

EVALUATION OF HEALTH SERVICES *

PART II

Attitude Towards Family Planning & Birth Control in Kom Eshfin

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1.—INTRODUCTION

This is a sequel to part I concerning the attitudes towards family planning. The data are obtained from the survey of Kom-Eshfin.

Married participants of this part of the survey were asked several questions concerning the family as regards :—

1. Age of marriage.
2. Number of alive children & number of total live births.
3. Desire to have any more children and the sex.
4. Acceptance or refusal of birth control giving reasons.
5. The method of birth control used.
6. The feasible period between pregnancies.
7. The reaction towards services given by the family planning centre.

Legible participants to marriage are asked other form of questions as regards :

8. Desire to get married and at the preferred age.
9. Number of children desired and their sex.
10. The feasible period between pregnancies.

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This paper presents the analyses of the data obtained :

2.—*The age at marriage :*

Table I gives the percentage distribution of the presently married participants according to their age at their marriage for the first time. About 11% were married or at least registered as married before 15 years of age. About 39% got married at 15-19 years. This means that 50% of married couples got married before the age of twenty years. Another 25% got married at 20-24 years. Only 11.5% got married at 30 years and over.

TABLE I

Percentage distribution of the presently married participants according to their age at their first marriage

Age	%
—15	11.3
15—	38.7
20—	25.3
25—	13.2
30—	5.3
35—	3.0
40+	3.2
Total	100.0

Marriage rates for age groups of females of the child-bearing age, have been calculated.

3.—*Average number of children during the present marriage :—*

Table II gives the average number of total live births for each marriage life group. It is evident that during the whole fertile age of the female, the average number of children for a married person is 4.7 children of which 2.4 are males and 2.3 are females. The number of children rises as the marriage life increases, but the rate of increase is higher at younger periods.

Other informations given by that table include :

- (a) The average number of male children is always higher than the corresponding one of females.

TABLE 2

Average number of children according to duration of marriage age

Average No. of children Duration of marriage age	Live births		Still alive		Deaths	
	Males	Females	Males	Females	Males	Females
—5	.8	2.3	1.6	1.5	.3	.2
5—	1.4	4.0	3.0	2.8	.4	.4
10—	2.5	3.8	2.8	2.6	.9	.8
15—	3.1	3.6	2.6	2.4	1.1	1.1
20—	3.5	3.4	2.3	2.2	1.2	1.2
25—	3.8	2.8	2.0	1.7	1.2	1.2
30—	4.0	2.3	1.6	1.5	1.2	1.2
35+	4.2	1.3	1.0	.9	1.2	1.2
Total	2.4	2.3	1.6	1.5	.8	.8

(b) Deaths of both sexes are nearly equal, though it seems somewhat higher for males during the earlier period.

(c) Deaths of children become constant as the marriage life becomes (15 + years). So that three children of both sexes remain alive on the average.

4.—*Desire of married participants to have any more children :—*

From table III a & b, it is evident that there is tendency to form couples of children of both sexes e.g. those who have got one male child would like to have one single female & vice-verca. Those who have got two male children would like to have another two females. Unless the participant has got 3 female children, he would like to have 2 males only ; while those who have got 3 male children are just satisfied.

5.—*Acceptance or refusal of birth control :—*

The majority of participants (72.2%) accept the idea of birth control if they get enough number of children. They explain their acceptance, primarily as for health conditions (76% of the acceptance), Financial causes stand for 4.5% only of the causes, while 18.5% accept because they have got already the desired number of children. «See table 4».

