



*University of Babylon  
College of Nursing*



# *Knowledge and Attitudes of Postpartum Women Concerning Contraceptive*

A Project Submitted To the Council of the College of Nursing,  
Babylon of University in Partial Fulfillment of the Requirements  
for the Degree of Bachelor Science in Nursing

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# بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

يَأْتِيهَا النَّاسُ قَدْ جَاءَتْكُمْ مَوْعِظَةٌ مِنْ رَبِّكُمْ وَشِفَاءٌ لِمَا فِي  
قُلُوبِكُمْ بِفَضْلِ اللَّهِ وَبِرَحْمَتِهِ (57) الصُّورِ وَهُدًى وَرَحْمَةً لِلْمُؤْمِنِينَ  
(58) فَبِذَلِكَ فَلْيَفْرَحُوا هُوَ خَيْرٌ مِمَّا يَجْمَعُونَ

صَدَقَ اللَّهُ الْعَظِيمُ

سورة يونس : الآية [ ٥٧-٥٨ ]

## الإهداء

الى من أعاد للأمة كرامتها وبعث روح الجهاد فيها الى سيدي ومولاي الامام الحسين  
(عليه السلام)

إلى مثال التفاني والإخلاص لن تستطيع كلماتي أن تصف مدى شعوري بالامتنان

لصاحب الصدر الرحب.... أبي الحبيب

إلى من قدّمت سعادتي وراحتي على سعادتها... أمي الفاضلة

إلى اخوتي ... واخواتي ... وأصدقائي...

إلى كل من علمني حرفا في هذه الدنيا الفانية...

## شكر و تقدير

نشكر أولا وأخيرا الله تعالى الذي أسبغ علينا نعمه ظاهرة وباطنة ، وأمدنا بالصبر لتذلل الصعوبات أمامنا وأعاننا كل العون على إنجاز هذا البحث ، ثم نشكر أستاذتنا الكريمة الدكتورة وفاء احمد امين التي قبلت الإشراف على بحثنا وساعدتنا خطوة بخطوة لبلوغ نهاية البحث .

وشاكرين الامهات على حسن تعاونهن معنا لإنجاز البحث ونشكر كل من ساهم وبذل جهدا ولو بالقليل في إنجاز هذا البحث ، كما نشكر الأساتذة الكرام أعضاء لجنة المناقشة على تفضلهم بقبول المناقشة ....

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# **Abstract**

## **Back ground:**

According to the World Health Organization (WHO), ensuring access to preferred contraceptive methods for women is essential to supporting the health of mothers and children and the community's economic situation.

**Objectives** of the study to find out the relationship between socio demographic, data with Knowledge toward contraceptive methods.

## **Methodology:**

A descriptive analytic design: Non-probability was conducted on (Purposive sample) of (100) postpartum women who attending; Babylon maternity and children ,AL.Imam Sadeq teaching hospitals in Al-Hilla City. A questionnaire has been used as a tool of data collection for the period of period of (28th Jan \_ 18th Feb / 2023).

## **Results:**

The results recorded that the most of sample (31.0%) were between age group (26-30) years, The Women's knowledge toward contraceptive methods and Knowledge related to the side effects, were the poor level, there is significant relationship between demographics and knowledge of participants toward contraceptive with all items except (occupation, Source of information) and there is significant relationship between obstetric of women and knowledge of contraceptive.

**Conclusion:**

The Women's knowledge toward contraceptive methods, were poor level. Knowledge related to the side effects, of contraceptives were poor level.

**Recommendations:**

Health education through Ministry of Health for all women during preconception care and during pregnancy about family planning (contraceptives).

**Keywords: Knowledge, Attitudes, Postpartum, Contraceptive,**



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# *Chapter one*

# *Introduction*

## 1.1 .Introduction

The postpartum period is a crucial time to prevent short inter-pregnancy interval and unwanted pregnancies. Despite, it is the most ideal period to create attention regarding knowledge and attitudes of postpartum mothers about contraceptive methods; it is the most neglected part of the continuum of care. (Taye, E., etal, 2021).

Family planning (FP) is the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births which is achieved through the use of contraceptive methods. It is also a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude, and responsible decisions by individuals and couples (Kesetebirhan A., 2011)

The benefits of contraceptive utilization accrue to women themselves, their children, and community. Additionally, contraceptive use during the postpartum period plays a great role in improving the lives of women and their families (Cleland J., etal, 2012).

