to contraceptive use prevalence. Family planning services were known in Sudan in 1965 by the foundation of Sudan Family Planning Association which allocates the service throughout the country (Federal Ministry of Health, Sudan, unpublished report, 1992). Availability and accessibility to service still differ greatly specially between towns and villages. While many Sudanese women have heard about family planning, research indicates remarkable unmet demands. Although nearly 20% of married women in Sudan were reported not wanting another baby, the use of contraceptive is still low. In Northern Sudan, the proportion of women practicing modern methods had a slight increase from 4% in 1977-1978 to 6% in 1992-1993. (3) In 2017 1.255.000 women were using modern methods of contraception, as a result of that contraception use there is 305.000 unintended pregnancies will be prevented, 140.000 unsafe abortions will be averted, and 1.000 maternal deaths will be averted.(5)

Many studies have been done on family planning Knowledge, practice and satisfaction. These studies included the awareness, depth of knowledge and practices of contraception.

In 1982, a data collected in a 1977 fertility survey conducted in Khartoum province of Sudan by Sudan family planning association on contraceptive knowledge and attitude was reviewed. The data was collected from an urban setting of 1474 wives and 264 husbands which was analysed by constructing percent distribution. 99% wives and 98% of husband were aware of family planning. The husbands had less knowledge about specific methods than the wives, but knew about birth control than the rural husbands. Despite

knowledge, the use of birth control was disapproved by many respondents. 29% of urban wives disapproved birth control, 56% approved birth control, 12% approved only under certain conditions and circumstances and about 3% had no opinion. Among the husbands, 47% disapproved, 30% approved of birth control, 22% accepted under certain circumstances and 1% had no idea. It was concluded that a fairly high percent/number had the knowledge but disapproved of practising birth control. (8)

In January 2010 in the Mbouda District of Cameroon a cross sectional study was conducted assessing the knowledge, attitude and practice of family planning among women in this area. (9)

96% of these women had already heard about family planning. Almost all the participants (89%) were aware at least of one contraceptive method, mostly they use the male condoms (96%), safe period (86.1%), injectable (76.2%), and oral pills (75.2%). 65.3% of the women were currently practicing at least one contraceptive method, the three most commonly used contraceptives were: the safe period method (50%), male condom (34.8%) and the injectables (12.1%). (9)

In 2014, a cross-sectional and facility based study was conducted in primary health center in Khartoum state for a duration of one year, January to December 2014. A total of 400 women of reproductive age were interviewed regarding their knowledge/awareness, attitude, and practices of contraception. The Result of this study showed that SD of age was 30.7 + 7.2 years, 87.0% of these women had the knowledge about family planning mostly heard from family and friends and media, 13.0% are not aware of family planning. 40.0% of these women [160 women] practiced family planning while 60% [240 women] do not practise family planning. According to types of family planning methods, 16.0% uses injections, 2.0% uses implants and 12.0% were inserted intrauterine contraceptive device [IUD]. It was concluded that majority of these women have the knowledge but had a low practice and tendency to practices of family planning. (10)

The government of Tanzania began to strengthen the quality of post abortion care (PAC) in 2015. Limited research has been conducted to understand clients' perceptions of public sector provision of PAC. According to that, between April and July 2016, they performed a mixed-method study using client surveys and in-depth interviews, both implemented immediately following PAC. Results were used to help guiding the government's initiative.(11)

The quality of PAC was evaluated in 25 public-sector facilities through a client survey of 412 women. Questions included satisfaction with client-staff interaction, counseling, provider qualification, post abortion family planning, accessibility of care, and the facility environment. A scale representing women's overall satisfaction with the quality of care was developed and validated basing on responses. A bivariate analysis to identify the levels of care associated with clients' ranking of individual and composite measures of the quality of care. Multivariate ordinal logistic models were used to assess the relative effect of multilevel factors on clients' overall satisfaction. The survey was coupled with qualitative analysis of in-depth interviews with 30 PAC clients.(11)

Clients reported moderately high level of satisfaction with the quality of PAC, with an overall mean score of 2.6 on a 4-point scale. Several areas for improvement were identified by the bivariate analysis, including family planning counseling and provision, especially at regional hospitals, pain management, and reduced use of sharp curettage. The factors most highly related with satisfaction were advanced parity, receiving care at lower-level facilities, short waiting time, and manual vacuum aspiration for treatment of incomplete abortion. Qualitative analysis clarified how client-provider interactions, pain, desire for counseling and information, especially on family planning, and crowded facility environments shape clients' perceptions of the care they received.(11)

Although clear areas for improvement in public-sector provision of PAC existed at all sides, ladies were less

likely to report satisfaction with care at referral facilities primarily due to inappropriate counseling, slowness in receiving PAC treatment after admission, and poor emphasis on post abortion fertility, family planning information, and contraceptive provision. Availability of a wide range of contraceptive methods and high-quality family planning counseling, especially at tertiary facilities should be ensured by PAC programs.(11)

In 2017, a facility based cross sectional study of knowledge, attitude, practice and satisfaction of family planning services was conducted from 1st march to 30th march 2017 in Bahir Dar city, Ethiopia, collecting information from 490 women using structured questionnaire. The mean age of participants was 27[5.2]years. 36% [177]women were within age group of 25-29yrs, 83.1%[407] were married. 77.8% [$\frac{3}{4}$] of them were urban residents. 117% of these women are unable to read and write. According to data collected, 66.2% practiced family out of 95% who knew family planning, 89% were satisfied with the choice of method availability, 88% are satisfied and very satisfied with cleanness of procedure and 87% were satisfied and very satisfied with service provider knowledge and skills.(12)