TABLE 3

Desire to have more children

(a) Wish to have male children :

No. of children already present	No. wished				
	0	1	2	3	Total
1 ♀, no ♂	18.7	50.4	12.4	18.5	100.0
2 ♀, no ♂	18.5	29.6	40.7	11.2	100.0
1 ♀, 1 ♂	14.2	42.9	28.6	14.3	100.0
2 ♀, 1 ♂	10.0	60.0	30.0		100.0
3 ♀, 1 ♂	16.7	33.4	49.9		100.0

(b) Wish to have female children :

1 ♂, no ♀	16.6	50.1	16.7	16.6	100.0
2 ♂, no ♀	26.7	33.3	40.0		100.0
3 ♂, no ♀	13.0	48.0	35.0	4.0	100.0
2 ♂, 1 ♀		66.7	33.3		100.0
3 ♂, 1 ♀	100.0				100.0

TABLE 4

Causes of acceptance of birth control

Causes	%
Health conditions	75.9
Have enough number of children	18.5
Financial causes	4.5
Case to raise children	1.0
Other causes	.1

TABLE 5
Causes of refusal of birth control

Causes	%
Enforcement to the family	44.1
Fear of losing children	28.3
Religious teachings	13.5
Fear of contraceptive methods	8.7
Childdren are gift of God	3.1
Fear of parents	1.3
Other causes	1.0

TABLE 6
Methods known for birth control

Methods known	%
Elongation of lactation period	78.8
Hormonal pills	18.9
Uterine loop	.4
Other methods	1.0
Do not know any method	.9

TABLE 7
The feasible period between pregnancies

Period (Months)	% of married persons	% of unmarried persons
12—	1.0	5.0
24—	82.5	66.0
36—	15.0	25.0
48+	1.5	4.0
Total	100.0	100.0

The main cause of refusal is the enforcement given to the family by the number of its members (44%). The second cause of refusal is the fear of losing children as deaths (28%), religious teachings constitute for the third important cause (13.5%) & fear of danger in using contraceptive methods constitute a considerable element (9%). (See table 5).

6.—*Methods known for birth control :—*

The most popular method known for birth control is elongation of the lactation period (79%). Amenorrhea is known to occur for about six months after delivery. Only few occasions are recorded in which pregnancy took place during that period. Hormonal pills come next (19%), while the application of uterine loop is nearly unknown control. (See tabe 6).

About 1% of participants do not know any method for birth control.

7.—*The feasible period between pregnancies :—*

Participants of both sexes prefer that the feasible period between pregnancies should be two years (82.5%) while 15% see that the period should be three years.

Only 1% and another 1.5% see that the period should be one year or more than three years respectively.

8.—*Reaction towards services given by the family planning centre :—*

Table VIII shows the percentage distribution of participants according to their reaction towards services given by the family planning centre. About 91% know nothing of these services. About 7% complain mainly from the side-reactions of hormonal pills used, while about 2% have no complaint at all.

9.—*Desire to get married :—*

94% of the unmarried participants wish to get married. About 39% of them would like to acheive his wish within one year. The exact distribution according to their ages is not available from the processed data.

TABLE 8

Reaction towards services given by the Family Planning Centre

Reaction	%
No idea	91.2
Complaining of pills	6.3
Complaining of illtreatment	.1
Other complaints	.6
No complaint	1.8

10.—*Number of children desired when married and their sex :—*

None of unmarried participants would like to have no children. About 31% wish to have one boy and one girl ; 65% wish to have two of both sexes and only 4% wish to have three of both sexes. The desire to have a male child is slightly more than to have a female child. This tendency goes hand in hand with the results obtained for married participants (Table 3 a & b) as already mentioned in section 4.

11.—*The feasible period between pregnancies for unmarried participants :—*

Table VII shows the percentage distribution of unmarried participants according to the period they think feasible between pregnancies.

It is evident that the majority (66%) think that two years are sufficient. A considerable percent (25%) think that the period should be three years.

12.—*Conclusion :—*

The picture realised from this survey is far away from what is desired to be achieved as regards family planning & birth control. The time of this picture is only two years after the declaration of the National Program of Family Planning. It is hoped that the picture has greatly changed by the lapse of five years since the National Program has been established.

REFERENCES

1. A. FOUAD & S. MOURSI, «Evaluation of health services, Part 2», JESA, Vol. 14, pp.