Family planning enables couples to obtain their desired number of children and determine the spacing of pregnancies, which is achieved mainly through contraceptive methods. Contraception (birth control) prevents unwanted pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. Birth control methods are numerous and characterized by different mechanisms of action and effectiveness in preventing pregnancy. According to the World Health Organization (WHO), ensuring access to preferred contraceptive methods for

women is essential to supporting the health of mothers and children and the community's economic situation (Rodriguez, M.I., etal, 2014).

Women have an opportunity for accessing the healthcare system during the postpartum period which further increased their motivation to avoid another pregnancy using contraceptives. Following childbirth, pregnancy can occur within 45 days of giving birth, even before menses resumes. Thus, late initiation of contraceptive use in the postpartum period could increase the risk of unintended pregnancy. The World Health Organization (WHO) recommended initiation of postpartum contraceptive utilization within 6 weeks after delivery (WHO.2014).

Maternal health problems remain a major global concern since pregnancy and childbirth are the leading causes of morbidity and mortality among reproductive age women. Evidences have shown that encouraging early antenatal care visits, institutional deliveries, postnatal care, and contraceptive adoption are the key elements in improving safe motherhood. As the first pillar of safe motherhood and an essential component of primary health care, contraceptive plays a key role in reducing maternal and newborn morbidity and mortality by preventing unintended pregnancy and close birth intervals (Kassebaum JN., etal, 2014)

A closed birth interval would endanger the lives of the mother, the newborn, and the (previously delivered child). When a mother becomes pregnant shortly after childbirth, she is more likely to develop complications including spontaneous abortion, postpartum bleeding, and anemia. Secondly, the newborn could be born low birth weight and/or preterm. Thirdly, the index child (previously delivered child) might receive inadequate care and support which, thereafter, could lead to vulnerabilities to disease and malnutrition (Subhi R, etal, 2011).

The majority of women resume sexual activity within several weeks of the delivery. The amount of time following delivery that a woman is infertile is highly variable and dependent on multiple factors, including breastfeeding status. Ovulation can occur even if the mother has not resumed menstruation and could happen as early as 25 days postpartum. The probability of ovulation occurring before resumption of menstruation increases over time . Postpartum family planning (PPFP) focuses on the prevention of unintended and closely spaced pregnancies through the first 12 months following childbirth. Unmet needs could lead to unplanned and unintentional pregnancies which will increase the risk of adverse maternal and neonatal health outcomes (WHO 2013)

In Middle Eastern countries, cultural values and traditions are among the factors that affect the extent of contraception use. Also must increase women's knowledge and improving their attitude on postpartum modern contraceptive methods is essential to improve their quality of life (Barbour, B.; 2009).

## **1.2 Objectives:**

1. To assess Demographical data and obstetric information of Postpartum women.
2. To identify Knowledge and attitude of participants toward contraceptive.
3. To find out the relationship between socio demographic, obstetric with Knowledge toward contraceptive methods.

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# *Chapter Two*

# *Methodology*

## 2.1 .Methodology

Descriptive analytic study design. Non probability (purposive sampling) consist of 100 postpartum women who attending; Babylon Maternity and children hospital ‘AL.Imam Sadeq teaching hospitals in Al-Hilla City. A questionnaire was used as a data-gathering tool. the questionnaire and content validity has been carried out through the ( 4)experts. Descriptive and inferential statistical analyses are used to analyze the data The study carried out from (28<sup>th</sup> Jan \_ 18<sup>th</sup> Feb / 2023 ) Data collected through a questionnaire constructed for the purpose of this study, consists of 3 parts include :

**1<sup>st</sup> part :**

### **A: Demographic Data**

This part concerned with Demographic Data include (6) items (Age, Educational level, residence, occupation, economic status, sours of information).

### **B: Obstetric information**

Consist of (3) items related to reproductive characteristics (No. of gravida, No. of para, the No. of children).

**2<sup>nd</sup> part:**

### **A: knowledge of women toward contraceptive**

This part Consists of (11) items these items are rated according to three level Likert scale (I know, I'm not sure, I don't know) and scored (1, 2, 3).