In the year 2017, a study was conducted in Abha city of Saudi Arabia about knowledge attitude and practice of contraception carried out among Saudi primary healthcare attendants from July to August. 314 women participated In the study with age ranging from 18-55 years. 70.4% of the participants were females and 56.1% of them were reported to be educated up to the university level. Among the participants, 80.6% had knowledge about family planning, 68.1% of these women were able to correctly define family planning. Hormonal pills were recognised by the participants with the percentage of 53.2% followed by IUD. It was deduced from the data that 51.8% of the women got the knowledge mostly from family members followed by internet reading at 37.5% and the from healthcare workers at 21.8%. 29.6% of the participants were using family planning methods currently, while 53.5% of them had used contraception in the past. Oral contraception was the most commonly used method followed by surgical methods and

natural methods at the percentage of 49.5%, 30.1% and 16.1% respectively.(13)

In resource limited settings that influence the uptake and continuation of family planning services using, the quality of care is highly compromised. However, there is lack of studies in Jimma Town public hospitals. Thus this study directed to estimate the quality of family planning services and associated factors in Jimma Town public hospitals, Southwest Ethiopia.(14)

A facility-based cross-sectional study design using both qualitative and quantitative methods was utilized from March 25 to April 25, 2018. A total of 278 female family planning users (15-49 years old) in Jimma Town public hospitals were included in the study. The sample was calculated using single population proportion formula and consecutive sampling methods was used. For analysis descriptive statistics and multiple logistic regressions were used.(14)

The average waiting time of the client before getting service and average consultation period were 23.5 and 12.5 minutes respectively, participants who were illiterate were 64% less likely to be satisfied than those who were finished primary and secondary or preparatory schooling (AOR=0.363: CI: 0.160, 0.822), and clients who were waited for less than half an hour at waiting area were 2.7 times more likely to be satisfied than those who waited for half an hour or more(AOR=2.769: CI: 1.300, 5.898).(14)

In this study, the clients' satisfaction about family planning service was low. Waiting time and received information on what to do in cases of problems and educational level of clients were significant predictors of client satisfaction.(14)

In 2019 , a cross sectional study of knowledge, attitude and practice of family planning was conducted using self-administered questionnaire, which was served to female multipurpose health workers of Anantnag district of and department of community medicine, government medical college Baramulla, Srinagar, Kashmir state of India.

According to data collected which was focused on Knowledge and attitude, All participants had knowledge of family planning, 78.8% heard from trainers. 90.4% of respondents gave correct response regarding types of family planning but knowledge and awareness was relatively low. 80.1% of respondents had a favourable attitude towards family planning. It was concluded that the knowledge and attitude towards family planning and utilization is favourably low among the health care workers.(15)

Chapter three
Objectives

3.1. General objective:

To assess client satisfaction about family planning, From two PHC centers Al-Wihda Al-itihady & Al-Shaheeda Nada PHC centers in Sharq Al-Neel locality.

3.2. Specific objectives:

1. To assess the level of satisfaction of family planning methods among women attending PHC.
2. To assess the knowledge about family planning.
3. To assess the practice of family planning methods.

Chapter four
Methods and materials

4.1 Study design:

This was observational, descriptive cross-sectional study in Al-Wihada Al-Itihady and Al-Shaheeda Nada PHC centers on women of reproductive age.

4.2 Study population:

The quality of the family planning services as well as client satisfaction with the services was assessed through responses acquired from 300 women of reproductive age, selected intentionally and visiting maternal unit through interviews pretested and reliable questionnaire after taking the written consent.

4.2.1. Inclusion criteria:

1. Women of reproductive age who visit the health centers and practice family planning.
2. Women who consent to participate.

4.3 Study area:

The study was carried out in two PHC units, Al-Wihda Al-Itihady and Al-Shaheeda Nada primary health care centers in Al-haj Yousif area, Sharq Al-Neel locality, Khartoum state, Sudan. Both centers contain the main six departments including the maternal unit which give the family planning services.

4.4 Sample design:

4.4.1 Sample size:

Total coverage of 300 women, 150 women from each center.

4.4.2 Sample technique:

Because the population size can't be determined, beside there is no available population list that can be used to select the samples. So according to the previous criteria the sampling technique that was used is total coverage.

4.5 Data management:

4.5.1 Data collection tools and techniques:

Structured administered questionnaire was used to obtain data from respondents(Annex 3); the questionnaire was translated into Arabic language for purpose of understanding and saving time(Annex 4). Oral consent was taken after introduction, explaining the purpose of the study and contents of the questionnaire.

4.5.2 Data analysis:

Data was analyzed using the analytical application SPSS(Statistical Package for Social Sciences) program, version 13.

4.6 Ethical consideration:

permission and approval was obtained from the ministry of health, the management of PHC centers of Sharq Al-Neel locality and also from the health managers of both PHC centers of our study.

Informed consent was taken verbally in order to save time(Annex 1,2).

Chapter five
Results

5. Results:

The data collected between 1st of February 2019 to 1st of September 2019, from women of reproductive age attending the PHC centers to measure their satisfaction about family planning, total of 300 women were included in the study, 150 women from each Al-Wihda Al-itihady PHC center and Al-Shaheeda Nada PHC center respectively.

5.1 Al-Wihda Al-itihady PHC center results:

Table 5.1.1 shows the distribution of study population according to age, (15-20)years 28(18.7%), (21-25)years 23(15.3%), (26-30)years 52(34.7%), (31-40)years 31(20.7%), (41-45)years 5(3.3%), (46-50)years 11(7.3%).

Table 5.1.2 shows the distribution of study population according to religion, Islam 146(97.3%), Christianity 4(2.7%), others 0(0%).

Table 5.1.3 shows the distribution of study population according to educational level, illiterate 17(11.3%), primary education 46(30.7%), secondary education 44(29.3%), college\university 43(28.7%), higher education 0(0%).

Table 5.1.4 Shows the distribution of study population according to marital status, married 125(83.3%), single 20(13.3%), divorced 5(3.3%), Widowed 0(0%).

Table 5.1.5 shows the distribution of study population according to parity, 33(22%), multipara 83(55%), grand multipara 34(22.7%).

Table 5.1.6 shows the distribution of study population according to occupational state, 16(10.7%), housewife 112(74.7%), employee 13(8.7%), others 9(6%).

Table 5.1.7 shows the distribution of study population according to knowledge of family planning methods, yes 108(72%), no 42(28%).

Table 5.1.8 shows the distribution of study population according to the source of information about family planning, doctor 34(31.5%), health worker 24(22.2%), friends 39(36.1%), others 11(10.2%).

Table 5.1.9 shows the distribution of study population according to knowledge about types family planning methods, natural 80(74.07%), condoms 74(68.5%),

intra dermal pads 80(74.7%), injections 82(75.2%), pills 101(93.5%), IUCD 6(5.5%).

Table 5.1.10 shows the distribution of study population according to the practice of family planning, yes 55(50.9%). no 53(49.1%).

Figure 5.1.1 shows the distribution of study population according to types of family planning methods practiced by study population, natural 9(11.69%), injections 11(14.29%), pills 47(61.04%), condoms 2(2.60%), intra dermal pads 5(6.49%), IUCD 3(3.90%).

Figure 5.1.2 shows the distribution of study population according to from where they get family planning, primary health center 26(44.8%), hospital 4(6.9%), private clinic 4(6.9%), pharmacy 24(41.4%), others 0(0%).

Table 5.1.11 shows the distribution of study population according to duration of using family planning, weeks 0(0%), months 28(48%), years 30(51.7%).

Table 5.1.12 shows the distribution of study population according to the satisfaction about family planning, very satisfied and want to continue practicing family planning 36(62.1%), moderately satisfied because sometimes experiences side effects 7(12.1%), not satisfied because always experiences side effects 10(17.2%), not satisfied 5(8.6%).

The p-value was estimated using Chi square test for independence for 2 samples, significance level was at level of 0.05. From the results of our study we found that there is a relationship between knowledge and education level with P-value of 0.005, and a P-value of 0.0001 for each relationship between knowledge and practice, practice and satisfaction, and practice and number of children.

Table 5.1.1: Distribution of study population according to age

Age	Frequency	Percent
15-20	28	18.7%
21-25	23	15.3%
26-30	52	34.7%
31-40	31	20.7%
41-45	5	3.3%
46-30	11	7.3%
Total	150	100%

Table 5.1.2: Distribution of study population according to religion

Religion	Frequency	Percent
Islam	146	97.3%
Christianity	4	2.7%
Other	0	0%
Total	150	100%

Table 5.1.3: Distribution of study population according to educational level

Education level	Frequency	Percent
Illiterate	17	11.3%
primary education	46	30.7%
secondary education	44	29.3%
college/university	43	28.7%
higher education	0	0%
Total	150	100%

Table 5.1.4: Distribution of study population according to marital status

marital status	Frequency	Percent
Married	125	83.3%
Single	20	13.3%
Divorced	5	3.3%
Widow	0	0%
Total	150	100%

Table 5.1.5: Distribution of study population according to parity

number of children	Frequency	Percent
0	33	22%
1-4	83	55.3%
more than 4	34	22.7%
Total	150	100%

Table 5.1.6 : Distribution of study population according to occupational state

Occupation	Frequency	Percent
Student	16	10.7%
Housewife	112	74.7%
Employee	13	8.7%
Other	9	6%
Total	150	100%

Table 5.1.7: Distribution of study population according to knowledge of family planning methods

Knowledge about family planning method	Frequency	Percent
Yes	108	72%
No	42	28%
Total	150	100%

Table 5.1.8: Distribution of study population according to the source of information about family planning

source of information	Frequency	Percent
Doctor	34	31.5%
health workers	24	22.2%
Friends	39	36.1%
Others	11	10.2%
Total	108	100%

Table 5.1.9: Distribution of study population according to knowledge about types family planning methods

what types of family planning methods do you know	Frequency	Percentage
Natural	80	74.07%
Condoms	74	68.52%
Intradermal pads	80	74.07
Injections	82	75.93%
Pills	101	93.51%
IUCD	6	5.55%

Table 5.1.10 : Distribution of study population according to the practice of family planning

do you practice family planning	Frequency	Percent
No	54	49.1%
Yes	58	50.9%
Total	108	100%