### **B: Knowledge of Postpartum women about side effects of contraceptives**

This part consists of ( 14 ) items (Headache, Irregular bleeding, Weight gain, Fatigue, Backache, Nausea, Abdominal pain, Vertigo, Increase heart beats, Pains in whole body, Depression, Nervous & anxiety, Increase blood pressure,

Infection) These items are rated according to two level Likert scale ( Yes, No) and scored (2, 1)

**3<sup>nd</sup> part:**

**Postpartum women's attitudes toward contraceptiones**

This par consist of (10) items these items are rated according to three level Likert scale ( Agree , Neutral , Disagree ) and scored ( 1 , 2 , 3 ). Data were analyzed using Descriptive and Inferential statistical for Social Sciences (SPSS) version (26).

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# *Chapter Three*

## *Results*



## Results

**Table 1: Distribution Demographical Characteristics Related to Postpartum Mother**

Items	Groups	Frequency	Percent
Age	20-25	30	30.0
	26-30	31	31.0
	31-35	23	23.0
	36-40	16	16.0
	Total	100	100.0
Educational status	Not Read and Write	8	8.0
	Reads and Writes	13	13.0
	Primary	8	8.0
	Secondary	24	24.0
	Diploma or College	47	47.0
	Total	100	100.0
Occupation	Employee	42	42.0
	Housewife	58	58.0
	Total	100	100.0
Residency	Urban	26	26.0
	Rural	74	74.0
	Total	100	100.0
Economic status	Somewhat Sufficient	28	28.0
	Enough	58	58.0
	Not Enough	14	14.0

	Total	100	100.0
Source of information's	Family Members and Friends	54	54.0
	Colleagues	22	22.0
	TV And the Internet	5	5.0
	Private Doctors or Nurses	12	12.0
	Other	7	7.0
	Total	100	100.0

Table (1): this table demonstrated the demographical characteristics of the study sample, the results recorded that the highest percent (**31.0%**) were between age group (26-30) years old. The highest percent (**47.0%, 58.0%, 58.0%**) (respectively). Were diploma or college educational level, housewife, rural residency, were their levels of economic status enough. The highest percent (**54.0%**) the source of information's were family members and friends.

**Table 2: Distribution Obstetrics Information of Postpartum Women  
(No. 100)**

Variables	Groups	Frequency	Percent
Number of pregnancies	1-2	56	56.0
	3-4	33	33.0
	5 or More	11	11.0
	Total	100	100.0
Number of births	1-2	53	53.0
	3-4	37	37.0
	5 or More	10	10.0
	Total	100	100.0

<b>Number of living children</b>	1-2	55	55.0
	3-4	36	36.0
	5 or More	9	9.0
	Total	100	100.0

Table (2): this table demonstrated the highest percentage (**56.0%**) were 1-2 as number of pregnancies , related to number of birth (**53%**) were 1-2, related to number of children the percentage (**55.0%**) were 1-2 child

**Table 3: Women's knowledge toward Contraceptive Methods (No. 100)**

Items	Groups	Frequency	Percent	Mean	St deviation	Level
<b>You know meaning of contraceptives</b>	I Know	96	96.0	1.04	.197	Poor
	I'm not sure	4	4.0			
	Total	100	100.0			
contraceptive have side effects	I Know	71	71.0	1.43	.728	Poor
	I'm not sure	15	15.0			
	I don't know	14	14.0			
	Total	100	100.0			
<b>You know exclusive breastfeeding type of contraceptives</b>	I Know	58	58.0	1.60	.778	Poor
	I'm not sure	24	24.0			
	I don't know	18	18.0			
	Total	100	100.0			
<b>Oral contraceptive pill (Estrogen) not to be given to a breastfeeding mother</b>	I Know	38	38.0	1.83	.753	Fair
	I'm not sure	41	41.0			
	I don't know	21	21.0			
	Total	100	100.0			

<b>There is a permanent method (female/male) to prevent Pregnancy</b>	I Know	62	62.0	1.53	.745	Poor
	I'm not sure	23	23.0			
	I don't know	15	15.0			
	Total	100	100.0			
<b>There are two types of contraception Inside the womb</b>	I Know	37	37.0	1.87	.774	Fair
	I'm not sure	39	39.0			
	I don't know	24	24.0			
	Total	100	100.0			
<b>There are small pills for emergencies if you forgot to take a daily pill</b>	I Know	33	33.0	1.90	.745	Fair
	I'm not sure	44	44.0			
	I don't know	23	23.0			
	Total	100	100.0			
<b>Best time to start taking birth control pills Oral route is the first five days</b>	I Know	37	37.0	1.88	.782	Fair
	I'm not sure	38	38.0			
	I don't know	25	25.0			
	Total	100	100.0			
<b>There is injection method called Depo</b>	I Know	59	59.0	1.51	.674	Poor
	I'm not sure	31	31.0			
	I don't know	10	10.0			
	Total	100	100.0			
<b>You heard of the natural method of contraception</b>	I Know	65	65.0	1.50	.745	Poor
	I'm not sure	20	20.0			
	I don't know	15	15.0			
	Total	100	100.0			