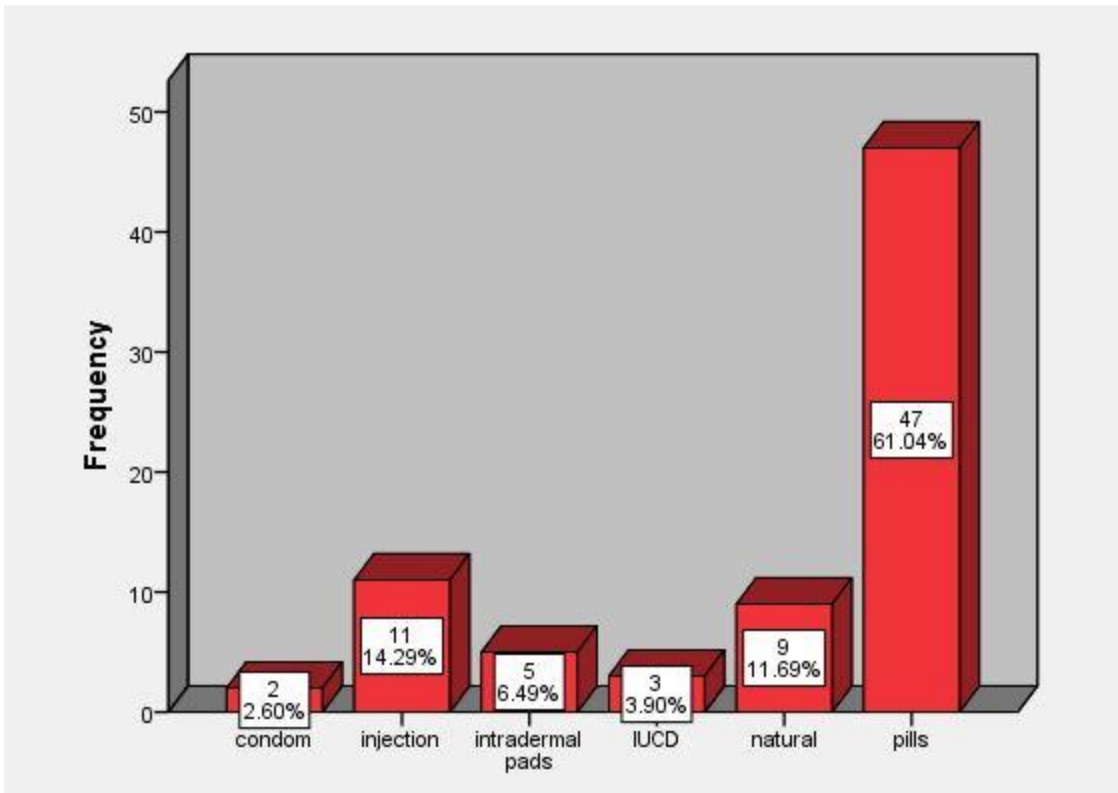


Figure 5.1.1: Distribution of study population according to types of family planning methods practiced by study population.

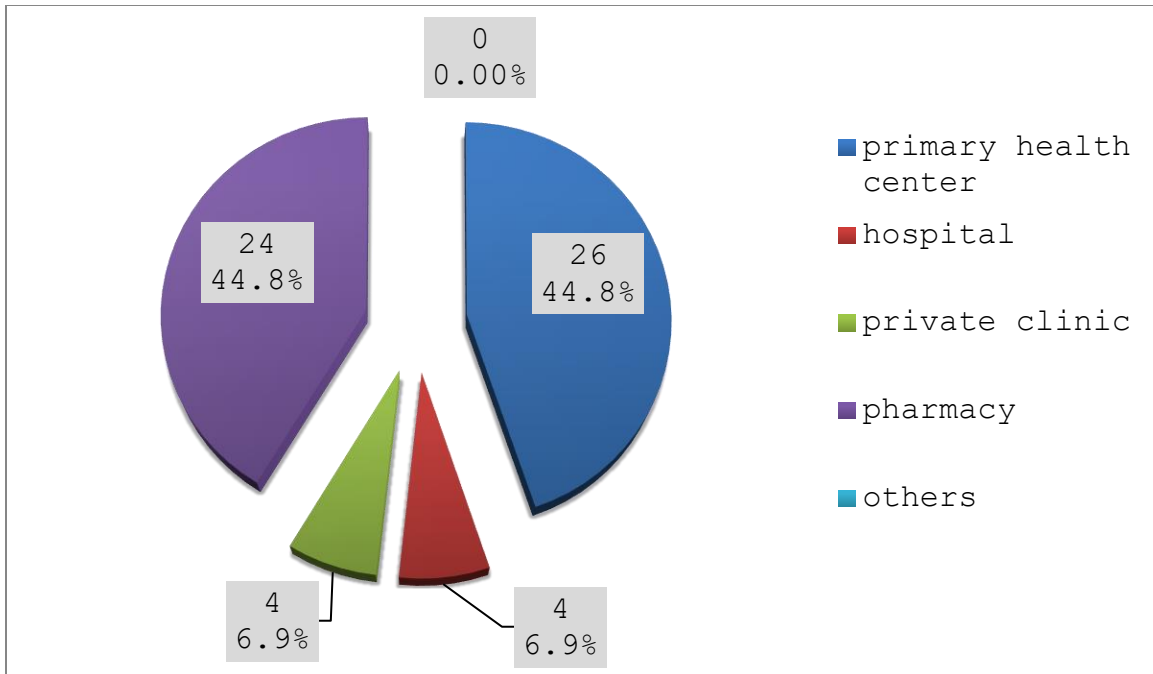


Figure 5.1.2: Distribution of study population according to from where they get family planning

Table 5.1.11: Distribution of study population according to duration of using family planning

Duration of practicing family planning	Frequency	Percent
Weeks	0	0%
Months	28	48.3%
Years	30	51.7%
Total	58	100%

Table 5.1.12: Distribution of study population according to the satisfaction about family planning

are you satisfied with the results so far	Frequency	Percent
yes I'm very satisfied and would continue this practice	36	62.1%
I'm moderately satisfied because i sometimes experience side effects	7	12.1%
no. i want to stop the practice because i always experience side effects	10	17.2%
no I'm not satisfied	5	8.6%
Total	58	100%

5.2 Al-shaheeda Nada PHC center results:

Table 5.2.1 shows the distribution of study population according to age, (15-20)years 29(19.3%), (21-25)years 20(13.3%), (26-30)years 31(20.7%), (31-40)years 38(25.3%), (41-45)years 15(10%), (46-50)years 17(11.3%).

Table 5.2.2 shows the distribution of study population according to religion, Islam 148(98.7%), Christianity 2(1.3%), others 0(0%).

Table 5.2.3 shows the distribution of study population according to educational level, illiterate 11(7.3%), primary education 38(25.3%), secondary education 47(31.3%), college\university 52(34.7%), higher education 2(1.3%).

Table 5.2.4 Shows the distribution of study population according to marital status, married 104(69.4%), single 32(21.3%), divorced 9(9%), Widowed 5(3.3%).

Table 5.2.5 shows the distribution of study population according to parity, nulliparous 47(31.3%), multipara 73(48.7%), grand multipara 30(20%).