<b>Barrier methods contraception</b>	I know	78	78.0	1.26	.525	Poor
	I'm not sure	18	18.0			
	I don't know	4	4.0			
	Total	100	100.0			
<b>General mean and standard deviation</b>				1.6	0.676	poor

MS (Poor knowledge =1-1.6, Fair knowledge = 1.7-2.3, Good knowledge = 2.4-3)

Table (3): This table demonstrated the overall women's knowledge toward contraceptive methods were poor.

**Table 4: Knowledge of Sample Related to the Side Effects of Contraceptives (No. 100)**

Items	Groups	Frequency	Percent	Mean	St deviation	Level
<b>Headache</b>	No	38	38.0	1.64	.523	Good
	Yes	62	62.0			
	Total	100	100.0			
<b>Irregular bleeding</b>	No	64	64.0	1.36	.482	Poor
	Yes	36	36.0			
	Total	100	100.0			
<b>Overweight</b>	No	50	50.0	1.50	.503	Good
	Yes	50	50.0			
	Total	100	100.0			
<b>Fatigue</b>	No	51	51.0	1.49	.502	Poor
	Yes	49	49.0			
	Total	100	100.0			

<b>Back pain</b>	No	33	33.0	1.67	.473	Good
	Yes	67	67.0			
	Total	100	100.0			
<b>Nausea</b>	No	38	38.0	1.62	.488	Good
	Yes	62	62.0			
	Total	100	100.0			
<b>Stomach ache</b>	No	45	45.0	1.55	.500	Good
	Yes	55	55.0			
	Total	100	100.0			
<b>Vertigo</b>	No	50	50.0	1.50	.503	Good
	Yes	50	50.0			
	Total	100	100.0			
<b>Increased heart rate</b>	No	76	76.0	1.24	.429	Poor
	Yes	24	24.0			
	Total	100	100.0			
<b>Pain in the whole body</b>	No	58	58.0	1.42	.496	Poor
	Yes	42	42.0			
	Total	100	100.0			
<b>Depression</b>	No	56	56.0	1.44	.499	Poor
	Yes	44	44.0			
	Total	100	100.0			
<b>Nervousness and anxiety</b>	No	50	50.0	1.50	.503	Good
	Yes	50	50.0			
	Total	100	100.0			

<b>increased blood pressure;</b>	No	65	65.0	1.35	.479	Poor
	Yes	35	35.0			
	Total	100	100.0			
<b>Infection</b>	No	87	87.0	1.13	.078	Poor
	Yes	13	13.0			
	Total	100	100.0			
<b>Overall</b>				1.457	0.461	Poor

MS (Poor knowledge =1-1.49, Good knowledge = 1.5-2)

Table (4): this table shows that the knowledge of participants related to the side effects of contraceptives were poor.

**Table 5: Distribution of Postpartum Attitudes toward Contraceptives  
(No. 100)**

Items	Groups	Frequency	Percent	Mean	St deviation	Level
<b>I think discussing with my partner about family planning is important</b>	Agree	85	85.0	1.15	.359	Mild
	Neutral	15	15.0			
	Total	100	100.0			
<b>I feel interested in learning about Planned family</b>	Agree	78	78.0	1.24	.474	Mild
	Neutral	20	20.0			
	Disagree	2	2.0			
	Total	100	100.0			
<b>Family planning use is important for women</b>	Agree	74	74.0	1.36	.659	Mild
	Neutral	16	16.0			
	Disagree	10	10.0			
	Total	100	100.0			