Table 5.2.6 shows the distribution of study population according to occupational state, student 24(16%), housewife 95(63.4%), employee 19(12.7%), others 12(8%).

Table 5.2.7 shows the distribution of study population according to knowledge of family planning methods, yes 120(80%), no 30(20%).

Table 5.2.8 shows the distribution of study population according to the source of information about family planning, doctor 33(27.5%), health worker 16(13.3%), friends 47(39.1%), others 24(20%).

Table 5.2.9 shows the distribution of study population according to knowledge about types family planning methods, natural 107(98.16%), condoms 105(87.5%), intradermal pads 113(94.16%), injections 114(95%), pills 119(99.16%), IUCD 10(8.33%).

Table 5.2.10 shows the distribution of study population according to the practice of family planning, yes 62 (51.6%), no 58 (48.4%).

Figure 5.2.1 shows the distribution of study population according to types of family planning methods practiced by study population, natural 22 (22.68%), injection 12 (12.37%), pills 49 (50.52%), condoms 6 (6.19%), intradermal pads 5 (5.15%), IUCD 3 (3.09%).

Figure 5.2.2, shows the distribution of study population according to from where they get family planning, primary health center 20 (32.2%), hospital 6 (9.7%), private clinic 11 (17.7%), pharmacy 22 (35.6%), others 3 (4.8%).

Table 5.2.11 shows the distribution of study population according to duration of using family planning, weeks 1 (1.6%), months 16 (25.8%), years 45 (72.6%).

Table 5.2.12 shows the distribution of study population according to the satisfaction about family planning, very satisfied and want to continue practicing family planning 26 (41.9%), moderately satisfied because sometimes experiences side effects 12 (19.4%), not satisfied because always experiences side effects 15 (24.2%), not satisfied 9 (14.5%).

The p-value was estimated using Chi square test for independence for 2 samples, significance level was at level of 0.05. From the results of our study we found that there is a relationship between knowledge and education level with P-value of 0.002, and a P-value of 0.0001 for each relationship between knowledge and practice, practice and satisfaction, and practice and number of children.

Table 5.2.1: Distribution of study population according to age

Age	Frequency	Percent
15-20	29	19.3%
21-25	20	13.3%
26-30	31	20.7%
31-40	38	25.3%
41-45	15	10%
46-30	17	11.3%
Total	150	100%

Table 5.2.2: Distribution of study population according to religion

Religion	Frequency	Percent
Islam	148	98.7%
Christianity	2	1.3%
Other	0	0%
Total	150	100%

Table 5.2.3: Distribution of study population according to educational level

Education level	Frequency	Percent
illiterate	11	7.3%
primary education	38	25.3%
secondary education	47	31.3%
college/university	52	34.7%
higher education	2	1.3%
Total	150	100%

Table 5.2.4: Distribution of study population according to marital status

marital status	Frequency	Percent
married	104	69.4%
single	32	21.3%
divorced	9	6%
widow	5	3.3%
Total	150	100%

Table 5.2.5: Distribution of study population according to parity

number of children	Frequency	Percent
0	47	31.3%
1-4	73	48.7%
more than 4	30	20%
Total	150	100%

Table 5.2.6: Distribution of study population according to occupational state

Occupation	Frequency	Percent
student	24	16%
housewife	95	63.4%
Employee	19	12.7%
Other	12	8%
Total	150	100%

Table 5.2.7: Distribution of study population according to knowledge of family planning methods

knowledge about family planning method	Frequency	Percent
yes	120	80%
no	30	20%
Total	150	100%

Table 5.2.8: Distribution of study population according to the source of information about family planning

source of information	Frequency	Percent
Doctor	33	27.5%
health workers	16	13.3%
friends	47	39.1%
others	24	20%
Total	120	100%

Table 5.2.9 Distribution of study population according to knowledge about family planning methods

what types of family planning methods do you know	Frequency	Percentage
Natural	107	89.2%
condoms	105	87.5%
Intradermal pads	115	95.8%
injections	114	95%
pills	119	99.2%
IUCD	10	8.3%

Table 5.2.10 Distribution of study population according to the practice of family planning

do you practice family planning	Frequency	Percent
no	58	48.4%
yes	62	51.6%
Total	120	100%

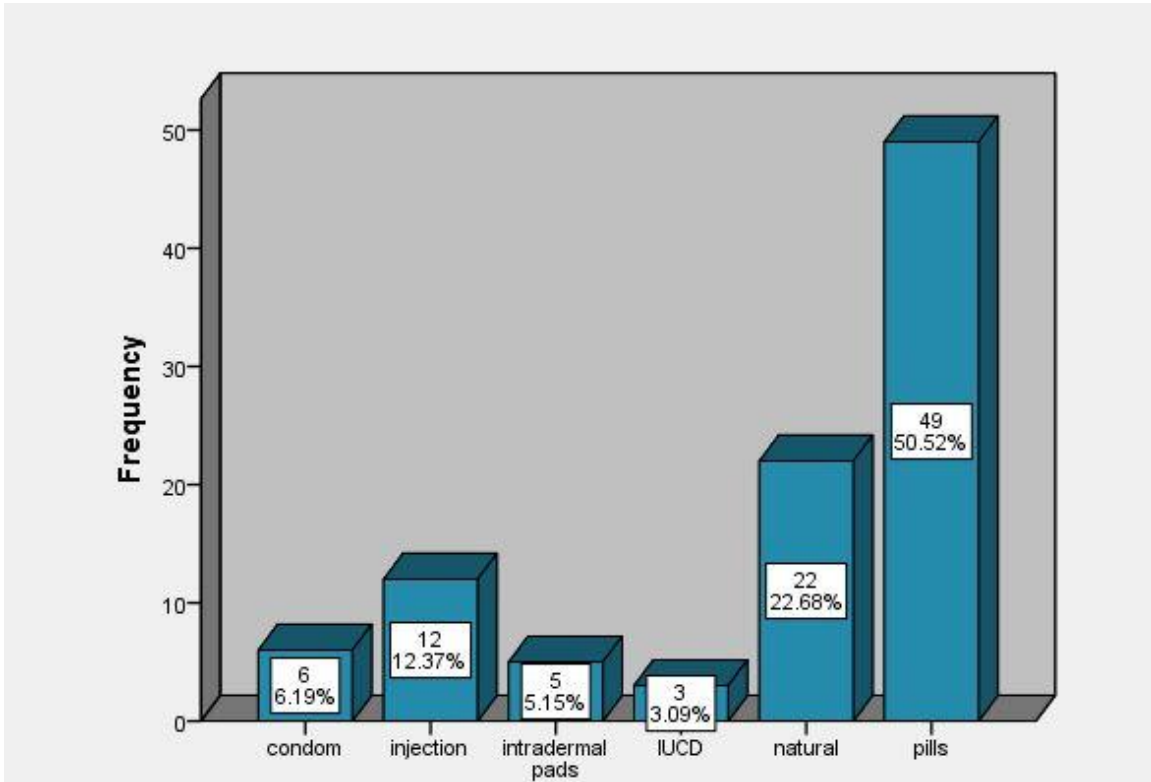


Figure 5.2.1 Distribution of study population according to types of family planning methods practiced by study population

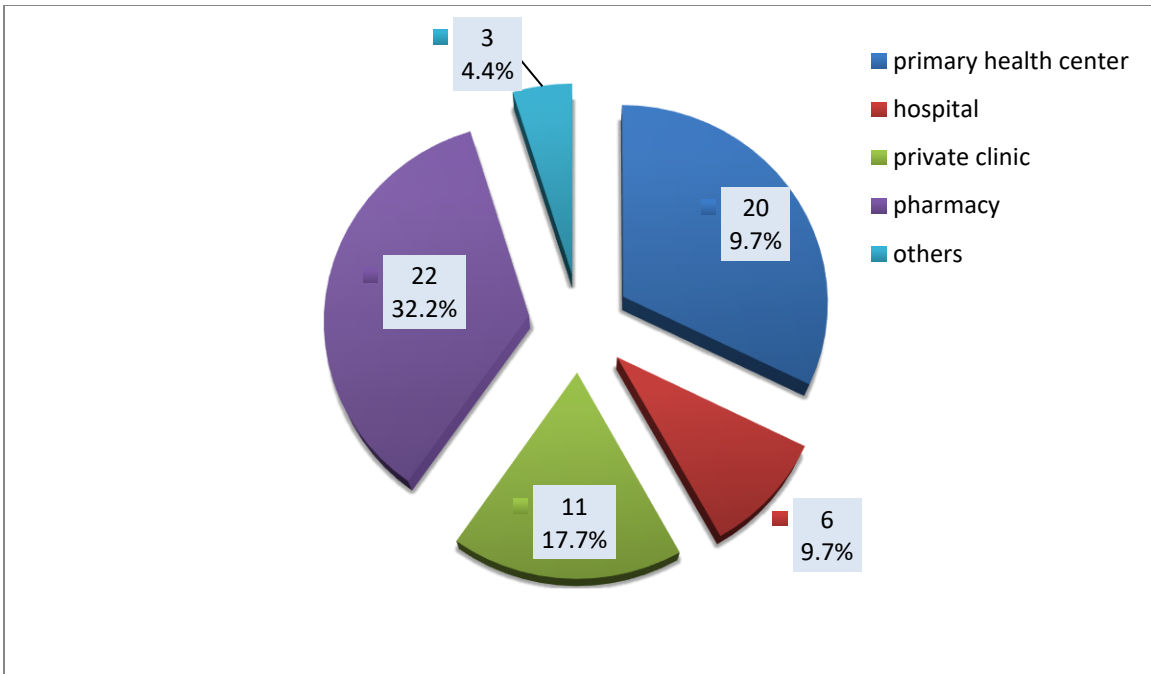


Figure 5.2.2 Distribution of study population according to from where they get family planning

Table 5.2.11: Distribution of study population according to duration of using family planning

for how long have you practicing this method	Frequency	Percent
Weeks	1	1.6%
months	16	25.8%
years	45	72.6%
Total	62	100%

Table 5.2.12 : Distribution of study population according to the satisfaction about family planning

are you satisfied for the results so far	Frequency	Percent
yes I'm very satisfied and would continue this practice	26	41.9
I'm moderately satisfied because i sometimes experience side effects	12	19.4%
no. i want to stop the practice because i always experience side effects	15	24.2%
no I'm not satisfied	9	14.5%
Total	62	100%

Chapter six

Discussion

6.1. Discussion:

Our study was conducted in two PHC centers (Al-Wihda Al-itihady and Al Shaheeda Nada primary healthcare centers),the data was collected between February and September 2019 with a total coverage of 300 women, 150 women participated in each of the centers.

In both centers, the study was executed among women of child bearing age between the ages of 15-50 years, and over a hundred of these women were found to be married housewives, while a very small percentage of them have jobs. It was established that majority of our respondents from both centers have knowledge about family planning practices which was acquired from friends as reported by them, the following are the types of family planning methods known to them in order of predominance as was recorded; pills, injections, intradermal patches, condoms, and IUD devices being the least of them in both health centers, and most of them that practice it use pills.

Less than half Of the study population retrieve the pills from the health center in Al Shaheeda Nada while almost half of the study population in Al-Wihda Al-itihady get their pills from the health center, the rest of the study population in both centers get the pills in pharmacies, hospitals and private clinics.