<b>I believe using family planning is important for the family</b>	Agree	70	70.0	1.34	.555	Mild
	Neutral	26	26.0			
	Disagree	4	4.0			
	Total	100	100.0			
<b>The large family size affects the development of the family</b>	Agree	49	49.0	1.73	.802	Moderate
	Neutral	29	29.0			
	Disagree	22	22.0			
	Total	100	100.0			
<b>I am interested in using Contraceptives</b>	Agree	67	67.0	1.43	.671	Mild
	Neutral	23	23.0			
	Disagree	10	10.0			
	Total	100	100.0			
<b>Counseling other women for family planning is a good fit</b>	Agree	61	61.0	1.54	.744	Moderate
	Neutral	24	24.0			
	Disagree	15	15.0			
	Total	100	100.0			
<b>Having many children is a benefit to the family</b>	Agree	18	18.0	2.33	.766	Good
	Neutral	31	31.0			
	Disagree	51	51.0			
	Total	100	100.0			
<b>A family that has many children is more respectable than a family that has many females</b>	Agree	20	20.0	2.44	.808	Good
	Neutral	16	16.0			
	Disagree	64	64.0			
	Total	100	100.0			



<b>I think it is not a sin to use family planning</b>	Agree	82	82.0	1.20	.449	Mild
	Neutral	16	16.0			
	Disagree	2	2.0			
	Total	100	100.0			
<b>General mean and St. deviation</b>				1.6	0.628	Mild

**MS (mild attitude =1-1.6, moderate attitude = 1.7-2.3, Good attitude = 2.4-3)**

Table (5): this table demonstrated the postpartum attitudes toward contraceptive were mild.

**Table 6: Relationship between Demographics and Knowledge toward Contraceptives**

No	Relationships between Women's knowledge toward contraceptive methods and demographical variables	Women's knowledge	DF	Significance
		Chi square value		
1	Age	120.481 <sup>a</sup>	42	.051 <b>S</b>
2	Educational status	174.725 <sup>a</sup>	56	.000 HS
3	Occupation	18.537 <sup>a</sup>	11	.070 NS
4	Residency	27.038 <sup>a</sup>	14	.019 <b>S</b>
5	Economic status	73.327 <sup>a</sup>	28	.012 <b>S</b>
6	Source of information	120.406 <sup>a</sup>	56	.149 NS

Table (6.): shows there is significant relationship between demographics and knowledge of participants toward contraceptive with all items except (occupation, Source of information).

**Table (7): Relationship between Obstetric Information and Knowledge toward Contraceptive**

No.	Relationships between Women's knowledge toward contraceptive methods and Obstetric information	Obstetric information	DF	Significance
		Chi square value		
1	Number of pregnancies	73.053 <sup>a</sup>	28	.000 HS
2	Number of birth	70.491 <sup>a</sup>	28	.030 S
3	Number of children	54.575 <sup>a</sup>	14	.044 S

Table (7.): shows there is significant relationship between obstetric of women and knowledge of contraceptive.

**Table (8): The relationship between demographics and knowledge of sample toward side effects of contraceptives**

No	The relationship between demographics and knowledge of sample toward side effects of contraceptives	Side effects of contraceptives	DF	Significance
		Chi square value		
1	Age	80.915 <sup>a</sup>	33	.010 S
2	Educational status	93.294 <sup>a</sup>	44	.010 S
3	Occupation	18.537 <sup>a</sup>	11	.070 NS
4	Residency	26.461 <sup>a</sup>	11	.006 HS

5	Economic status	71.695 <sup>a</sup>	22	.010 S
6	A source of information	65.159 <sup>a</sup>	44	.021 S

Table (8.): shows there is significant relationship between demographics and all items related to knowledge toward side effects except with (, occupation).

**Table (9): The relationship between obstetric information and knowledge toward side effects**

No	Relationship between obstetric information and knowledge toward side effects	Side effects of contraceptives	DF	Significance
		Chi square value		
1	Number of pregnancies	52.582 <sup>a</sup>	22	.000 HS
2	Number of birth	58.081 <sup>a</sup>	22	.000 HS
3	Number of children	67.563 <sup>a</sup>	33	.000 HS

Table (9): shows there is high significant relationship between obstetric information and knowledge toward side effects

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# *Chapter Four*

## *Discussion*

## 4.1 .Discussion

### **Table 1: Distribution Demographical Characteristics Related to Postpartum Mother**

The highest percentage of sample (31.0%) were between age group (26-30) years old, This finding is similarity with study of by (Bajracharya,2015 ) done in Nepal found that (90.25%) the sample were between (20-34) years old . related to educational status most of study sample (47.0%) were diploma or college these results in the same line with another study conducted by( Taye, E.,2021) don in Debre Tabor Town, Northwest Ethiopia who reported( 62. 3%) were High school and above.

Regarding occupation, The highest percentage (58.0%) were Housewife, these results supported by another study conducted in South West Ethiopia (Wodaynew T.,2021) in his study the result recorded (54.7%) were house wife .

### **Table 2: Distribution Obstetrics Information of Postpartum Women**

Regarding the mother's obstetric history of the study sample, the results recorded that the highest percentage (56.0%) were 1-2 as number of pregnancies , These results were Approves with another study conducted in Saudi Arabia by (Mahfouz, M.S., 2023) (34.3%) of the sample were (1-2) as number of pregnancies .

Concerning the number of birth (53%) were 1-2, these result supported by (Mahfouz, M.S., 2023) recorded (37.3%) of sample were (1-2) as number of birth.

**Table 3: Women's knowledge toward Contraceptive Methods**

The highest percentage (96%) of postpartum women had heard about contraceptive This agreement with study of (Tenggara, Bodhi, 2017) that 86% of woman had heard about contraceptives The result of the item (Best time to start taking birth control pills Oral route is the first five days) that show “I am not sure “in the same line with study done in End District, East Nusa (Tenggara, Bodhi, 2017 )

**Table 4: Knowledge of Sample Related to the Side Effects of Contraceptives**

knowledge related to the side effects, the results recorded that the general mean for study sample was poor ,this study disagreement with another study conducted in (Saudi Arabia) by (Mahfouz, M.S.,2023) showed that there is an increased knowledge of contraceptive side effects use among Saudi women. Regarding the Postpartum attitudes toward contraception, the results recorded that the mild level, compared with a study conducted in Adama (Abraham, Z., 2016) shows that accordingly more than half of (56.4%) of the respondents have positive attitude and support use of contraceptives and (43.6%) of them ad negative attitude for contraceptive use.

**The relationship between demographics and knowledge of : (Table toward contraceptive**

Shows there is significant relationship between demographics and knowledge tion, of participants toward contraceptive with all items except (occupation, that record the association of Source of information), Hernandez LE,, higher education status with knowledge of spacing contraception has been

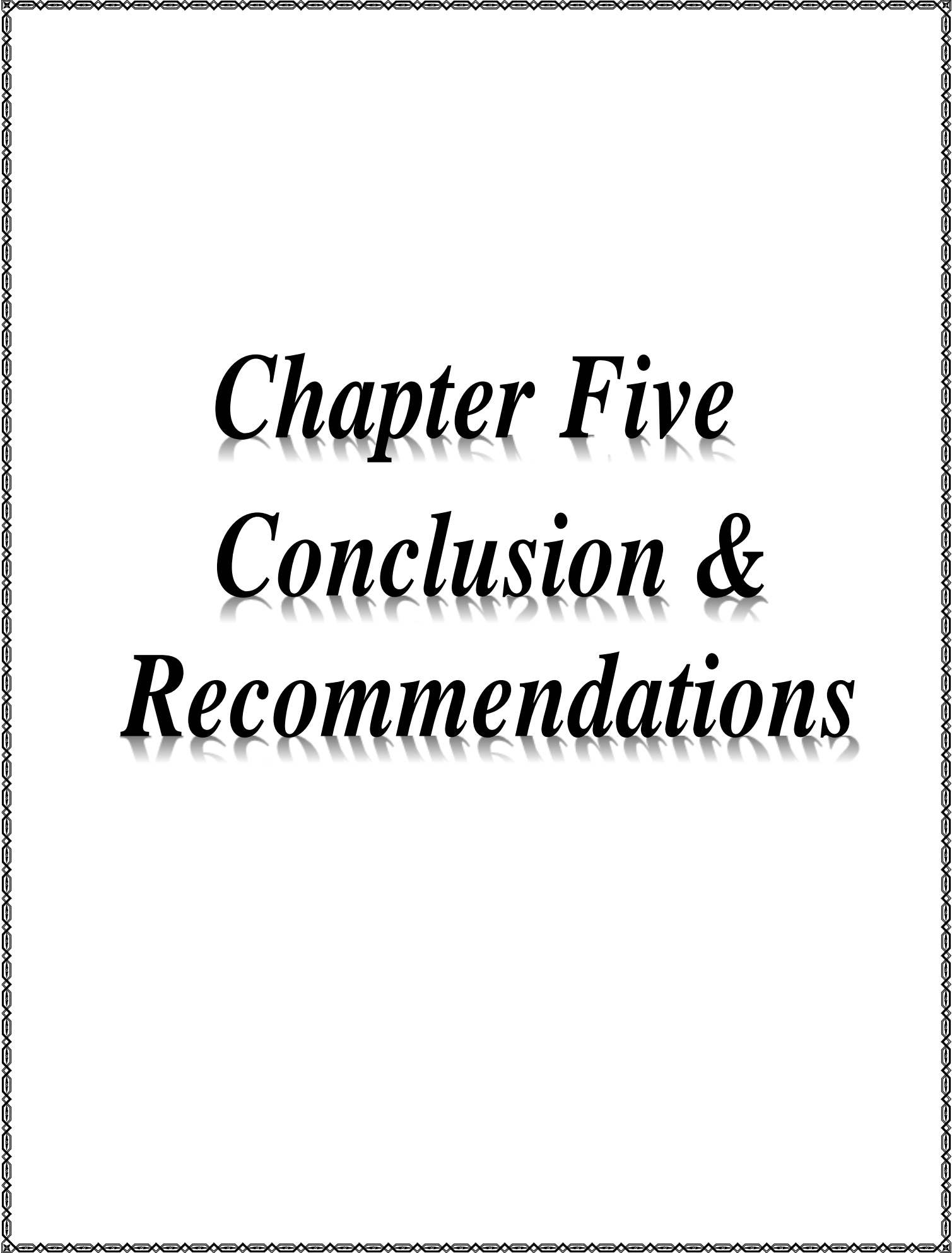
.observed by other authors in their studies