More than half of our participants reported to have been practicing family planning and are very satisfied with the outcome therefore wish to continue as reported, while a much lesser percentage were moderately satisfied because they experienced side effects while most who are not satisfied with the outcomes reported to always have side effects; for both PHC centers.

We therefore concluded based on our study data and analysis that the knowledge of family planning is relatively high at in both Al-Wihda Al-itihady and Al-Shaheeda Nada respectively which is similar to the cross sectional study conducted in Saudi PHC center at Abha city between August and July 2017 with the aim to help in

developing strategies that may enhance family planning in the area where most of the study participants knew about family planning, family friends were their most common source of information likewise in our study. The most commonly used method in the study in Abha city is contraceptive methods followed by surgical intrauterine device while in our study the most common methods are contraceptive pills followed by injections, none of our participants used surgical intrauterine device in both our study areas.

Based on our study the most dependent variable influencing the family planning methods practiced is the knowledge of family planning along side effects outcomes of results after use. Therefore from our study, the family planning method practiced among women depends directly on the knowledge of family planning and the method of family planning practiced among these women regardless of their educational level religion and age.

In the year 2010, a cross sectional study was conducted in Mbouda health district of Cameroun About the knowledge attitude and practice of family planning among women in the area.

It was gathered from the study that, 96 percent of these women had knowledge about family planning and almost all of the participants were aware of at least one contraceptive method. The majority of the population reported to be using condoms as a contraceptive method unlike in our study in which we deduced that majority of our study population use contraceptive pills and injections. According to study in Mbouda district, the main reasons precluding women in this area from practicing these methods are; lack of knowledge, uselessness and unbearable side effects, while in our study the main reason for women not practicing is just unbearable side effect in the majority. Though the knowledge of contraceptive use among the women in the study was quite satisfactory , the study researchers; R.N. Nansseu, E.C. Nchinda and E.G. Nguetsa, concluded that the concluded that the level of contraceptive use is

not optimal therefore more awareness will be given to women about family planning, which is similar to the conclusion of our own study.

6.2. Conclusion:

our study led to the conclusion that the level of knowledge was satisfactory as (72%) &(80%) of our participants know about family planning, and also about (50.9%) &(51.6%) practice it regardless of their level of education, though awareness and practice could be improved. A higher percentage of(62.1%) &(41.9%) of those practicing, reported to be very satisfied with the outcome of practice, and also experience no side effects.

However the rest of the participants who practice family planning about (12.1%) &(19.4%) have moderate satisfactory and about (17.2%) &(24.2%) have very low satisfactory remarks, and (8.6%) &(14.5%) are not satisfied at all , because of the side effects they experience. Therefore the main reason for lack of compliance is the side effects experienced with the utilization of pills contraceptive which is the most common contraceptive method used among the women in our study population from both centers of Al-Wihda Al-Itihady and Al-Shaheeda Nada respectively.

6.3. Recommendations:

Based on our study we recommend that:

1. The ministry of health should spread awareness about family planning methods through different media such as: radio, TV advertisement, and soap operas to convince the public to take up these policies.
2. The ministry of health should also supply the health centers with different types of family planning methods.
3. The primary health worker to counsel couples properly about the different methods and their benefits as well as possible side effects so pills wouldn't have to be the only option for those who are most likely to develop side effects. and the method that'll best suit the couple with regards to health conditions would be encouraged.

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Annex 1:

Informed Consent

We are the researchers: Amna Ibrahim Ahmed Alfaki, Annan Mohammed Osman Abd Allah, Fatima Saeed Mohammed Mussa , Fatima Zahra Yusuf and Sumayya Isah Lapai, from Nile college MBBS program, fourth year, doing a study about Assessing Client Satisfaction about Family Planning in Two PHC Centers in order to determine the quality of services provided in the family planning unit of the primary healthcare centers, assess the level of satisfaction of family planning methods among clients, obtain information about clients' opinion regarding family planning and measure the degree of effectiveness of family planning methods among women.

You have been chosen you and other participants whoever visiting the maternal unit as we are taking a total coverage in our sampling.

By your participation you and other participants we are expecting to get results that help us as researchers to complete our study.

In this study we are going to take some information that may be personal from you through filling a questionnaire. The only risk that is introduced to you as a participant is wasting about fifteen minute of your time.

As we are willing your participation in this research, we ensure you that all information taken from you will be confidential and it won't be disclosed except for us the researchers and the research ethics committee. Your name will not appear at any paper and it will be coded in numbers.

We also want to notice you that the participation in this research is voluntary and you are not going to be given any financial value according to your participation, and you have the right to refuse participating or quitting the research at any time you want without clarifying quitting's reasons only by signing a quitting order. This

will not prevent you from your right in receiving family planning services.

If you have any question or inquiry about the research, other participants included with you or your rights while performing the research you can call us on:

- +249910572790 (Amna Ibrahim Ahmed)
- +249928737416 (Fatima Zahra Yusuf)

Annex 2 :

موجهات إقرار موافقة الشخص الخاضع للبحث أو من ينوب عنه

نحن الباحثون : آمنة ابراهيم أحمد الفكي ، عنان محمد عثمان عبدالله ، فاطمة سعيد محمد موسى ، فاطمة زهراء يوسف وسمية عيسى لابي ، من كلية النيل برنامج الطب و الجراحة المستوى الرابع ، نقوم بدراسة عن تقييم رضى العميل عن تنظيم الأسرة في مركزي رعاية صحية أولية ؛ وذلك بغرض تحديد جودة الخدمات المقدمة في وحدة الأمومة في المركزين ، وقياس مستوى الرضى عن طرق تنظيم الأسرة بين العملاء ، والحصول على معلومات عن رأي العميل بالنسبة لتنظيم الأسرة وقياس درجة كفاءة طرق تنظيم الأسرة بين النساء .