**Table (8): The relationship between demographics and knowledge of sample toward side effects of contraceptives**

Regarding the significant between demographics and knowledge of contraceptive orientation related to (educational level) in  $P \leq 0.05$ , this result is in the same line with study conducted by (Bajracharya A., 2015) that recorded the level of women's education had as significant impact on future use and non-use of postpartum contraception.

**Table (9): The relationship between obstetric information and knowledge toward side effects**

Concerning The relationship between obstetric demographics and knowledge of side effects related to (Number of pregnancies, Number of children) in  $P \leq 0.05$ , this result is in the same line with study conducted by (Mahfouz, M.S, 2015) show significances with number of children and number of pregnancies with  $P \leq 0.05$

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*Chapter Five*  
*Conclusion &*  
*Recommendations*



## Conclusion and Recommendations

### 5.1 .Conclusion:

1. The results recorded that the most of sample 31 (31.0%) were between age group (26-30) years.
2. The Women's knowledge toward contraceptive methods, were poor level.
3. Knowledge related to the side effects, of contraceptive were poor level.
4. The Postpartum attitudes toward contraceptives, the results recorded good level.
5. There is significant relationship between demographics and knowledge of participants toward contraceptive with all items except (occupation, Source of information).
6. There is significant relationship between obstetric of women and knowledge of contraceptive.
7. There is significant relationship between demographics and all items related to knowledge toward side effects except with (, occupation).
8. There is high significant relationship between obstetric information and knowledge toward side effects

## **5.2 .Recommendations**

Based on the finding of this study we would like to recommend:

1. Health education through Ministry of Health for all women during preconception care and during pregnancy about family planning.
2. Ministry of Health focus through encouragement of women through Media/ TV, Radio, Posters, etc. On planning pregnancy and interval between one and another pregnancy and providing it for all mothers in little cost,.
3. Encouragement of women in primary health centers on the advantage and the importance of family planning through consultation with their health care provider to choose the suitable.
4. Further studies are needed to cover various aspects of contraceptives.

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# *Appendix*

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**((Knowledge and attitudes among postpartum women concerning contraceptive.))**

1. To assess Demographical data and obstetric information of postpartum.
2. To assess Knowledge, attitudes and Practices of participants toward contraceptive.
3. To find out the relationship between socio demographic, obstetric with Knowledge, attitudes and Practices toward contraceptive methods.