لقد تم اختيارك أنت وعدد آخر من المشاركين الذين قاموا بزيارة وحدة الأمومة ؛ وذلك لأننا نستخدم التغطية الشاملة في أخذ العينات .

بمشاركتك معنا أنت وبقية المشاركين في الدراسة نتوقع الحصول على نتائج سوف تساعدنا كباحثين في اكمال هذه الدراسة

في هذه الدراسة سوف نقوم بجمع بعض المعلومات التي قد تكون شخصية بالنسبة لك من خلال ملئك لاستبيان. و سوف يترتب عليك من المخاطر كمشارك استهلاك خمسة عشر دقيقة من وقتك .

ونحن اذ نأمل مشاركتك معنا في هذا البحث ، نؤكد لك على سرية المعلومات و أنه لن يطلع عليها الا الباحثون المعنيون و لجنة أخلاقيات البحوث .

ونود ان نشير كذلك الى أن المشاركة في هذا البحث طوعية، مع التأكيد أنه لن يتم منحك أي قيمة نقدية مقابل المشاركة في هذا البحث، و أن رفضك للمشاركة لا يمنعك الحق من الحصول على الخدمة وأنه بمشاركتك ستكون أحد المشاركين و المتطوعين الذين يشملهم البحث.

كما نؤكد لك إمكانية الانسحاب من البحث في أي وقت تشاء ، و دون إبداء توضيح لأسباب الانسحاب ، ويتم ذلك بالتوقيع على طلب الانسحاب ، و لن يؤثر ذلك أيضاً على حقك في الاستفادة من البحث.

إذا كان لديك أي سؤال أو استفسار يخص البحث ، المشاركين معك في البحث ، أو حقوقك كمشارك أثناء تنفيذ البحث يمكنك الاتصال على :

00249910572790 (آمنة ابراهيم أحمد)

00249928737416 (فاطمة زهراء يوسف)

Annex 3:

Please complete the following questions to reflect your opinions as accurately as possible and to answer factual questions to the best of your knowledge. You are free to ask for clarification on any question that is not comprehensible enough for you from the student investigators. Your information will be kept strictly confidential.

Socio demographic

1. Your age in years:

- (15-20)
- (21-25)
- (26-30)
- (31-35)
- (36-40)
- (41-45)
- (46-50)

2. your religion:

- Islam
- Christianity
- Other?

3. Educational status :

- Illiterate
- Primary education
- Secondary education
- College/ university

Higher education

4. Marital status. Are you ...?

Married

Single

Divorced

widow

5. Number of children :

0

(1-4)

more than 4

6. Occupation:

Student

Housewife

Employee

others

knowledge about family planning methods :

7. Do you have knowledge of family planning methods?

Yes

No

8. What was your source of information?

Doctor

Health workers

- Friends
- others, mention... ..

9. What types of family planning methods do you know?

- Normal
- Condoms\IUD
- Intradermal pads
- Injections
- Pills
- Others.....

10. Do you practice family planning?

- No
- Yes.....

11. Mention:

- Normal
- injections
- pills
- condoms\IUD
- intradermal pads
- Others.....

Client response on the services delivered:

12. From where you get family planning pills.?

- Primary health center
- Hospital

- Private clinic
- Others, mention.....

13. For how long have you been practicing this method?

- Weeks
- Months
- years

14. Are you satisfied with the result so far?

- Yes, I am very satisfied and would continue this practice
- I'm moderately satisfied because I sometimes experience side effects
- No, I want to stop this practice because I always experience side effects
- No I'm not satisfied

Annex 4 :

الرجاء اكمال الأسئلة التالية لتقييم مستوى معرفتك بطرق تنظيم الأسرة ورأيك في الخدمات التي يقدمها المركز الصحي، و نفيدكم أن هذه المعلومات سوف تحفظ بسرية تامة .

البيانات الشخصية:

1. عمرك ما بين :

(20-15)

(25-21)

(30-26)

(40-31)

(45-41)

(50-46)

2. ديانتك :

الاسلام

المسيحية

أخرى

3. مستوى التعليم :

امي

اساسي

ثانوي

جامعي

دراسات العليا

4. الحالة الاجتماعية:

متزوجة

عازبة

مطلقة

أرملة

5. عدد الأطفال:

صفر

(1-4)

اكثر من 4

6. المهنة:

طالبه

ربه منزل

موظفة

اعمال اخري

معرفة طرق تنظيم الأسرة:

7. عندك فكرة عن طرق تنظيم الأسرة ؟

○ نعم

○ لا

8. ما هو المصدر العرفتي منو؟

○ طبيب

○ عامل صحي

○ الاصدقاء

○ أخرى، اذكرها

9. ما هي طرق تنظيم الأسرة البتعرفيها:

○ طبيعي

○ الموانع (الواقي الذكري \ اللولب)

○ الشريحة

○ الحقن

○ الحبوب

○ أخرى،

10. هل مارستي تنظيم الأسرة :

○ لا

○ نعم

11. اذكرها :

- الطبيعي
 الحقن
 الحبوب
 الموانع (الواقى الذكرى \ اللولب)
 الشريحة
 أخرى ،
 .

12. استجابة العميل للخدمات المقدمة :
 من اين تحسلي علي تنظيم الاسرة ؟

- مركز رعاية صحية أولية
 مستشفى
 عياده خاصة
 اخري ، ادكريها.....
 .

13. لمدة كم استخدمتي تنظيم الأسرة ؟

- اسابيع
 شهور
 سنوات

14. لأي مدى انت راضية عن النتائج ؟

نعم ، أنا راضية شديد و عايزة استمر فيها

أنا راضيا نوعا ما ؛ لانو أحيانا بواجه آثار جانبية

لا ، أنا عايزة اوقف تنظيم الأسرة ؛ لأنو دائما بواجه آثار جانبية

لا ، لست راضية