**1<sup>st</sup> part A: Demographical data**

1. **Age:**  years
2. **Educational level:** Don't Read and Write  Read and Write  Primary   
Secondary  Institute or College
3. **Occupation:** Employed  House wife
4. **Residency:** Urban  Rural
5. **Economic level:** Enough  To Some Extent Enough  Not Enough
6. **Source of information:**
  - 1-family members and friends:
  - 2-colleagues:
  - 3-TV and net:
  - 4-private physicians or nurses
  - 5-others:

**B. Obstetric information**

1. **Number of pregnancy (Gravida):** 1-2  3-4  5or more
2. **Para:** 1-2  3-4  5or more
3. **Number of children.**



**2<sup>nd</sup> part: A/ knowledge of women toward contraceptives.**

<b>No.</b>	<b>Items</b>	<b>I know</b>	<b>I'm not sure</b>	<b>Don't know</b>
1.	<b>You know meaning of contraceptive</b>			
2.	<b>Contraceptive have side effect</b>			
3.	<b>You know exclusive breastfeeding type of contraceptives</b>			
4.	<b>Oral contraceptive pill(Estrogen) not to be given to a breastfeeding mother</b>			
5.	<b>There is a permanent method (female/male) to prevent Pregnancy</b>			
6.	<b>There are two types of contraception Inside the womb</b>			
7.	<b>There are small pills for emergencies if you forgot to take a daily pill</b>			
8.	<b>Best time to start taking birth control pills Oral route is the first five days</b>			
9.	<b>There is injection method called Depo</b>			
10.	<b>You heard of the natural method of contraception</b>			
11.	<b>Barrier methods of contraception</b>			

**2<sup>nd</sup> Part: Knowledge about Side Effects of contraceptives**

No.	Items	Yes	No
	<b>Your Experience While Using the Contraceptive?</b>		
A.	<b>Headache</b>		
B.	<b>Irregular bleeding</b>		
C.	<b>Weight gain</b>		
D.	<b>Fatigue</b>		
E.	<b>Backache</b>		
F.	<b>Nausea</b>		
G.	<b>Abdominal pain</b>		
H.	<b>Vertigo</b>		
I.	<b>Increase heart beats</b>		
J.	<b>Pains in whole body</b>		
K.	<b>Depression</b>		
L.	<b>Nervous &amp; anxiety</b>		
M.	<b>Increase blood pressure</b>		
N.	<b>Infection</b>		

**3<sup>rd</sup> part: Attitudes of postpartum toward contraceptives.**

No.	Items	Agree	Neutral	Disagree
1.	<b>I think discussing with my partner about family planning is important</b>			
2.	<b>I feel interested in learning about Planned family</b>			
3.	<b>Family planning use is important for women</b>			
4.	<b>I believe using family planning is important for the family</b>			
5.	<b>The large family size affects the development of the family</b>			
6.	<b>I interest to using Contraceptives</b>			
7.	<b>Counseling other women for family planning is a good fit</b>			
8.	<b>Having many children is a benefit for the family</b>			
9.	<b>A family that has many children is more respectable than a family that has many females</b>			
10.	<b>I think it is not a sin to use family planning</b>			

Ministry Of Health Babylon Health Directorat Email : babiltraining@gmail.com لأجل عراقنا الحضر مستدام .. مشعل معا لنزيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث		وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث العدد: ٨ التاريخ: ١٧ / ٨ / ٢٠٢٣
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إلى / مستشفى الإمام الصادق (ع)  
مستشفى بابل للنسائية والاطفال  
/ تسهيل مهمة

تحية طيبة ...  
أشارة إلى كتاب جامعهه بابل /كلية التمريض / شعبة الشؤون العلمية ذي العدد ٣٧ في  
٢٠٢٣/١/٤ ...  
تسهيل مهمة الطلبة المدرجة أسمائهم أدناه من الجامعة أنفا لإجراء بحث التخرج الموسوم  
والخاص بالتخرج بعنوان :-

(knowledge and attitudes of postpartum women concerning  
contraceptive )

للتفضل بالاطلاع وتسهيل مهمة الموما إليهم وحسب الضوابط والإمكانيات على أن لا تتحمل  
مؤسساتكم أية تبعات مادية وقانونية....

... مع الاحترام .

وزارة الصحة  
دائرة صحة بابل  
مركز التدريب والتنمية البشرية

الدكتور

محمد عبد الله عجرش

مدير مركز التدريب والتنمية البشرية

٢٠٢٣ / /

الأسماء :-

- ١- حنين كريم عباس
- ٢- تبارك ميثم متعب
- ٣- تبارك عبد الكريم حسين

نسخة منه إلى:

مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات .