Patterns, Attitudes and Practice of Contraceptive Use Among a Group of Women in Amman

by

Khoulood Halasa

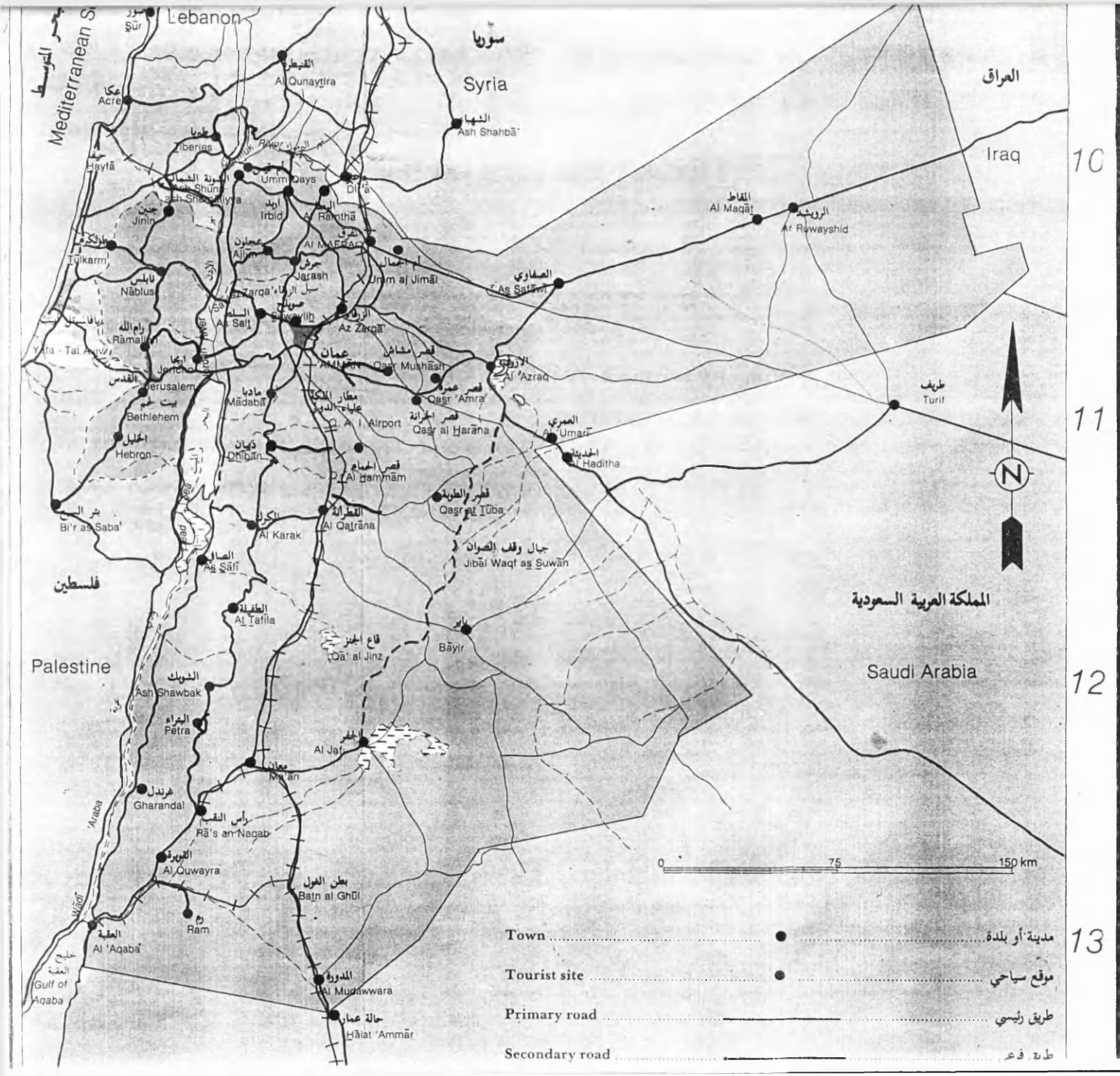
A dissertation submitted as part of the requirements for the degree of Master of Science in Mother and Child Health University of London

Centre for International Child Health
Institute of Child Health
University of London
30 Guilford Street
London WC1N 1EH

Submitted: December 1992

CONTENTS

LIST OF GRAPHS



LEGEND

الاصطلاحات

Primary road .....

Secondary road .....

Other roads .....

Track .....

Railway .....

Bridge .....

Slope .....

School , College , Institute .....

Mosque .....

Church .....

Cemetery: Christian, Moslem .....

Bus and taxi terminal .....

Wadi .....

One direction road .....

Parking .....

Police post .....

Post office .....

Gas station .....

Green areas, Gardens .....

ACKNOWLEDGEMENTS

I wish to express my gratitude to Professor Andrew Tomkins for his supervision, advice and support from the beginning to the end of the research.

To Keith Sullivan for his all his help with computer technology.

The Ministry of Health in Jordan for giving letters of authorisation to interview women in the various MCH/Family Planning Clinics, in both the government, the private sector and the Family Planning Clinic affiliated with the IPPF.

To the Ministry of Education for giving me letters of authorisation to interview school teachers in both private and government sectors.

To the Department of Health Education/Ministry of Health for giving me the facilities to print slides about the field work.

To the Department of Press/Ministry of Information for allowoing me to interview the Head of Department.

To the pharmacists who allowed me to interview them.

To Dr Sami Khoury, Professor of Community Medicine, Jordan University for his continuous support, supervision and advice.

To the Faculty of Engineering, Jordan University (Dr G Halasa) for allowing me to use the computing facilities.

To Ravi Phull and Joanna Bush for all the secretarial work.

LIMITATIONS OF THE STUDY

1. The study did not include the whole of Amman due to limitation of time given for data collection. It involved only women in the (fertile age group) who were recruited in family planning health centres which were integrated in maternal and child health centres.

2. A single female researcher studying a subject which is considered a taboo in a conservative Islamic society, was not easy.

3. Absence of population policy made it difficult to assess the services of family planning.

BACKGROUND INFORMATION

The present Hashemite Kingdom of Jordan was established in 1950 and the West Bank officially declared part of the Kingdom. In 1952, the population of the East Bank of Jordan was estimated at 587,000. In Jordan out of the population of 2147 million (1979 census - excluding the occupied West Bank) are aged under 5 years (19%) or women between 15 - 44 years (18%) (1,20).

In 1990 it was 3,453,000 of which 1,777,000 are male and 1,676,000 are female. The highest percentage lies between 15 - 49 age groups and 15 - 64 which is 53.5% (2). Date from 1952, 1961 and 1979 censuses for example, indicate that the proportion urban in each of those years was 36.44% and 60% respectively.

In 1990, the crude birth rate was 34.6. Total fertility rate was 5.5, crude death rate was 6.2/1000: infant mortality rate was 37/1000 and maternal mortality was 40/100,000. Life expectancy for men is 66 years and for women 71 years. The percentage of the population in the capital is 38% which is 1396494. "These statisitcs are inaccurate but are estimates. The only thing which is accurate is the birth rate. The number of birth rate at registration is complete at 95%, while the death rate only at 35%."

Annual statistics gathered from primary health care centres indicate a 60% PHC service coverage rate in Jordan (3). Primary health care is offered at health units by general practitioners, qualified midwives, nurses and health inspectors, in addition to paramedics. These health centres are considered the cornerstone of primary health care. They offer preventive care and services related to mother and child health, school health and environmental health. There are 194 health centres distrbuted over Jordan's eight governorates and several districts as follows:

Amman (19)	Ramtha (4)
Zerqa (15)	Karak (18)
Madaba (8)	Tafileh (7)
Balqa (26)	Ma'an (9)
Irbid (46)	Aqaba (3)
Kour (6)	Jordan Valley (5)
Ajloun (7)	Jerash (9)
Mafraq (8)	

Each of these centres, operating 46 hours per week, serves an average population centre of 2,000 to 5,000 people. It offers PHC services, one of the services is providing mother and child health and birth spacing services (3).

In 1991, the number of new clients for pills were 6,348, while for IUD's was 4,851 and for the condom was 3,080. This is the annual statistical report of family planning services in 194 health centres. The amount of packets dispensed per month of pills were 32,063, while from the IUDs were 4,851 and the condoms were 131,293. The number of women who had complications of the pill were 164 and 293 of the IUD. When compared with 1990, there is a difference of 8,190 in the pills and 295 in the IUD. The difference in the condom where in 1990 there was a difference of 108,253 more dispensed in that year than 1991. In 1991, 194 condoms were thrown away and not used. So in 1991 the number of pill users was 24,357 and IUD users was 4,851, while that of the condom users was 8,114 (2). If we compare the number of pill users over a 10 year period over the Kingdom, the result is as follows:

In 1979 it was 1,554. In 1989 it became 12,707.

For the IUD, the number of users were 137 in 1979, and 2,873 in 1989.

It is difficult to compare condom users as it was introduced recently in the government health centres as a method of contraception.

LITERATURE REVIEW

In Jordan, levels of fertility are equal to those of most other Arab countries. A 1983 survey shows that women whose child bearing is complete have about 8 children on average, and by 30 years of age, women have already had 5 children.

Jordanian women appear to marry later than they did 10 years ago. In 1976, the singulate mean age at marriage was about 22, whereas in 1983 it was nearly 24. There has, however, been very little increase in levels of contraceptive use; only about one quarter of married Jordanian women use a method of birth control. However, although two thirds of those who do use a method rely on the pill or the IUD (4).

In 1977, one commentator placed Jordan among those Arab countries that had experienced some mortality decline but had not yet shown any decline in fertility rates. It did not show any move toward the stage of demographic transition like Egypt or Lebanon.

Jordan had comparatively a high fertility rate, relatively low infant mortality rate and one of the highest levels of contraceptive use. It is a highly urbanised population: over 70% of the population live in urban areas. Cumulative fertility is slightly lower among women living in Amman, Irbid and Zarka, the three largest Jordanian cities, for example 30 - 34 year old women in those cities have had 4.7 children, while comparable women in other urban areas or in rural areas have had 5.4 and 5.3 lifetime births. The most pronounced decrease in fertility appears to have occurred among younger women. The fertility rate for 20 - 24 year old women fell by 34% from 344 births per 1,000 in the period 1971 - 1975 to 228 per 1,000 by 1983. Among women over 40 years of age, declines fertility have been more modest.

Three characteristics exert important influence on fertility which are: age at marriage, breastfeeding and contraceptive use.

Women's singulate mean age at marriage in Jordan has increased steadily from 21.7 years in 1976 to 23.8 years in 1983. There is a rapid increase in age at marriage decreased from 64% in 1976 to 54% in 1981 and to 42% in 1993 (4).

For women under 35, the proportion married has generally been higher among rural than among urban women. There is a small urban rural differential in the younger women but not the older ones.

The data on contraceptive practice shows that there was only a relatively small increase in current use of contraceptives by married women between 1976 and 1983, with levels changing from 23% to 26%, to 35% in 1990, according to fertility survey and family health in that year, and 24% in 1986 (5), while it was 21% in 1972.

On the other hand, there was a decline in total fertility rate from 7.7 in 1976, to 6.6 in 1983, then 5.6 in 1990.

The survey showed that the IUD was the most common method used, where it is used by 15%, while 5% use the pill and 8% the traditional methods. The results show that 58% from the currently total married women have used one method of birth spacing during their marital life, of which 52% have used the modern methods and 28% the traditional methods. The pill and the IUD were the most commonly used methods. In the family planning clinic in the gynaecology and obstetric department of Al-Bashir Hospital during the years 1990 - 1991 showed a decline in the number of users in the period 2nd August, 1990 - 28th February, 1991 due to the gulf crisis, that is from 100 IUD used in the period 11th July - 31st December, 1990 to 65 in the period 6th January - 21st April, 1991. There was an increase in the amount of pills used from 85 - 140 because it was the progesterone type of pill which does ot affect lactation (5).

Current use appears to have increased very little in urban areas (from 30% - 32%), but to have risen somewhat in rural areas (from 7% - 12%) (4).

Most users of contraceptives in 1983 reported that they used highly effective methods: 62% of current users relied on either the pill or the IUD. However, about 20% of users depended on less effective methods including rhythm and withdrawal. There is a distinct shift in contraceptive practice from the pill to the IUD. In 1976, half of current users were taking the pill, while only about 1 in 10 were using an IUD; in 1983 by contrast, almost one third of current users were using the pill and the IUD. The shift from pill use to IUD use appears to have been particularly strong in urban areas (4).

Six hundred copper intrauterine devices were inserted in Amman, Jordan: (1) Jordan University Hospital, and (2) four private clinics. The failure rate is 2.8% and the commonest complications in these patients were pain and/or bleeding (6).

Jordanian society is very conservative. Many dissatisfied patients had been influenced by rumours (that it causes sterility) and fears of the complications of the device. In that study done in 1985 by Amr et al, no cases of pelvic inflammatory disease were

reported, probably owing to the fact that PID is very rare in Jordan, because of strong religious, social and family values that limit sexual activity outside of marriage. This study showed 86% satisfaction with the coppier IU device. The main obstacle to this acceptance is fear or occurence of pregnancy (6).

Inter birth intervals in Jordan are among the shortest ever observed for a national population, suggesting that increased contraceptive use for birth spacing may have substantial health benefits for mothers and children.

Despite a rapid increase in eduational attainment among women, contraceptive use has not increased substantially in recent years. Among women interviewed in the 1983 survey, few who were not currently practicing contraception stated that they were interested in it. The index of birth spacing indicates the very short spacing in Jordan; of women in Jordan who had 3 births, one half went on to have a fourth birth within 2 years. The only country to approach Jordan's pattern fo birth spacing was Syria, also in the Middle Eastern region (7).

Education for females is now nearly universal in Jordan; 93% of girls aged 6 - 9 yars were currently enrollled in school according to the past 3 decades, showing steep gradient of educational attainment by age (7). At the end of 1987, the illiteracy rate (above 15) was 28% (17.3% for males and 40% for females).

The 1983 survey emphasised again that the pill and the IUD were the leading methods with around 8% using each; 3.8% were using surgical sterilisation. Rhythm and withdrawal methods together accounted for 5.3% or about one fifth of all users.

Contraceptive use was found to be strongly related to residence: 37% were using contraceptives in the three largest cities, whilst 12% in rural areas. Contraceptive use also increased with the number of children a woman had, although it starts to decrease, in general, after the fifth child.

Older, more highly educated and working women, were more likely to practice contraception, but the reverse occurs in rural areas. Contraceptive use is about equal for working and non-working women in the three large cities; three times as many working women use contraceptives compared with non-working women in rural areas. This may be due to the lower availability of contraceptives.

The estimated absolute number of women practicing contraception increased from 52,000 in 1976 to 71,000 in 1983. There is also a clear increase in contraceptive use in rural areas from only 7% in 1976, to over 12% in 1983. Most of this increase is due to increased use of the IUD and sterilisation.

The popularity of the IUD in Jordan contrasts with nearly all other developing countries, where there is an increase in its use from 2% - 8% and sterilisation (2% - 4%), with a decrease in pill use (from 12% - 8%).

Most of those who practice contraception in Jordan do not obtain supplies or services from public programmes. Private physicians and pharmacies provide the majority of methods. Twenty one percent of current users practiced rhythm or withdrawal methods, which require no source. Public hospitals supplied 10.9% of users. The Family Protection Association (NGO), a private agency, affiliated with the International Planned Parenthood Federation, account for 5.8% of all users (7). Its main headquarters are in Amman and it has three branches in the three largest cities.- Amman, Irbid and Al-Salt; with three clinics in Amman and five others scattered in the other urban areas. During the years 1989 - 1991 the number of IUD's inserted, increased from 13,765 to 16,053 in that Association, while the pill increased from 5,348 to 10,291. Again the IUD was the most popular method amongst married women (5).

From 1972, the Jordanian Association has been aiming at:

1. Introducing the family planning methods and material through free choice of recipients.

2. Introducing preventive and curative services in the field of infertility.

3. Projecting and implementing developmental projects to promote the family standard and to achieve the social welfare.

4. Assisting Jordanian families in the fields of medial, psychological and social services to enable them to bring up healthy children.

   This is done through delivering lectures, holding seminars, courses and conferences to generalise awareness of family planning conception and practices in its human, economic and hygienic dimensions

The source of supply varied according to method; pharmacies were most important for pill users (68%) and private doctors for IUD users (75%). Forty nine percent of female sterilisations had been performed in public hospitals. Public hospitals counted for 10%, while the Family Protection Association counted for 2%.

The Ministry of Health began offering family planning services through its Maternal and Child health (MCH) centres in 1979. Family planning services however, do not appear to be promoted in the MCH centres and are provided only at the client's request.

Women who did not practice contraception gave a variety of reasons, including fear of side effects, husband wanted another child and no knowledge of contraception in that survey.

The pill was the most frequently mentioned method in rural areas and among the less educated; the IUD was preferred most often in the urban areas and among more educated women. The ryhthm method was the third most frequent among non-users, followed by sterilisation.

Women with fewer children were more likely to have planned pregnancies, as were women who were better educated. The percentage of unwanted pregnancies increases with the number of children, and is inversely related to this. The gap between the desire to use and risk of unplanned pregnancy is substantial in both urban and rural settings. The need for services is generally high among the older and higher parity women. It is also higher among those with less education, those who are unemployed and those who have never used contraception.

The third determinant which affects fertility is breastfeeding. On average Jordanian women breastfeed their infants for somewhat less than one year. The 1983 estimate of 11.4 months is only slightly longer than the 1976 estimate of 10.9 months.

In urban areas of Jordan, women breastfed for an average of 10 - 11 months in the two surveys, while in the rural areas breastfeeding lasted for an average of 12.7 months.

The mean duration of postpartum amenorrhea can be estimated from the 1983 data only. The average 6.2 months is somewhat shorter than the duration that would be expected, given the length of breastfeeding in Jordan. The shorter period of amenorrhea is probably related to the low intensity of breastfeeding in Jordan, as well

as to the use of supplemental milk and food during the first months of an infant's life (4).

In 1987, a study was done about breastfeeding in Jordan by Professor Sami Khoury and showed that its prevalence is 93% with mean duration of 16 monts. The majority did not show any sex bias. Traditionally breastfeeding was started in the first two days after delivery.

Between the first and the last child, almost all mothers breastfed their children; and of the very few who did not, about 50% stopped breastfeeding after the first. The two main reasons given for not breastfeeding were: no breast milk and unspecified health reasons.

Regarding sex differentials in brestfeeding, 88% of those who had boys and girls said that they did not show any bias in breastfeeding, 71% admitted that they were biased towards boys and 5% towards girls. The two most frequent reasons given for this bias were: better sex and love for the child.

Children were weaned for a variety of reasons. Pregnancy accounted for 14%, ill health for 13% and insufficient breast milk for 22% (9).

The effects on breastfeeding of being an urban resident of in-migrant are generally negative. The child's being male increases the likelihood of its being breastfed only at longer durations. The use of the pill or other contraceptives has a larger negative impact on the short duration decision, but no significant effect on the long duration choice. Moreover, the desire for another child has a significant positive effect on the probability of breastfeeding beyond 15 months among long duration breastfeeding, but no effect on short duration continuation decisions.

Having female children 7 to 12 in the home is found to increase the probability of breastfeeding beyond 4.5 months among the short duration group, presumably because young daughters sometimes substitute for their mothers doing the household work, or assist in the care of younger siblings who would otherwise compete with the last born child for the mother's attention. The male child effect is large and significant only for the long duration decision. Whether this means that male children are favoured in infant nutrition depends on what other foods are administered, at what age, and how (eg with sterilised water or unsanitary water) to male and female children. Inadequate

supplementation (beginning too late, low quality and quantity) is in fact often a key problem in the Near East region (11).

Mothers with more education were systematically found to breastfeed less in Jordan, paralleling research in other countries. In Jordan women's employment is associated with a small effect on (reducing) breastfeeding. This may be partly because relatively few women work (even in urban areas), and traditional home focused roles continue in the society.

It is important to note that mothers who use oral contraceptive pills, were significantly less likely to breastfeed their children in Jordan. This effect seems to be greatest for the important short versus moderate duration decision. The negative effect of desires for another child on the ever-never breastfeeding decision suggests that lactation may sometimes be viewed as an alternative to contraception.

There appear to be strong affects of urban residence on reducing the duration of breastfeeding. Moreover, among the group of women who breastfeed for short durations, urban in-migrants are less likely to extend brestfeeding from one to four months to five or more months than are rural residents. Therefore, the expected continuatin of rural urban migration, expecially to the (unknown) extent that women in urban in-migrant families work, may further reduce overall breastfeeding in Jordan for children of migrant mothers as compared with rural children.

In 1977 Hijazi conducted a similar study and found similar results. He found that 6.4% of infants were never breastfed; however, he found that only 9.7% of the remaining infants were breastfed less than 6 months as contrasted with over 20% of the infants in this sample (10).

In the four years preceding the world fertility survey, 1972 - 1976, the observed breastfeeding frequencies for 12 completed months were 349, while for 18 months were 294 and for 24 months were 153 (10).

Regarding husband's occupation and fertility, the lowest marital fertility is among the 'professional and clerical' occupations in all the duration of marriage groups except the first one. The highest level is among the 'sales and services'. This indicates that husband's occupation has a significant effect on fertility.

Women whose husbands are in the 'professional and clerical' category, live mostly in urban areas, have higher education and work mostly in the modern sector of the economy. They also have 6 or more years of schooling 61% and a sizeable proportion of them worked after marriage (18%).

Regarding duration breastfeeding and husband's occupation. The least duration (mean number was 9.7) among the professional and clerical, while the highest was among the agriculture and household category (14.2). 'Sales and services' and 'skilled and unskilled' categories occupy intermediate positions both in terms of breastfeeding practices and use of contraceptive methods. The 'professional and clerical'group in Jordan has achieved lowest fertility by the higher use of contraceptive methods which is almost two times higher than other groups (11).

Results from the 1985 Jordan Husband Fertility Survey suggest husband's attitudes toward fertility and fertility control are in close agreement with the actual practice found in 1983. Over one half of the husbands stated that family size decisions are "up to God". This figure ranges from 79% for husbands who were illiterate to 31% for those with some secondary education. A large percentage of wives appeared to lack control over their future fertility desires. This lack of control was more apparent in rural than urban areas and for younger couples (wives aged 25-34 years) regardless of level of eduation of the husband (13).

Higher educated husbands have lower family size desires, but reported slightly higher levels of unplanned pregnancies. They also favoured relatively long duration of breastfeeding (nearly 2 years), which is nearly twice as long as the actual duration of 11 months reported in 1983.

Husbands tended to nearly universally know of the pill and IUD (90%), but female sterilisation was only moderately well known (70%) (13) and knowledge was fairly low for all other methods. Wives' knowledge was equal to or greater than their husbands for all methods, even male oriented methods such as withdrawal, male sterlisaion and condoms.

Nearly 40% of the husbands do not believe in using contraception and over 50% view family size as "up to God". Until these attitudes change fertility regulation and ultimately the potential for fertility decline probably will be quite limited in Jordan.

Islamic Perspective Towards Birth Spacing (12):

1. Islamic religion views that marriage is a must for each one who is capable financially or physically so that he will not do anything prohibited (immoral behaviour).

2. It encourages reproduction as there is is a verse in the Holy Koran implying that money and sons are the delight of life.

3. No special verse limiting marriage to 13 - 14 year olds, this is to keep away from corruption.

4. Islam is not against family planning but against limiting the number of births as birth spacing was practiced during the time of the Prophet Mohammad nad abstinence as a method was known since then as well as a lot of contraceptives.

5. On the other hand, there are verses in the Holy Koran emphasising that there may come a day when the nations may reproduce very much which may be overwhelming.

6. Another view shows that it is preferrable to see another method other than contraception as abstinence.

Catholic Teaching (14)

The attitude of a society towards its children, whether they are yet in th womb or are already born, is a revealing indication of the level of civilisation of that society. A society which neglects or worse still violates the rights of its children, is signing its own detention or death warrant.

In the world it is estimated that between 30 - 40 million abortions are performed each year.

The principles on which Catholic moral teaching about the rights of the unborn child are based, may be enunciated as follows:

a) "Human life is a free gift of God.

b) The human person is "union of body and soul", the body is not a mere complex of tissues, organs and functions.

c) Every human being, from the first moment of conception until the moment of natural death, has an inalienable dignity and right to life.

d) No human, whether biologist, doctor, or parent, is able to decide independently a persons' origin and destiny, for that hs been determined by God the Creator of life.

e) Human life begins at conception (the union of sperm and ovum); the being after the time of conception is a human person, who has the rights which adhere to every human person."

The church's opposition to abortion as a violation of the human person's right to life, has been consistent and absolute since its earliest centuries of existence. As human life begins at the moment of conception, the embryo has the same right to life as every other human person.

In vitro fertilisation according to Catholic teaching is tantamount to the abortion of human persons.

Diagnosis prenatally with a view towards aborting the fetus is contrary to Catholic teaching especially if the results are not acceptable to the parents.

Because human life is sacred to God, abortion or the killing of an unborn child, is a crime against life and love. Government "legalisation" of abortion is no moral justification for the practice. Catholic moral teaching holds that abortion is wrong because life is a gift from God and from His love. he is the "lover of life whose imperishable spirit is in all" (Wisdom 11:26). God is "the fountain of life" (Psalm 36:10). "I will demand an account of every man's life from his fellow men" (Genesis 9:5), says the Lord. Unequivocally, God's commandment states "Thou shalt not kill" (Exodus 20:13).

A "legal" declaration that the embryo is not a person or that abortion may be performed is without moral foundation because in the eyes of God, the embryo is a human being who morally and theologically has the rights of each human person.

It is false, and adding insult to injury, to call abortion a "birth control". Indeed, abortion really means no birth and no control. Pope Pius XI called abortion "direct murder of the innocent".

The right of the unborn child is not only to be allowed to live, but also to have physical integrity. Defence of the unborn child begins with the adequate care for pregnant women. Poverty, inadequate hygenie conditions, improper nutrition affects necessarily the unborn child.

The Catholic church rejects all procedures which implicitly deny the sacredness of marriage as the proper locus and nuture for procreation. This is clear to refer to where the ovum is impregnated with the sperm of a man other than the woman's husband. According to Catholic teaching, the procreatin of a human being should be the result of an act of love between the parents within the institution of marriage.

Catholic moral teaching opposes "surrogate motherhood" where the fertlised ovum of a couple is implanted in the uterus of another woman, as well as in-vitro fertilisation and artificial insemination. It also opposes "homologous artifical fertilisation". "The child has the right to be conceived, carried in the womb, brought into the world and brought up within marriage."

The Muslim point of view may be summarised as follows:

Human life is a gift, a blessing and a creation by Almighty God who says "We have indeed created man in the best of moulds" (Sura 95, Verse 4). He also says "And God has made for you mates and companions of your own nature, and made for you out of them sons and daughters and grandchildren" (Sura 16, Verse 72). He also says "He bestows children male or female according to His will (and plan)" (Sura, Verse 49).

Man is an honoured creature created by Almighty God with a harmonious nature. He consists of body, spirity and intellect. He also says "It is He who brought you forth from the womb of your mother when you knew nothing, and He gave you hearing and sight and intelligence and affections that you may give thanks (to God)" (Sura 16, Verse 18).

Muslim jurists addressed the abortion issue and were unanimous that it was illegal (haram) after the spirit has been breathed into the fetus which should be 120 days old. They banned abortion from the moment the fetus clings to the womb because it is the

beginning of life. All specialised symposia and conferences have come to the same conclusion and made it clear that abortion is illegal whether before we can identify the shape of the fetus or after that, and before spirit was breathed into it or after that, because abortion is an encroachment upon human life after the spirit has been breathed into the fetus and a destructin of human life which the fetus received before the spirit was breathed there into.

Scientific experimentation on the fetus is banned so long as the fetus is living inside the womb, whether these experiments lead to abortion or not, because the fetus' life and dignity must be safeguarded. It is illegal to conduct experiments on aborted fetuses because their very abortion is illegal, which illegitimises utilising them for experimentation to ward off harm.

From an Islamic perspective, on the other hand, jurists councils and Ifta councils and muftis (ie official expounders of Islmic Law), are almost unanimous on banning all forms of tube children, except one which is acceptable only after adequate medical explanation. "It is He who has created you from dust, then from a sperm drop then from a leech like clot; then does He get you out (into the light) as a child" (Sura 40, Verse 67).

So birth spacing is crucial in Islam for the following reasons:

1. To safeguard the mother's life and health especially if pregnancy and delivery was proved to be detrimental by experienced or trusted doctor. "Don't kill yourselves as God had been merciful" (Sura Verse 29).

2. So birth spacing is important to quench lusty desire in a legitimate religious way and safeguard humans from adultery, in addition to producing good and virtuous offspring, thus avoiding immoral behaviour (13, 14).
"God wants for you an easy life and not an impossible one (Sura Verse 185).

3. "Birth spacing is important for the offstping's health and upbringing."

4. "Great concern that the infant may be affected physically from a new pregnancy as the mother's breast milk may be disrupted and weakened."

5. When speaking about gifts, God gave the female precendence over the male. "He bestows female or male according to His will." He - be He glorified and exalted, favourable accepted from Imran's wife the vow in her womb (ie Mariam - Mary), while He knew it was a female. For males and females are both a source of delight and the real joy comes from righteous offspring, not gender (14).

6. The Fetus' Right to Defining the Pregnancy Period which decides its lineage. "The carrying of the child to his weaning is a period of thirty months." "The mothers shall give suck to their offspring for two whole years, for those who desire to complete the term" (Surat II (Buqara), Verse 233).

Immam Ali - deducted from the afore said verses that the minimum conception is 6 months. A number of the Sahabah (Prophet Mohammad's Companions) agreed with Ali. The shortest of pregnancies is known in the Holy Koran ie 6 months where as the longest period is not known. Ibn Abbas says that God means by saying "by how much the womb fall short (of their time or number) or do exceed" ie births less than 9 months or more than that.

Preservation of the Fetus' Life

God has guaranteed protection and care for the fetus. So He banned it's destruction by any means as some women resort to abortion for several reasons.

Almight God says "Kill not your children on a plea of want; we provide sustenance for you and for them" (Sura 6, Verse 151). He also says "Kill not your children for fear of want. We shall provide sustenance for them as for you" (Sura 17, Verse 31).

Islam did not allow the woman who illegally became pregnant to kill her fetus in order to avoid scandal and conceal her crime; for in this case the fetus would be unjustly be victimised while Almighty God says "No bearer of burdens can bear the burden of another."

Islam banned the woman from restoring to medicines or drugs to get rid of her fetus.

Conclusion

The fetus is a human being and an honoured guest of his mother who is distinct and asks nothing except shelter, food and protection. He is entilted to life from the moment of conception until death.

God blessed man and woman, created them according to His own figure and example and said to them "Procreate, fill the land and make it fertile." "Every responsible procreation of expected children must be a moral outcome of marrange" (14, p63). "The main goal of marriage in Islam is reproduction as this is a natural biological instinct, so prevention of pregnancy is acting against this instinct which is verified in the Holy Koran.

Almighty God asked human beings to work together socially and financilly, that the rich can support the poor to maintain his needs as in some nations such as Egypt, children are considered as assets and not liabilities.

Coitus Interruptus is one of the contraceptive methods mentioned by several Sahaba"s (the Prophet's Companions) but is still a controversial issue. In some occasions the Prophet Mohammad said "You must not practice it." He also clarified "If God wants to creat something, nobody can prevent it." This is considered as the concealed murder. If it is permitted, it is thus an individual license. It is as if putting aside the best practice and practing the most averted matter."

Summary

A study of women of child bearing age, health professionals, school teachers, pharmacists and religious leaders was performed in order to assess attitudes and practices towards contraception.

Responses from older women (>30 years old group) were compared with responses from younger women (<30 years old group).

Contraceptive techniques, including prolonged breastfeding, were used by 44% and 66% of younger and older women respectively. The IUD was the most popular method in both groups. However, a considerable proportion of women showed very limited knowledge of contraceptive technology.

The importance of the views of husbands, religious leaders, school teachers, pharmacists was assessed. Husband's education was a key factor in encouraging the use of contraception (IUD, withdrawal, but not the contraceptive pill).

Women obtained most of their contraceptive knowledge from friends and relations rather than health professionals and school teachers. The implication of these results with reference to changes in future family planning services in Jordan are discussed.

AIMS AND OBJECTIVES

REASONS FOR INVESTIGATION

HYPOTHESIS (BACKGROUND)

LONG TERM OBJECTIVES

AIMS AND OBJECTIVES

Reasons for Investigation

1. To compare the knowledge and practice of contraception between older and younger Jordanian women.

2. To assess the sources of information on contraception.

Hypothesis (Background)

1. Jordanian women have a good knowledge of contraception, but they only start using it after they have two or more children, influenced by their husbands as the main decision maker.

2. Their knowledge and practice of contraception starts only after marriage and conception.

3. Their attitude is influenced by husbands, religious leaders, mother-in-law, school teachers, media and the society norms which expect every newly married couple to have a child immediately after marriage.

4. There is no family planning policy, but integrated with Maternal and Child Health Services.

Long Term Objectives

Gathering information about attitudes and practice of family planning among Jordanian women in urban areas of Amman, so that planners and policy makers can set specific family planning policy in the country. Since this study is limited in scope, it is expected that other researchers will expand on the findings to cover the whole Kingdom.

METHODOLOGY

This is a cross sectional pilot study to assess the current attitudes of Jordanian women of two age groups (<30 years of age, and/either >30 years of age) towards birth spacing. The study took place from 4th July till the beginning of September, after letters of approval were sent by post from the honourable Minister of Health to the various government Maternal and Child health/Family Planning clinics, Family Planning and Protection Association Clinic, one government hospital (Al-bashir) antenatal clinic, one teaching hospital (Jordan University hospital antenatal clinic). Six health centres were selected, located in different areas of the city where the clients were drawn from all strata of the society: low, middle, and upper. They were chosen according to the following criteria: number of clients, attendance, location, use of contraception. Some home visits were also conducted.

Six experts in the field of gynaecology and obstetrics/family planning were interviewed prior to the data collection, after an explanation of the aims of the study was done. They were selected according to the following criteria: position, number of clients and experience in the field. They were interviewed with regards to contraceptive availability among Jordanian women, their views regarding the obstacles to such use, and the most prevalent method used in their practice of family planning.

They were interviewed according to arranged appointments in their offices. Two of them were senior consultants in obstetrics and gynaecology. One is the Head of the Department in Gynaecology and Obstetrics, Director of the hospital, but is more interested in family planning. He published a paper about birth spacing, maternal and child health services in Jordan in Al-bashir Hospital. Two were obstreticians in the private sector - one had practiced for 14 years.

The data was collected both quantitatively and qualitatively using structed dichotomous questionnaire, including open ended questions. Four group discussions were also held in two health centres. Four mini focus groups were conducted in these health centres with women coming for Maternal and Child Health Centres/Family Planning services.

The study also included interviews with two Islamic religious leaders in the Jordan University, Faculty of Sharia'a. The interviews included open ended questions about Islamic perspectives towards family planning. Christian leaders were also interviewed for comparative purposes. One of them is one of the orthodox religious and economist leaders in the society. He presented a paper about the role of relgion in family planning

(Islam versus Christianity), in a workshop about the unplanned population increase in Amman.

Interviews were also conducted with school teachers in government and private schools to see the age at which human reproduction and family planning is taught at schools. This was done through open ended questions after approval was taken from the Ministry of Education. The study also included interviews with the Head of the Department of Press, Ministry of Information, journalists to see their policy towards family planning publications.

The Head of the Department of Health Education was also interviewed Minstry of Health to see their contribution to this field.

Pharmacists were also interviewed to see their role towards selling contraceptives, cost, availability, sex of client buying and the most common method used.

Data was analysed using different stastical packages: Engineering Graphics, Quatro pro, Harvard Graphics and Eip-info softwares.

INTERVIEWS WITH EXPERTS

Gynaecologists were interviewed and were asked the following:

Contraceptive acceptability among clients (in general):

"50% of women accept without hesitation and ask for it."

"Women accept family spacing because of motivation and education and the economic cost of raising children" (Jordan University Hospital Obstetricians) (1).

"Family planning is done through maternal and child health services, but there is no population policy or family planning policy" (Director of Maternal and Child Health Services and Training Centre) (2).

"After they accept the use of contraception, I explain the pros and cons of each method and the clients select whatever they want (Gynaecologist Private Sector (3), who shared in establishing the Jordanian Family Protection Association, 1973).

"Their acceptablity and choice is affected a lot by the elder female relative at home (mother-in-law/mother), or husband (Gynaecologist Private Sector (4) (14 years experience).

"Contraceptive acceptability and use among married women is about 35% during 1990 (Head of Goverment Hospital, Gynaecologist - published a paper about Maternal and Child services in Jordan) (5).

Acceptability of Methods

"There is fear of the pills."

"Women are worried of hormonal type as it may cause cancer as they believe. The pills especially the non-oestrogenic type for lactating mothers are the most common methods used (1), then comes the combined pills in non-lactating patients.

"In 1990 the annual number of pills dispensed were 23,872 while for 1991 it was 32,063" (2).

"Pills are preferred by women <30, especially the ones with low oestrogen, biphasic but not triphase. They are the most common method used as my patients are young, unless she is more than 30 years old, due to it's side effects" (3).

"The pills are the next common method but women are frightened that they cause infertility" (4).

"48% of new comers use pills, 70% of referees use the pills. Use of the pills has doubled in the year 1989 in comparison to 1985, 1980. This included family planning activities in Maternal and Child Health centres. The number of the clients increased in my hospital from 85 - 140 as the use is mostly of the progesterone type" (5).

IUD

"It is accepted unless they avoid it due to previous experience. Many request it . It is more dispensed than the pills" (2).

"The most prevalent method and widely used due to myths about the pills' side effects" (4).

"In family planning clinics/maternal and child health centres 38% use IUD, where it's use has doubled in 1989, but it dropped from 100 in 1990 to 65 in 1991 due to the Gulf crisis in the government hospital " (5).

Condom

"The barrier method is not acceptable. The condom is not widely spread due to male refusal, losing pleasure of sex. It is the fourth method used as it is a very conservative and religious society" (1).

"Number of condoms dispensed in maternal and child centres in 1990 were 239,566, while in 1991 it was 131,144" (2).

"Condoms are rarely used" (3).

"The condom is very rarely used among Jordanian hsubands" (4).

"14% use condoms in family planning clinics/maternal and child health centres and is the same percentage for referees. It's use has doubled in the year 1989 than 1988, while in the government hospital were only 10 in the year 1991 which increased from 4 in 1990" (5).

Provision of Services and Obstacles

Family planning is part of the services offered. The main obstacle is the cost of the IUD, pills and pessaries as these are not included in the health insurace. It is better if there is organisation of the health system. Females are submissive and have no choice regarding the method used. Elder relatives such as the mother, mother-in-law, have great influence on the size of the family. The next obstacle is the sex of the children as girls are not counted. They depend on male children for security and social status. "So the main obstacle is the social norms, religion, especially among Catholics, the cost espeically for IUD's which are too expensive (£18 - £25) and last is the Jordanian law which prohibits abortion unless it is for the sake of the mother" (1).

"Provision of methods is through United Nations For Population Activities (UNFPA) and USAID. The obstacles in order of importance are:

1. Need of husband's consent.

2. Lack of awareness as family planning education is adminstered through maternal and child health.

3. Religous opposition as there are political and religous implications towards increasing the number of children.

   It is adminstered by request of the client under the screen of maternal and child health services. Lectures are held daily on Family Planning through maternal and child health services supervised by UNFPA."

"Female sterlisation is very rarely practiced" (1).

"It is becoming more acceptable for older women (>30)."

Obstacles to Contraceptive Use

The cost of the IUD (£25) and the pills are the main obstacles, then the male decision for pregnancy and contraception, while religion and son preference are no more a problem (3).

The main obstacle is the interference of the elder relative at home (mother, mother-in-law). Myths about contraception as the pill causing infertility, IUD causing cancer, condom causing infection, although it is not widely used, withdrawal causing dryness of the vagina (4).

Most Common Method Used

"The IUD is more dispensed than the pills (2) and is requested by many women."

"The pills are the most common method dispensed especially of young patients, as for older age groups, it may cause infection and obstruction of the tubes."

"The most prevalent method is the IUD, then the pills. Other methods such as the condom, safe period, withdrawal are very rarely used amonth Jordanian women. There is an inclination towards tubal ligation especially if their age is above 30 and have completed their families. Vasectomy is not used and recently few came to ask for it. Diaphragm and pessaries are not used due to inconvenience. Safe period is also preferred althoug it it only 70% safe."

Breastfeeding Practices

"Physiological methods are preferred, such as lactation, as it has no side effects. The importance of lactation sessions and length is also emphasised. But as most of the Jordanian women are working women, they do not have proper access to breastfeed their infants. Two thirds of Jordanian women prefer breastfeeding for financial reasons. Jordanian women are affected by traditions and cultural norms which appreciate the importance of breast milk" (1). "Breastfeeding is still high practiced as it is encouraged by the Islamic religion" (3).

Conclusion

IUD is the most common method used (15%) among married women. While it is 5% for the pills and 8% for the traditional methods. 58% of the currently maried women have already used one method during their marital life. 52% have used the most recent methods, 28% use traditional methods" (5).

"No sexually transmitted diseases reported apart from a very few cases of gonorrhoea. The most common infections are candida, yeast due to antibiotic abuse. It is also common among diabetics and cytotoxic drug patients. One to two trichomonas vaginalis cases can be found with proper smears" (1).

INTERVIEWS WITH RELIGIOUS LEADERS

Two religious leaders were interviewed in their offices at the Jordan University, Department of Sharia'a (Islamic Studies), after an agreement was taken through the Ministry of Health.

1. They were asked if they thought that birth spacing was important to the health of women and children.

One of them answered that birth spacing is important for the health of the mother and the child, that is why the Prophet Mohammad forbade the Muslim women from recurent pregnancies especially postpartum and while she is breastfeeding, but if her health is not affected, Islam does not prevent her from recurrent births. This is shown in the Prophet Mohammad's saying "I say this phenomena (recurrent pregnancies during breastfeeding) amongst the Romans and Persians and it did not affect the health of their children."

The other responded by saying, "Of course, I believe so for many reasons:

a) Health of the mother and child.

b) Financial reasons.

c) Educational reasons.

d) Social reasons.

and depending on the medical and updated views, taking into consideration that there are no verses explicit in this field in the Islamic law.

2. *I would like to ask you about religious (Islamic) perspectives towards family planning.*

Islam legalised family planning but it did not give any legalisation forcing individuals to space between births as it is not the general implication of the Islamic country, but it is towards increasing the population. This is evident in this verse "Marry the fertile and amiable woman because I take your large number as means of rivalling with other nations." So there should not be any association for family planning. There is no

legislation towards limiting births, so birth spacing is allowed according to each family's social, financial and health conditions. So it is not a must issue but it is an issue which is accepted (professor in Sharia'a Faculty).

Islam called for birth spacing for the same reasons (health, finance, education and social). It is not a must issue, but it depends on the economic situation of the family and the mother's health (Head of Department).

3. Age at which women in regards to Islamic religion should receive information about family planning.

Islam does not start talking about birth spacing to women until the age of 15 years. This is done through schools, universities, media and general information. As after this age she can appreciate the significance of birth spacing but not before this age (Professor in Sharia'a Faculty).

The Head of Department answered by saying:

A woman's knowledge about birthspacing should be by stages - before marriage stage, through lectures, specialised books in this field, maternal and child health centres according to specific programmes.

After marriage stage: that is during marriage, at the beginning and after 5 - 10 years of marriage - when she starts being a responsible married woman. At this stage it should be from specialists in this field.

From this, and other verses quoted by the Prophet Mohammad, we see that:

1. There is guidance to avoid getting pregnant while breastfeeding, but it is not prohibited.

2. To safeguard the infant's well being.

3. But this does not prevent the husband from seeking extra marital relationships during the breastfeeding period.

One of the religious leaders during Prophet Mohammad's time, forbade the method "abstinence" unless the wife agreed, signifying that Islam gave the woman her full

rights at a time when her rights were not acknowledged. The ideal time in Islamic perspective for birth spacing is two years which is evident in Verse 233 "The mothers shall give suck to their offspring for two whole years."

INTERVIEW WITH THE HEAD OF PRESS AND PUBLICATION, JOURNALISTS

Aim: To see their policy towards family planning information and presenting it to the public.

"The Department of Developing Information implemented a programme in collaboration with Unesco for 5 years from the period of 1981 - 1985 for family planning. It launched an information campaign in the field of population information through mass media: visual, audible and through the press. Feedback by distributing questionnaires on a random sample in Jordan (south, west and north) was done. Ninety six percent of the respondents were with the programme. The programme stayed for three years and the authors of the policy thought it was satisfactory.

The department is convinced that third world countries need family planning. There was opposition by fundamentalists during implementation of the programme. The Head of Department said that they defended their policy by depending on this verse from the Koran "The carrying of the child to his weaning is a period of 30 months" which is with birth spacing."

Head of Department of Censorship

"There is no direct policy against family planning. Priority is given to a lot of important political events. No policy is taken against publications of family planning being edited and published. His personal view is with the idea of family planning and small size families as education, health care and daily living costs a lot for the breadwinner.

One of the journalists commented that a publication about family planning was presented but was opposed by fundamentalists. The other commented that newspapers are independent regarding the material edited. The Ministry of Information has nothing to do with this.

"This issue is not given the proper consideration as the emphasis is towards political events. it also depends on the family planning association activities. There is no specific policy against family planning as it depends on the social structure and the social status the woman belongs to. Almighty God says "We provide sustenance for you and for them" (Sura 6, Verse 151). Islam is with the idea of spacing. I come from a large sized family of 11 members, but now I am a father of 3 children which I

consider an ideal number thus meeting my family's demands and mine. I am convinced that this is permitted from a religious view."

The material presented in the newspapers depends on personal views and attitudes which are affected by the social norms. The absence of declared population policy does not mean that there is a policy which prohibits editing such issues."

In the Royal Educational Centre, a recent workshop was organised by the Arabic Youth Club, on the unplanned population increase in Jordan. The participants were the general representatives from the (a) Ministry of Development, (b) the organiser of the scientific matters and environment in the same club, (c) other participants from the Jordan University, (d) Royal Educational Centre and (e) Department of Statistics.

The representative from the Ministry of Development commented that Jordan is a developing country characterised by limited resources. The percentage of population increase is high (~ 3.9%) annually. The population increase in Jordan is not only because of the natural increase in the majority of population members, but also because of the forced immigration from the nearby countries to Jordan and the last one was the return of 350,000 citizens from the Gulf region during and after the Gulf War, which caused great pressure on the infrastructure for the local and government services. "There should be spacing within the same family, as it is crucial to protect the children's life and improve their nutritional status. The level of services will be better if the family members are less, so parents can provide all the services easily. Jordan, he said, forms the biggest percentage in the world reaching 4%."

"In Jordan, there are about 1.8 million m^3 of water, but regarding energy there is no more than 5% produced and 95% is imported from outside. The unplanned population increase may result in a variety of bad social phenomenas as unemployment, illiteracy and starvation. Lots of sons are working in the labour force to help their parents so that life's necessities can be maintained." The participant from the Jordan University gave the following conclusion that population planning should be pivoted on main pillars: planned population philosophy and the eneral planning in limiting the people and rehabilitate them by directing them to the production areas.

INTERVIEW WITH THE HEAD OF DEPARTMENT OF HEALTH EDUCATION

Aim: Policy Towards Family Planning Education

"Two programmes were implemented for the same purpose, one was RONCO sponsored by USAID for training the medical staff for birth spacing and practice. Twenty centres for maternal and child health and family planning were established. We have 173 maternal and child health centres, 20 centres offer family planning services. The next was Mother Care by Khoury for birth spacing for the private sector. It's main theme was the importance of birth spacing for the mother, child and family; this was done by distributing pamphlets and placing posters in pharmacies. But no messages were transmitted on the television due to religious, social and political opposition. It was limited also to the government sector. A non government organisation (NGO), the Nur-Al Hussein Institute, implemented the same proramme but it did not continue.

Their point was supported by two verses in the Koran: "Mothers shall give suck to their offspring for two whole years, for those who desire to complete the term" (Surat II (Baqara) Verse 233).

"The carrying of the child to his weaning is a period of 30 months."

But there are two important things to consider:

1. Some families are privileged by their large size.

2. Political opposition because this country is a frontline country and it is important to have large size families.

The Mufti (Official Expounder of the Islamic Law) was interviewed to clarify the meaing of the verse "I take your large number as means of rivalling with other nations." He said it is being proud of the good quality of the population and not the number."

INTERVIEWS WITH SCHOOL TEACHERS

School Teachers in Government and Private Schools (Preparatory and Secondary Stages were also interviewed)

These teachers were biology and science teachers, domestic science teachers, Islamic religion teachers, social workers and Arabic language teachers in both male and female teaching schools.

School teachers are considered in the community to have great influence on raising and teaching the students. Their views regarding matters of life are crucial as many students adopt their teacher's views in life as a whole.

1. Do you ever discuss human reproduction? If yes, at what age?

Private Schools (3rd Preparatory)

Science: Yes it is *discussed* at age 15.

Biology Teacher: *Not discussed* because it is not in the curriculum, we don't discuss anything outside the curriculum.

Male Teachers: Secondary school - human reproduction is *discussed* at age 15 and in detail at age 17.

Government Schools

Human reproduction is *discussed* at 3rd preparatory stage, at 15 years. Ther is no objection from the parents ever seen. This topic is in the last part of the science book. I wish it was more detailed.

5th Grade: The curriculum is too limited that there is no chance to discuss this. it is only upon request by students, which rarely happens, as most come from large sized families.

Preparatory and Secondary School: Human reproduction, genital system are *discussed* because they are in the curriculum. Girls should know about this as they have wrong concepts about this and it is accepted by them.

It is *discussed* in an elaborate way in 3rd secondary school and briefly in 3rd preparatory stage.

Male Teachers: Human reproduction is discussed in detail as it is in the curriculum at age 18. The problem is if the woman has female children she is expected to go on becoming pregnant for a male child. Need for campaigns of awareness for female students only.

Preparatory Stage: There is a contrast in the information the student gets from the school, street, media and there should be organisation in the way they get such information.

2. At what age is family planning discussed at school? If not, why not?

Private Schools - Females

Female Science Teacher (3rd preparatory): It is discussed, but still the issue of religious leaders' views is present in government schools. It is also not related to the curriculum.

Arabic Teacher: It is not in the curriculum, but is discussed through our class work activities and essays. Discussion of the state of the Jordanian family and the impact of it's big size, it's economic financial burden on the nutrition, education and health care of the family. Emphasis on the imprtance of girls' education to appreciate the importance of small size families. It is not discussed because of fear of religious point of view which prohibits limiting size of family. Jordanian girls are not ready for this discussion because of embarrasment of it's discussion. Contraception per se is not discussed due to religious sensitivity.

Islamic Teacher: It is not discussed because it is not in the curriculum.

Arabic Teacher (in the secondary school): Family planning is not in the curriculum, but is included in the course activities emphasising the importance of small size families on better health, nutrition, education for the children, thus minimising the burden on the bread winner.

Preparatory School and First Secondary School: No this issue is not in the curriculum, as, we as a country, still do not complain of over crowding and population inflation as

in Cairo. Private school students come from small size families so there is no problem regarding social financial burden.

History and Geography School Teacher: This issue is discussed in both the preparatory and secondary classes as an issue in the whole Arabic system and the whole world but not Jordan in particular, where there will be emphasis on the impact of large size families on the education, health and up-bringing of each child and is related to the Islamic perspective in this field.

Islamic Religion Teacher (Private school, MSc in Sharia'a): Family planning is not in the curriculum, but it is discussed in the preparatory class as Islam is with spacing and not limiting the family size. Other issues as the rights of the partners, divorce, marriage, human reproduction and polygamy are discussed. "Kill not your children on a plea of want, we provide sustenance for you and for them" (Sura 6, Verse 151). I am not convinced with this and I give examples to strengthen my point. I don't think we have to take this for granted and have large numbers of children.

Government Schools - Females

Family planning is not discussed because of fear of immoral behaviour and religious views which encourage reproduction. It is discussed only upon request as I am limited with the curriculum. I feel it should be within the curriculum as marriage age is 15 years so it is necessary to be included.

Preparatory Stage: It is not discussed at all because it is not in the curriculum.

Preparatory and Secondary School: Family planning is not discussed as our customs and traditions do not allow this as it is considered a taboo. There is also fear of parents' views. It is a sensitive issue to be discussed with the students. But in the secondary school curriculum there is discussion about genetic counselling and invitro fertilisation. The most difficult thing is discussing the male reproductive system.

Domestic Science Teacher (secondary and preparatory stages): Human reproduction is discussed at 11 - 16 years. Family planning is also discussed at 13 - 14 years in the curriculum and again there is no objection from the parents. Some girls know about it before this age as they help in the raising of their brothers and sisters, some do not.

Preparatory and Secondary School: Human reproduction is not in the curriculum but the prenatal, postnatal care for the mother and child are also discussed. Breastfeeding is important for the health of the baby and the mother and I add that it is a contraceptive method. I emphasis a lot about the role of the maternal and child health centres. I discuss it during this section but it is not in the curriculum. I wish it was included because it is important from an educational point of view. We have married girl students and the other single try to get information from them.

Secondary, Preparatory Stages: In the 3rd secondary class, a little about human reproduction, fertilisation and choosing the right partner is discussed. Family planning/contraception are not discussed at all. We only discuss the impact of raising high numbers of family members.

Islamic Teacher: It is also discussed but not about contraception as it will be a taboo at this stage.

Preparatory and Secondary School: Human reproduction is not discussed, but personal matters as this verse from the Koran "Mothers shall give suck for 2 years" (Verse 233, Surat II (Baqara)) which means 3 years spacing, are discussed. Islam encourages reproduction but it gives each child his right in being properly raised by his parents. It also encourages for the proper marriage and in particular, is against consanguinous marriages. Islam also encourages mothers to take full care of themselves and their bodies by avoiding repeated pregnancies. Tubal ligation is prohibited religiously. God also promised to provide maintenance for both parents and children. Details about contraception are not discussed aş I am not experienced in this and we have married girls in the secondary school. This is discussed in the secondary school.

Preparatory Stage: It is limted to women's rights in life as in work, heritage and in expenses. Where it is her husband's and children's part in life to earn money and not hers. Islam encourages reproduction showing that this is a front line country "Reproduce as I will be proud of you on the day of resurrection" (Prophet Mohammad).

No specific details about contraceptive methods allowed apart from coitus interruptus especially if these methods affect women's health or her sexual pleasure. They are prohibited. These ideas are from the Prophet's words and companions.

Social Workers: These issues are not discussed, but I realise that girls who come of middle class and low social class are connected with the educational status. Low social class is correlated with high fertility but those of high class are associated with low fertility. Family planning is not discused but care of pregnant mothers is within the curriculum in the domestic science subject.

Islamic Religion Teacher: Family planning, contraceptive methods are discussed in detail in the preparatory and secondary schools, the same with human reproduction in the second preparatory classes. Abstinence was the method mentioned during the Prophet Mohammad's time. But we don't encourage one particular contraceptive method. it is according to the mother's convenience. Family planning is not discussed because of its impact on immoral behaviour and she may start to know issues that should be dealt with by mothers. There is also a possiblity of fear of parents' views. I myself got embarrased while discussing such isues. It is something to do with our culture and customs.

3. The other part was meeting male school teachers to see their attitudes towards discussing family planning in schools. Nine teachers were interviewed after obtaining the headmaster's approval.

Private School for Boys

Secondary Class: Birth control is in the curriculum together with all methods of contraception, at ages 15 and 17. It is included both in the GCSE curriculum and the government curriculum.

Preparatory School

It is not in the curriculum. It is in the third preparatory and the curriculum is too detailed that there is no time to discuss other issues.

Human Sciences: Not applicable to my field.

Government School

Biology Teacher: Family planning is not discussed in detail and the same with contraceptive methods. It is because of the fear of it's impact on immoral behaviour. Some Jordanian tribes like large sized families.

Science Teacher (First and Secondary School): Family planning is not discussed. It is the role of the maternal and child health centres to conduct lectures in this field (2). If it is discussed, it will be according to the students' request as they complain of large size families.

Laboratory Supervisor: All religions encourage reproduction and so do I. I think it is the role of the doctor to follow up the mother postnatally and give her full information. I think there should be special counselling clinics for married couples and for those intending to get married.

Library Supervisor: This issue is not discussed but Islam is with spacing and not limiting the family size.

Regarding breastfeeding "The carrying of the child to it's weaning is 30 months", (Sura XLVI (Ahqaf), Verse 15) which will be , if practiced, a convenient contraceptive method. We should take into consideration that our country is a front line country and our children may pass away as martyrs. "Kill not your children on a plea of wnt, we provide sustenance for you and for them" (Sura 6, Verse 151.

The social worker said that their policy for family planning education is by inviting medical professionals to give regular lectures on sexually transmited diseases such as AIDS. This issue is in the curriculum of the biology book and so is discussed in government schools.

Conclusion

Human reproduction is discussed in both government and private schools in both male and female schools.

Family planning is discussed in private schools but not government schools (although it is in the curriculum of Human Sciences).

Reasons mentioned were:

1. Fear of impact on immoral behaviour. It is only mentioned on the request of the students.

2. Social norms.

3. Fear of parents' views.

4. Considered as a taboo.

Islam emphasises reproduction and the people of the Islamic nation considera themselves a front line nation and therefore an increase in population is needed. Whether it is discussed or no, differed from one teacher to another.

ANALYSIS OF COMMENTS OF PHARMACISTS

1. Availability of Contraceptives:

- "All methods are available except pessaries as their price has changed."

- "Contraceptives are available like the pill, condom, suppositories, IUD's and diaphragms which are rare."

- "Pills, condoms but not pessaries (not always)."

- "We have only condoms, contraceptive pills, IUD's very rarely as usually specialists must insert them in their own clinics. No pessaries or diaphragms or injections."

- "Condoms, pills."

- "Pills, IUD's, pessaries, diaphragms, condoms."

- "Pills, condoms."

2. Degree of Acceptance

- "There is a good acceptance to contraception because of financial situation."

- "There is good acceptance" (4).

- "Below average" (2).

3. Cost of Contraceptives

- "I consider it suitable, but not in comparison with other places such as Cairo where it is dispensed freely."

- "Suitable, pills 1 - 1.5JD, £1.25,, condom 50p 1.5 JD, IUD >10 JD, £8.3, suppositories 60p."

- "Suitable for the pills there is a range between 2.5 JD, £2, - 3 JD, £2.5, condoms are 65p."

- "Suitable, about 1 JD, 83p, for the pills and condoms are cheap."

- "Cost - the price is good it is 1.20 JD for microgynone, condoms are 50 - 60p."

- "The cost is not suitable. For the IUD's it ranges between 7.5 JD, £6.2 - 11 JD £9.1, and 14.50 JD, £12.0. Pills average cost is 1.14 JD, 95p."

- "Suitable 1 - 2 JD, £1.6."

4. Evaluation of Selling of Contraceptives

- "Good"

- "Good especially for condoms but *not* for pills."

- "Condoms are dispensed more."

- "Good mainly for the pill, despite the condom's success rate at 96%, we don't sell much because of the social structure."

- "Less than average" (11).

5. Method Most Commonly Sold

- Pills more (4)

- Condom (2)

- Pills and condoms

6. Who Are Your Clients?

- Equal for both sexes (2).

- Women more, unless it is for condoms by men.

- Men more (2).

- Pills more (2).

RESULTS

Focus Group Discussions

The data was collected qualitatively by conducting focus group discusins in government health centres. There were four mini focus groups. The women were of different age groups, all were married and came for maternal and child health services/family planning services. The reason for the research was explained to the participants and the idea was welcomed. They had different experiences in breastfeeding. The discussion was about their knowledge of breastfeeding as a method of contraception.

i) Do you believe that breastfeeding protects you from becoming pregnant?

a) "I became pregnant during breastfeeding. I started menutrating 60 days postpartum and became pregnant" (not supportive).

b) "I was married for 12 years and had 5 children. Breastfeeding is my contraception method. I breastfed for 2 - 3 years during which I was amenorrhoeic. Spacing was for 2 years without other contraceptive methods" (supportive).

c) "I don't believe from my own experience that it protects from getting pregnant. I have been told that breastfeeding protects but I stayed amenorrhoeic for 6 months then I became pregnant. My sister became pregnant while she was breastfeeding. She was breastfeeding for 2 months and then became pregnant."

d) "I was breastfeeding for 9 months, but I turned out to be pregnant and I didn't know about it myself until I was 2 months pregnant."

e) "I started menstrating 40 days postpartum and became pregnant in the past, but now I am breastfeeding, menstruating and not pregnant (in between)."

f) "No, breastfeeding does not protect because from my experience, I became pregnant while breastfeeding for 3 months."

g) "Yes, it protects" (supportive).

h) "Breastfeeding does not protect at all as it is from God if He wants to give her this gift. I used to breastfeed and got pregnant at 40 days postpartum" (an elderly lady in her fifties) (not supportive).

i) "Some are protected if breastfeeding is good and continuous and are amenorrheic."

J) "It doesn't protect and it differs from one child to another. I became pregnant while breastfeeding and menstruating, while with my third child I was protected and amenorrheic for 6 months but others say so long as I am breastfeeding, I am protected" (not supportive).

Categorisation of responses from very supportive to not at all, in order of level of support

- I was married for 12 years and have 5 children. Breastfeeding is my contraceptive method. I breastfed for 2 - 3 years during which I was amenorrheic. Spacing was for 2 years without other contraceptive methods.

- Yes it protects.

- Some are protected if breastfeeding is good and continuous and are amenorrheic.

Not very supportive

1. I became pregnant while breastfeeding. Sixty days postpartum I started menstrating and became pregnant.
2. I tried to breastfeed but I had no milk. Forty days postpartum I started menstrating and became pregnant. My milk was not sufficient (3).

3. I don't believe it protects. My sister became pregnant while breastfeeding. I have been told that breastfeeding protects. I stayed amenorrheic for 6 months then I became pregnant (2).

4. No, breastfeeding does not protect because from my experience I became pregnant while breastfeeding for 6 months.

5. It doesn't protect, as it is a gift from God.

6. It doesn't protect. It diffes from my experience from one child to another.

Most of the participants shared the comments of their experiences after they heard the first participant sharing her experience. Some shared comments about their relatives' experiences also.

Six participants were not supportive of the idea that it protects. Three supported the idea.

ii) How many months does it protect you?

The comments varied from the participants according to their experience.

	Frequency
40 days postpartum	3
60 days postpartum	2
2 months	2
3 months	3
6 months (even if menstrating)	4
7 months	2
9 months	1
10 months	1
12 months	3
First 2 years (till the milk is less in quantity)	7
2 - 3 years	1
1 - 4 years (till the milk is dried completely)	1

Why do some mothers who breastfeed become pregnant?

- She starts menstruating while during breastfeeding, no ovulation (4).

- It depends on her physiological structure and ovulation, all women differ.

- Some do not breastfeed on demand. I used to give supplementation and could not breastfeed (3).

- The baby is not satisfied from the breast milk and it is not enough (1).

- Active ovulation, the ovary is susceptible to pregnancy.

How many times a day does a woman need to suckle and for how long?

	Number of Times
On demand (3)	Not less than 15 minutes
Don't know	No specific time
It was not a succesful method	Once every 3 hours
	Every 2 - 5 hours
	5 - 6 times when the baby is older
	10 times, twice at night (but it was not successful
	5 times every 2 - 3 hours

Length of Time

- 10 minutes on one side, less on the other.

- Don't know.

- 3 minutes on one side, 5 minutes on the other (when infant is young).

- 15 minutes each (when the infant is one and a half years of age).

- 10 - 15 minutes each side until he is satisfied (5).

Conclusion

On Demand	Depending on Infant's Satisfaction	Exclusive Breastfeeding	Don't Know
3	4	4	2

Age at Which Women Think Their Daughters Should Receive Family Planning Information?

18 years	20 years	Before Marriage	16 - 17 years (atmenarche)
6	1	1	5

18 years was common among most participants as they thought this is the ideal age where the daughter could appreciate the knowledge of family planning and not before.

Source of Information: For Daughters

Mothers	School Teachers	Books	Media
12	8	8	4

Source of Information for Mothers (Period of Life at Which Knowledge was Received)

Before Marriage	After Marriage
11	5

Source of Knowledge

- Extended family unit ie relatives, sisters (especially married ones), mother (11).

- Books, teachers (8).
- Husband (11).
- Friends (4).
- Media (TV) (7)

Relatives	Books and Teachers	Husband	Friends	Media
11	8	1	4	1

Comments About Family Planning Services

These are the replies (percentage of respondents) from the women interviewed.

>30 Positive Comments

Comments were according to each woman's experience in the private/government sector.

Excellent services	(17)
Very good services	(14)
Good services	(52)

The staff are good. Comments varied between good and relaxing, very polite, caring, happy with the treatment (2), respectable, nice and welcoming (3).

<30 Positive Comments

Excellent services (9)
Very good services (18)
Good services (57)
Doctors are good (3)
Polite, make you feel at home, nice (6)
Take all necessary information, caring, look after patients' benefits and answer all our questions. They treat the patients' children as their own.

>30 Negative Comments

"They are pressured by work (2), they forget humanity and don't take our feelings into consideration, long waiting hours, no care regarding the examination." There was inclination towards praising how much doctors were good and nurses were tough. "In the government sector, the services are very bad because it is free of charge, while in the private sector it is much better. Some treat you from a superior point of view." They treat all women of all backgrounds the same - they treat us as ignorant."

<30 Negative Comments: Percentage of respondents from the women interviewed

There is not so much care as in the private sector (3), there is overcrowding, the staff can't cope (2). Long waiting hours (2). The staff don't give infant formulae just immunisation. They are rough and tough (2), some doctors are not nice (2). Nurses are very bad, just want to work for the sake of work and they are not very encouraging, nervous (2), shout at the patients (2). There is no proper health education as in the private sector and the quality of services is bad. Treatment is not organised, they don't bother to answer the patient's questions even when they are free.

Acceptability of Examination by a Male Doctor

YES		NO	
<30	>30	<30	>30
68	65	27	35

Comments (>30)

- Yes, if there was no female doctor (5).

- - Yes, but I prefer female doctor (5).

- I accept but not vaginal examination.

Comments (<30)

- Yes, if there was no other choice (9).

- Yes,but I prefer female doctor (11).

- I accept but not vaginal examination.

- Feeling embarrased of being examined by male doctor (2).

- Husband opposing (1).

Extent of Usefulness of Advice About Family Planning by Medical Professional

	Very Useful	Useful	No Advice Given
>30	17	50	33
<30	32	49	17

Comments (>30)

- It was useful advice, but my partner opposes.

- No advice given, but I used to hear from media and religous leader.

Comments (<30)

- Mother-in-law opposes.

- Advice is given on request only (2). No benefit from the advice.

Age at Which Daughters Should Receive Family Planning Information

	<10	10-11	12-13	14-15	16-18	19-20	21-22	23-24	24-35
>30	2	2	13	13	32	14	3		4
<30	2		13	20	24	14		2	

Comments (>30)

- "Age 18 is the age when she gets married. It is the age when she should understand such issues, but not before this age."

- "Daughters should know after marriage and delivery of first child, 2 children, 6 children (3)."

- "Knowledge should be after marriage (4)."

- "At marriage age (which varied from one respondent to another) (12)."

-"16 years - she can understand such issues."

- "15 years is the proper age."

Comments < 30

- Knowledge should be before and after marriage, after university. After she has delivered two children.

- Proper ages: at 13 years give her a little information. After 18 finishing her high school she will be more understanding (2).

Who Should Give this Information?

>30

Frequences of respondents

Mother (78)
School Teachers (30)
Doctor (5) and nurses.
Friends and social relations (5).
Media (TV) (9)
Father (3)
Magazines and books under mohter's supervision

<30

Mother's responsibility (66)
Should be mother and teacher (16)
Teacher (3)
Mother and media (4)
Both parents (5)
Mother and doctor (2)
Doctor (2)
Magazines and books (5)
Friends, sisters (3)

Comments >30

The mother should be the first to give her daughter information (5). She should do that during engagement stage. The teacher first then the mother (2). "My knowledge is limited, so it should be from other sources."

Open Ended Questions

Do you believe that breastfeeding protects you from becoming pregnant?

>30

- Breastfeeding does not protect you from becoming pregnant (60).

This was emphasised in different ways according to their experience.

- Breastfeeding protects (40).

This was shown either from womens' own experience, mother's experience, sister's or relatives.

Supportive >30

- I breastfed for one year and was protected and amenorrheic, after one year I started menstruating and became pregnant immediately.

- It protects when the baby is satisfied, continuous breastfeeding day and night, enough amount and without supplementation, as this is quoted from the Koran (2).

- Breastfeeding was protective for 2 years.

- It is protective for 40 - 50% (2).

- It protects definitely but it depends on the husband.

- It is protective for 2 years (like my sister).

- Women get pregnant only when the wean (5).

- It is protective for 18 months.

Supportive <30

- Breastfeeding protects from getting pregnant (25).

- Duration of time it protects was given as 6 monts, 4 - 5 months, 14 months. **Some related menstruation to pregnancy**. It protects until menstruation startes (2). It is one year and two months.

- So long as there is amenorrhoea there is protection (4).

Percentage of Protection

40% (2)
50% (7)
60 - 70% (3)
80% (1)
90% (2)
100% (1)

Importance of Weaning for Becoming Pregnant

"When I weaned I immediately got pregnant, my neighbours and relatives are like this."

"In order to prevent pregnancy she should be amenorrhoeic, should breastfeed for 6 - 7 times, including night feeds."

Not Supportive >30

- "I became pregnant while breastfeeding (16).'

- 'I breastfed, amenorrheic, but I became pregnant with my first child" (3).

- "My doctor told me it is not rcliable."

- "It does not protect if she is menstruating."

- "I started menstruating 40 days postpartum so I became pregnant."

- "It does not protect as it depends on the child himself."

Not supportive <30

- "No it does not protect from getting pregnant" (38).

- "It protects for certain number of women" (21).

- "It protects if exclusive and without supplementation."

- "It depends on physiological differences between women."

- "Not a reliable method as it varied for me."

How Many Months Does it Protect You For?

	40 dpp	1-2 m	<4 m	4.5 m	<6 m	7-8m	9-10 m	14 m	18 m	1-2 y	3-4 y
<30	4	2	13	3	12	3	10	1	4	40	2

	40 dpp	2 m	3-4 m	5 m	6-7 m	8 m	9 m	10 m	< 2 y	2-3 y	0
>30	9	1	10	2	22	3	5	2	34	10	9

dpp = days postpartum
m = months
y = years

Comments <30

Range - 40 days postpartum till 3-4 years

- It protects all the period of amenorrhoea (4).

- It is related to weaning, if women wean they become pregnant (2).

Comments >30

- No specific month till she weans.

- Protected only till supplementation are added (2).

- It is up to God.

Reasons Why Mothers Who Breastfeed Become Pregnant

Comments <30

- Don't know (51).

- Women are menstruating (19).

- Physiologic susceptibility, weak ovulation (17).

- From God (6).

- Not continuous breastfeeding (10).

- Use of supplementation (9) (hormones are weakened).

- It depends on number of times suckling, if it is less than what it should be, the oestrogen level is increased during pregnancy (3).

- It is not a safe method (4), physiological susceptibility and unprotected sex ie not taking pills during breastfeeding.

Mothers Who Breastfeed Become Pregnant

Comments >30

	Comments	Frequency
1.	Don't know from God. "It is God's Will and it is just psychologically that breastfeeding is protecting."	8
2.	Ovulating, fertile after 40 days postpartum	8
3.	Physiological susceptibility, like her mother and sisters as breastfeeding does not protect, they differ from our mothers who used to depend on this method which was reliable.	9
4.	Amount of milk is not enough (not sufficient breastfeeding).	5
5.	The majority did no know and the reasons they gave were: it is from the milk or after weaning.	48
6.	Duration of breastfeeding is less than it should be.	1
7.	It depends on the hormones. (Prolactin hormone prevents ovulation, if it is lessened the ovulating hormones increase, some have high prolactin).	5
8.	Supplementation "It should be on schedule, systematic not hapharzard." "Breastfeeding is not exclusive, but with supplmentation."	3
9.	Menstruating "Regular menstruation makes women ready to become pregnant." "They are menstruating 40 days postpartum." (Not all women are the same.)	8 2 3

"Not continuous breastfeeding and no other supplementation. 2
Women did not use other contraception."

How Many Times Women Think They Need to Suckle

Comments >30

"I breastfeed continuously as he needs."

"It is according to God's will."

"Number of times has no relation as far as there is secretion but she has to be cautious" (2).

"It is not related to number of times, it depends on menses" (2).

"It depends on the child if he sleeps easily he won't take much."

Comments <30

"Depending = depends on number of times and secretion of milk" (2).

Knowledge of Family Planning

Before Marriage		After Marriage	
<30	**>30**	**<30**	**>30**
36	28	58	74

Comments >30

"After delivery of the fifth child, but my husband opposed my going outside home."

"No advice ever given but from seeing others who have good spacing."

Comments <30

"After I delivered two children. After marriage and delivery of four children."

Advice on Birth Spacing on Coming for Postnatal Check Up

Yes		No	
<30	**>30**	**<30**	**>30**
23	38	68	62

Comments >30

- Advice was given on my request.

- Advice was given, but not on any particular method (2).

- No advice was given because I did not ask for it.

- It was hard to get pregnant, so I did not ask for a method.

- I wanted to choose the method and not what they advised (2).

Who Provided Antenatal Care for the Last Pregnancy/Current Pregnancy?

	Govt Doctors (Health Centres)	Government Hospitals	Private Doctors	Nobody
>30	37	5	46	5

	Govt Doctors (Health Centres)	Govt Hospital Doctors/ Midwife	Private Doctors	UNRWA (NGO)	Royal Medical Service	Family Planning Clinic	None
<30	22	18	50	2	6	1	1

Antenatal Care for the Last Pregnancy/Current Pregnancy - by Whom?

	Govt Doctors (Health Centres)	Government Hospitals	Private Doctor	Nobody
>30	5	46	5	

	Govt Doctor (Health Centres)	Govt Hospitals/Doctor /Midwife	Private Doctor	UNRWA (NGO)	Royal Medical Services	Family Planning Clinic	None
<30	22	18	50	2	6	1	1

Heard a Message About Family Planning on the Radio/T V

	Yes		No	
	<30	>30	<30	>30
TV	19	11	68	89
Radio	31	15	68	85

Comments: For Not Hearing Any Message (<30)

1. Inconvenient timing of the progammes.

2. Not following such programmes (4).

3. Not having any of these sets (3).

4. Rarely opening or seeing TV in last month.

The message for family information was acceptable to all respondents of women <30.

>30 - 96% of respondents accepted such messages.

Comments

"Did not follow such programmes" (9).

"Rare to see the TV" (8).

"It should be convenient to mother's time."

"Lack of time due to big size family" (4).

Practice of Method Advised

Yes		No	
<30	>30	<30	>30
20	28	8	10

Comments For "Not Practicing the Method" (<30)

1. Husband wants children (4) hard to get pregnant (4).

2. Fear of side effects, breastfeeding and know it very well.

3. Given the choice but the method was inconvenient.

4. Still too early to use contraception (still 20 days postpartum), but intending to use as the husband and his family want small size family."

Reasons for refusal (>30) were almost similar.

1. Husband opposing (3), absence of husband.

2. Two were advised for female sterilisation but one had diabetes and the other refused due to religious opposition.

3. Breastfeeding and amenorrhoeic.

4. Advised for pills but did not want to change the brand name already used.

Time at Which Interviewees Saw Medical Practitioner

1st Trim		2nd		3rd	
<30	>30	<30	>30	<30	>30
77	81	20	13	2	2

Transportation to get the Pills

Easy		Difficult	
<30	>30	<30	>30
28	54	6	6

Cost of One Packet of Pills

<30 Range: 20p - 3JD, £3.5, 8 respondents said it was free of charge. One said she doesn't know.

(Mean) x = 112.22 SD = 52.51 Mode: 1.11

>30 Range: 10p - 2JD, £2.5, 11 respondents said they don't know the price, 14 said it was free.

(Mean) x = 82.44 SD = 48.92

Consultation of a Medical Professional When First Started Using the Pill

Yes		No	
<30	**>30**	**<30**	**>30**
24	61	9	4

Brand Name of Pill Used

	Eugenone	DK	Logynone	Neogynone	Ovral	Microg ynone	Ovrette	Nordette
>30	3	39	4	2	3	5	1	1

DK = don't know

	DK	**Logynone**	**Femuline**	**Ovral**	**Lo-Femenal**
<30	21	4	1	1	1

DK = don't know

Advice About Breastfeeding as a Method of Contraception

Yes		No	
<30	**>30**	**<30**	**>30**
23	17	77	83

Source of Breastfeeding Advice if Ever Given

Comments >30

- No advice given but I know already about it from book (2) and past experience (4).

- Advice was given by friends (4).

- Advice given by the Paediatrician (4)

- Advice was given by my neighbours, by relatives (mother) (3), sisters (2).

	Midwife	**Doctor**	**Mother/ Mother-in-Law**	**Maternal and Child Health Lectures**	**Breast feeding Books/ Lecturer**
<30	2	6	5	3	3

By TBA, nurses and parents.

Women >30: Age at which sterlisation was performed.

Reasons

At 31 years because all previous 4 deliveries were caeserian sections.

At 35 years because of enough family.

At 37 years due to hemolytic Rhesus Negative problems.

At 34 years because husband didn't want children and failure of other methods.

Number of Women Using Contraception in General

Yes		No	
>30	**<30**	**>30**	**<30**
66	44	26	56

Most Common Method Used

	IUD	Pill	Abstinence	Pessaries	Condom	Rhythm	Female Sterlis-ation
>30	33	8	6	1	4	4	4
<30	24	6	4		2	2	

>30 using two methods at the same time (condom, IUD, withdrawal, breastfeeding) (2).

Eight woment pregnant.

Age of Women >30 Using Contraception

<20 : 23
20 - 22 : **27**
26 - 28 : 21
29 - 31 : 6
32 - 34 : 3
35 - 37 : 2
38 - 41 : 1

Mean = 24.16
SD = 4.52
8 never used contraception
Mode: 33

Age of Women <30 Using Contraception

<20 : 19
20 - 21 : 14
22 - 23 : 18
24 - 25 : 13
26 - 27 : 6
28 - 29 : 1

Mean = 21.64
SD = 2.91

Relationship Between Hearing and Using Methods of Contraception of Two Age Groups

	<30 Pill			>30 Pill		
	Yes	**No**		**Yes**	**No**	
Heard	95	5	100	95 (a)	5	100
Used	35	65	100	65 (b)	35	100
	130	70	200	160	40	200

$X^2C = 76.51$ P<0.001
(statistically significant result)

$X^2C = 26.28$
a vs b P<0.001

	<30 IUD			>30 IUD		
	Yes	**No**		**Yes**	**No**	
Heard	92	8	100	88 (a)	12	100
Used	47	53	100	56	44	100
	139	61	200	144	56	200

$X^2C = 45.67$ P<0.001

$X^2C = 23.83$
a vs b P<0.001

<30 Condom				>30 Condom		
	Yes	No		Yes	No	
Heard	55 (a)	45	100	69 (a)	31	100
Used	10 (b)	90	100	21 (b)	79	100
	65	135	200	90	110	200

$X^2C = 44.13$ a vx b $P<0.001$ $X^2C = 8.02$ a vs b $P<0.05$

<30 Rhythm				>30 Rhythm		
	Yes	No		Yes	No	
Heard	54 (a)	46	100	63 (a)	37	100
Used	23 (b)	77	100	42 (b)	58	100
	77	123	200	105	95	200

$X^2C = 19.01$ a vs b $P<0.001$ $X^2C = 8.62$ a vs b $P<0.05$

(highly significant result)

<30 Withdrawal				>30 Withdrawal		
	Yes	No		Yes	No	
Heard	49 (a)	51	100	57 (a)	43	100
Used	31 (b)	69	100	48 (b)	52	100
	80	120	200	105	95	200

$X^2C = 6.02$ a vs b $P<0.05$ $X^2C = 1.28$ a vs b $P<0.05$

>30 Female Sterilisation			
	Yes	No	
Heard	31 (a)	69	100
Used	4 (b)	96	100
	35	165	200

$X^2C = 23.41$ a vs b $P<0.001$

<30 Female Sterilisation

19 women said they heard spontaneously. None used this method.

Reasons for Preferred Method

Pill (<30): a safe method (4), easier and less problematic (2), convenient (2), reliable (2), preference due to past experience (1), taking rest from contraception (1), while IUD causes menorrhagia, infection, inconvenient (4).

Pill (>30): Preferred by 12 respondents; can taken without husband knowing, good for lactating women, easier (4), safer, reliable, hygienic as is taken orally, convenient psychologically (3), while IUD caused infection and itching and other methods are insecure.

IUD (<30): It is preferred because it is good, reliable (45), convenient for check up and follow up (4), safe, especially if inserted by experienced doctor (9), easy (6), hygienic as it has no chemicals (1), duration of effectiveness is long as 4 years (1), comfortable (1), less side effects and easily removed, the best method (8) while the pill has side effects such as vulvo vaginitis, increase in hair, weakening of ovulation, headache, hard to become pregnant (6), causes cancer (1), affects breast milk (4), causes obesity (1).

IUD (>30): 47 preferred this method as it is easier (3), easy to remove, convenient and successful method (10), due to past experience. It has no side effects like the pill (16), no chemicals, safer (7), although some become pregnant with it (3), reliable (8), no risk of being forgetten (6), preferred because of health concerns as hypertension and varicosities (6), while the pill caused such side effects as obesity (3), nervousness (2), aggravation of headache/migraine. Most comfortable although it may cause irregularity in menses. Long duration of action (2).

Rhythm (<30): This method is preferred because it is a natural method, easier and better method than other methods.

Rhythm (>30): Pessaries Four women preferred it as it is hygienic (no infection) (2), safer (3).

Breastfeeding (<30): Safe good method, cheap and healthy, good for birth spacing.

Breastfeeding (>30): Preferred by four respondents - reasons being safe, convenient for both mother and child, easier, comfortable, beneficial and a contraceptive method.

Condom (<30): Reasons for preference were safer, reliable, and has no side effects (4), the best method.

Condom (>30): four women preferred this method because it is hygienic, has no side effects, while other methods have side effects such as menorrhagia (IUD), inconvenience of use of other methods as IUD, pill due to overweight, hereditary problems.

Withdrawal (<30): a good method, safe for health, chance of conceiving again.

Withdrawal (>30): four women preferred this because of health concerns (cardiac problems) and was advised by the doctor, no side effects like the pill (3).

Female Sterilisation (<30): Easier, reliable, had enough family, despite being preferred it is not accepted religously.

Female Sterlisation (>30): 12 women preferred it because they had enough family (7), the only convenient way. I prefer it but my husband opposes it from a religious point of view (2). Bad general health, health concerns (varicosities) (2), diabetes (1). Failure of other methods (3), husband did not want more children. Previous four caesearian sections in previous deliveries. Old age, difficulties with previous pregnancies.

Pessaries: Despite the small number of respondents preferring it, the reasons mentioned are: good method, safe, no side effects and transient effects.

Place of Obtaining Current Method

Method	Govt H C Hospital		F P Clinic		Private Doctor		Pharmacy		Friends Relatives	
	<30	>30	<30	>30	<30	>30	<30	>30	<30	>30
IUD	11	16	13	12	1	7				
Pill	3	1				2	3	4		
Rhythm		1				1			2	2
Condom		1						2		

Four women (>30) were sterilised, one in a private hospital, two in a government hospital and one in the Royal Military Services Hospital.

Eleven women (>30) were breastfeeding, 4 (<30) were breastfeeding where they had had advice from their mothers.

Reasons for Not Intending to Use Contraception in the Future
(Comments were only given by women not currently using contraception)

Reason	<30	>30
1. Wants children	11	2
2. Lack of knowledge	3	
3. Cost too much	2	
4. Religious opposition	5	2
5. Difficult to become pregnant	4	3
6. Husband opposing	6	2
7. Side effects of methods used	9	5
8. Infrequent sex	2	
9. Hard to get methods	1	
10. Health concerns	9	4
11. Husband dead		2
12. Divorced	1	
13. Inconvenient	2	
14. Mother-in-law opposing	3	
15. Male (son) preference	4	
16. Menopausal		2
17. Oofrectomy (1), hysterectomy		1

Conclusion

The main reasons for women not intending to use contraception in the future were:

<30: wanting children (11), religious opposition (5), side effects of methods (9), health concerns (9), son preference (4).

>30: side effects of methods, health concerns (4), difficult to become pregnant (3), opposition from husband was more common among women <30.

88 women >30 intended to use a method in the next 12 months.

76 women <30 intended to use a method in the next 12 months.

The number of women >30 show were married for <5 years and were using IUD were 11, while out of these three who were married for 5 - 9 years, 14 were using IUD.

Reasons for Stopping the Use of Contraception Before the Last Pregnancy

Reasons	<30	>30
A. Wanting children	37	
B. Unplanned pregnancy	12%	7 (especially with breastfeeding)
C. Side effects of the method	10%	16
D. Did not use at all	10%	16
E. Using contraception as contraception	7%	
F. Health concerns	1	2% (eg frequent abortions)
G. Husband opposing		4
H. Male (son) preference Female		34 3
I. Unplanned pregnancy (forgetting pills)		18
J. Hard to get pregnant		7
K. Marital Divorce		1
L. Fear of side effects (pills affecting breast milk production - less in amount)		6
- Pressure of relatives to have more children		1
- Death of partner/absence of husband		1
- Method not available		1
- Good spacing between children		2
- Having handicapped children, wanting normal children		1

Times Per Day Women Think They Need to Suckle Their Babies

	On demand	3 times	4 times	5 - 8 times	10 - 12 times	Continuous Breastfeeding
<30	69	3	8	16	5	2

	On demand	3 - 4 times	5 - 6 times	7 - 8 times	10 times	12 times
>30	67	5	14	2	2	8

Relationship Between Women's Education and Pill Use

	Illiterate		Elementary		Preparatory		Secondary		Higher	
<30	0	1	9%	1	5.8%	3	8.1%	1	3.3%	
>30	0	1	4.3%	4	18.1%	2	7.6%	2	8.6%	

Time Needed for Travelling to get the Pills

	Time in Minutes												
	1	2	3	4	5	10	12.5	15	22.5	30	60	90	120
<30		1		1	9	7	1	3	1	8	1	1	1
%		2.6		2.6	25.7	20	2.6	8.6	2.66	22.8	2.6	2.6	2.6
>30	4	2	1		17	14		14		16	4		1
%	6.2	3.1	1.5		26.2	21.5		23		15.3	6.2		1.5

Mode = 5

<30 Mean = 18.35, SD = 20.65

>30 Mean = 17.90, SD = 19.66

54 women >30 said it was easy, 6 women said it was difficult

Number of Children Ever Born and Condom Use

	2	5	8
Women <30	2	0	0
Women >30	1	2	1
TOTAL	3	2	1

Relationship Between Husband's Education and Condom Use

3.7% of husbands with secondary schooling) of women <30
2.8% of husbands with higher education)

9.5% of husbands with elementary education) of women >30
4.8% of husbands with higher education)

depended on the condom.

Relationship Between Women <30 Breastfeeding and Number of Children They Had

	Number of Children						
	1	**2**	**3**	**4**	**5**	**6**	**8**
<30	1	3	1	0	2	1	0
>30	0	0	1	1	2	2	1
TOTAL	1	3	2	1	4	3	1

Relationship Between Number of Children Women >30 and <30 Had and Not Using Any Contraceptive Method

	Number of Children										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
<30	19	13	6	2	3	1					
>30	2	9	4		3	3	2	4	2	2	2
TOTAL	21	22	10	2	6	4	2	4	2	2	2

Relationship Between Women's Education and Breastfeeding Practice

	Women's Education				
	Illiterate	**Elementary**	**Preparatory**	**Secondary**	**Higher**
No. in group	1	0	2	4	1
<30	20%	0%	12%	11%	3%
No. in group	1	1	3	1	2
>30	17%	4%	14%	4%	9%

Relationship Between Number of Children Ever Born and IUD Use

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
<30	3	11	6	2	1	2						
>30		3	3	6	5	4	3	3	3	1		1
TOTAL	3	14	9	8	6	6	3	3	3	1		1

Regarding condom use, 5.4% of women <30 with secondary education were using this method, while it was nil for other women.

While for women >30, the highest percentage was for wome with higher education which was 8.7% and 3.8% with secondary education and 4.34% of women with elementary education.

Women <30 who used the rhythm method were mainly of the highly educated group 13.0%, while it was 3.8% for secondary education.

Women >30 who used the rhythm method had the same percentage ie 3.3% in the highly educated group and 2.7% in the secondary education group. It was nil in the other educational groups.

Number of Children Ever Born and Pill Use

Children Ever Born - CEB							
	1	**2**	**3**	**4**	**5**	**7**	**8**
<30	1	3	0	1	1	0	0
>30	2	0	2	2	3	2	2
TOTAL	3	3	2	3	4	2	2

Women <30 who used the rhythm method with one child were only one and one woman with two children.

Among women >30 one woman had two children and was using the rhythm method, two women using the same method had four children.

Number of Children Ever Born and Withdrawal Method Use

CEB					
	1	**4**	**5**	**8**	**9**
<30	2	2	0	0	0
>30	0	3	2	1	1
TOTAL	2	5	2	1	1

No women <30 used vaginal pessaries, while for women >30, only one with 8 children used this method.

Two women >30 were sterilised and had 5 children, one woman with 4 children and one woman with 8 children.

Relationship Between Husband's Education and IUD Use

	Elementary	**Preparatory**	**Secondary**	**Higher**
No. in group	2	7	8	8
<30	17%	2.9.2%	30%	(23%)
No. in group	4	5	11	14
>30	(19.0%)	(33%)	58%)	(34%)

values in parenthesis are percentages

IUD is more used among the highly educated husbands in both groups but there is a similar percentage between the preparatory education and higher education in the >30 group. While it is among the preparatory and secondary schooling among the <30 group.

Relationship Between Husband's Education and Pill Use

	Illiterate	Elementary	Prepatatory	Secondary	Higher
No in group	1	1	1	1	2
<30	(50%)	(8%)	(4%)	(4%)	(6%)
No in group	0	1	2	1	5
>30	0	5%	13%	5%	12%

The highest percentage is among the highly educated husbands and preparatory educated ones among the group of women >30.

The highest percentage is among the illiterate and elementary educated husbands among the group of husbands whose wives were <30.

Relationship Between Husband's Education and Rhythm Use

2.8% of women whose husbands were highly educated were using the rhythm method (<30 years).

10.5% of women >30 whose husbands had secondary education and 4.8% of them whose husbands had higher education were using the rhythm method.

Relationship Between Husband's Education and Withdrawal Use

	Elementary	Preparatory	Secondary	Higher
No in group	0	0	3	1
<30	0	0	11%	3%
No in group	3	1	1	1
>30	14%	7%	(5%)	(3%)

The highest percentage is among the secondary educated husbands in the <30 group of women, while it was among the elementary educated husbands in the >30 group.

Relationship Between Husband's Education and Breastfeeding Practice

Among Women of the Two Age Groups				
	Elementary	**Preparatory**	**Secondary**	**Higher**
No in group	2	2	1	3
<30	(17%)	(9%)	(4%)	(9%)
No in group	2	1	0	5
>30	(10%)	6.7% or %	0	(12%)

The highest percentage amon the <30 group is among the husbands who had elementary education. There were similar percentages between the preparatory and higher education levels. While in the >30 group, the highest percentage is among the highly educated husbands.

Relationship Between Husband's Education and Female Sterililsation

The wives of 6.7% of husbands with preparatory education were sterilised.
The wives of 5.3% of husbands with secondary education were sterilised.
The wives of 4.8% of husbands with higher education were sterilised.

Relationship Between Women's Education and IUD Use

	Illiterate	**Elementary**	**Preparatory**	**Secondary**	**Higher**
No in group	1	3	1	9	11
<30	(20%)	(27%)	(6%)	(24%)	(37%)
>30	(17%)	(26%)	(36%)	54	22%

Women <30 with higher education had the highest percentage in IUD use, while women >30 with secondary education had the highest percentage in IUD use.

Relationship Between Women's Education and Withdrawal Use

	Illiterate	Elementary	Preparatory	Secondary	Higher
No in group	0	1	1	1	1
<30	0	9%	6%	3%	3.3%
No in group	0	2	1	2	1
>30	0	9%	4%	7.7%	4%

Women <30 with elementary education had the highest percentage in using the withdrawal method and it as the same for women >30.

Relationship Between Years Since First Marriage and Method Used

Years Since First Marriage and Pill Use				
	<5	5-9	10-14	15-19
<30	3	2	1	
>30		2	4	3

Years Since First Marriage and IUD Use						
	<5	5-9	10-14	15-19	20-24	25-29
<30	11	14				
>30		1	11	12	8	2

Condoms

<30: One woman was married for less than 5 years and the other for 5 - 9 years.

>30: Two women were married for the period 5 - 9 years. Two for the period 10-14 years and one woman was married for the period 15 - 19 years.

Rhythm

Only two women (<30) married for less than 5 years were using this method. Three women (>30) used this method: one was married between 5 - 9 years, one 10 - 14 years and one 15 - 19 years.

Years Since First Marriage and Withdrawal Use						
	<5	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**
<30	2	2				
>30			2	1	2	1

Years Since First Marriage and Breastfeeding Practice					
	<5	**5-9**	**10-14**	**15-19**	**20-24**
<30	2	2	4		
>30	1	1	3	2	1

Four women were sterilised and the years since their first marriage were 10 - 14 years, 15 - 19 years, 20 - 24 years and 30 - 34 years.

Time for Travelling to Get the Pill

>30 Time Travel	**Frequency**	**Percentage**	**Cummulative**
2	2	3.3%	3.3%
3	1	1.6%	4.9%
5	15	24.6%	29.5%
10	14	23.0%	52.5%
15	14	23.0%	75.4%
30	10	16.4%	91.8%
60	4	6.6%	98.4%
120	1	1.6%	100.0%
TOTAL	**61**	**100.0%**	

Sum = 1092.00

Mean = 17.90

Standard deviation = 19.66

Cost of the Pills

>30 Cost	Frequency	Percentage	Cummulative
10	1	2.6%	2.6%
25	2	5.1%	7.7%
30	2	5.1%	12.8%
35	2	5.1%	17.9%
40	2	5.1%	23.1%
48	1	2.6%	25.6%
50	9	23.1%	48.7%
70	1	2.6%	51.3%
74	1	2.6%	53.8%
75	1	2.6%	56.4%
88	1	2.6%	59.0%
100	2	5.1%	64.1%
110	3	7.7%	71.8%
120	1	2.6%	74.4%
125	1	2.6%	76.9%
130	2	5.1%	82.1%
137	1	2.6%	84.6%
138	1	2.6%	87.2%
140	1	2.6%	89.7%
150	2	5.1%	94.9%
190	1	2.6%	97.4%
200	1	2.6%	100.0%
TOTAL	**39**	**100.0%**	

Sum = 3215.00

Mean = 82.44

Standard deviation = 48.92

Age of Women >30 When They First Started Using Contraception

>30 Women Age	Frequency	Percentage	Cummulative
14	1	1.1%	1.1%
15	1	1.1%	2.2%
17	3	3.3%	5,4%
18	1	1.1%	6.5%
19	4	4.3%	10.9%
20	11	12.0%	22.8%
21	6	6.5%	29.3%
22	6	6.5%	35.9%
23	13	14.1%	50.0%
24	5	5.4%	55.4%
25	7	7.6%	63.0%
26	6	6.5%	69.6%
27	4	4.3%	73.9%
28	11	12.0%	85.9%
29	1	1.1%	87.0%
30	1	1.1%	88.0%
31	3	3.3%	91.3%
32	4	4.3%	95.7%
34	1	1.1%	96.7%
35	1	1.1%	97.8%
37	1	1.1%	98.9%
38	1	1.1%	100.0%
TOTAL	**92**	**100.0%**	

Sum = 2242.00

Mean = 24.37

Standard deviation = 4.70

Number of Children Women Had When They Started Using Contraception

>30 No Child	Frequency	Percentage	Cummulative
1	27	31.8%	31.8%
2	19	22.4%	54.1%
3	18	21.2%	75.3%
4	8	9.4%	84.7%
5	5	5.9%	90.6%
6	4	4.7%	95.3%
7	1	1.2%	96.5%
8	2	2.4%	98.8%
10	1	1.2%	100.0%
TOTAL	**85**	**100.0%**	

Sum = 233.00

Mean = 2.74

Standard deviation = 1.89

Age of Women <30 When They First Started Using Contraception

<30 Women Age	Frequency	Percentage	Cummulative
16	1	1.4%	1.4%
17	5	6.8%	8.2%
18	6	8.2%	16.4%
19	8	11.0%	27.4%
20	7	9.6%	37.0%
21	7	9.6%	46.6%
22	8	11.0%	57.5%
23	11	15.1%	72.6%
24	7	9.6%	82.2%
25	5	6.8%	89.0%
26	3	4.1%	93.2%
27	4	5.5%	98.6%
29	1	1.4%	100.0%
TOTAL	73	100.0%	

Sum = 1585.00

Mean = 21.71

Standard deviation = 2.98

Number of Children Women Had When They First Started Using Contraception

<30 CHNO	Frequency	Percentage	Cummulative
1	40	60.6%	60.6%
2	19	28.8%	89.4%
3	4	6.1%	95.5%
4	1	1.5%	97.0%
5	1	1.5%	98.5%
6	1	1.5%	100.0%
TOTAL	**66**	**100.0%**	

Sum = 105.00

Mean = 1.59 Standard deviation = 0.98

Time Taken for Travelling to Obtain the Pill

< Time Travel	Frequency	Percentage	Cummulative
2	1	1.8%	1.8%
4	1	1.8%	3.6%
5	16	28.6%	32.1%
10	13	23.2%	55.4%
12	1	1.8%	57.1%
15	5	8.9%	66.1%
22	1	1.8%	67.9%
30	15	26.8%	94.6%
60	1	1.8%	96.4%
90	1	1.8%	98.2%
120	1	1.8%	100.0%
TOTAL	**56**	**100.0%**	

Sum = 1045.00

Mean = 18.66

Standard deviation = 20.70

Cost of One Packet of Pills

<30 Cost	Frequency	Percentage	Cummulative
20	1	3.7%	3.7%
45	1	3.7%	7.4%
50	1	3.7%	11.1%
60	1	3.7%	14.8%
70	1	3.7%	18.5%
80	1	3.7%	22.2%
82	1	3.7%	25.9%
90	1	3.7%	29.6%
100	3	11.1%	40.7%
106	1	3.7%	44.4%
110	2	7.4%	51.9%
115	1	3.7%	55.6%
116	2	7.4%	63.0%
120	2	7.4%	70.4%
125	2	7.4%	77.8%
130	1	3.7%	81.5%
145	2	7.4%	88.9%
150	1	3.7%	92.6%
200	1	3.7%	96.3%
300	1	3.7%	100.0%
TOTAL	**27**	**100.00%**	

Sum = 3030.00

Mean = 112.22

Standard deviation = 52.51

Fig. (1)

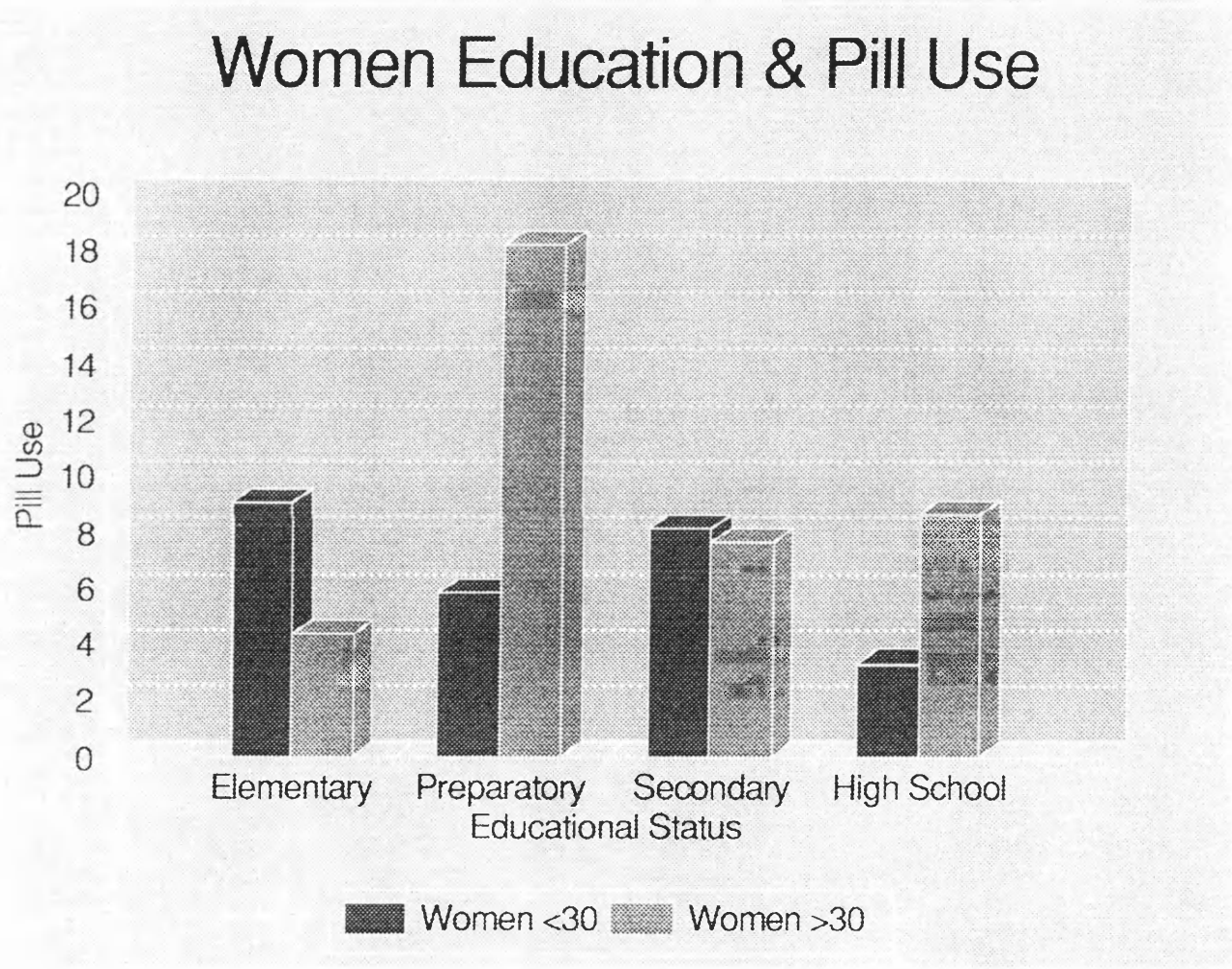

Women Education & Pill Use
Pill Use
20
18
16
14
12
10
8
6
4
2
0
Elementary
Preparatory
Secondary
High School
Educational Status
Women <30
Women >30

Fig.(2)

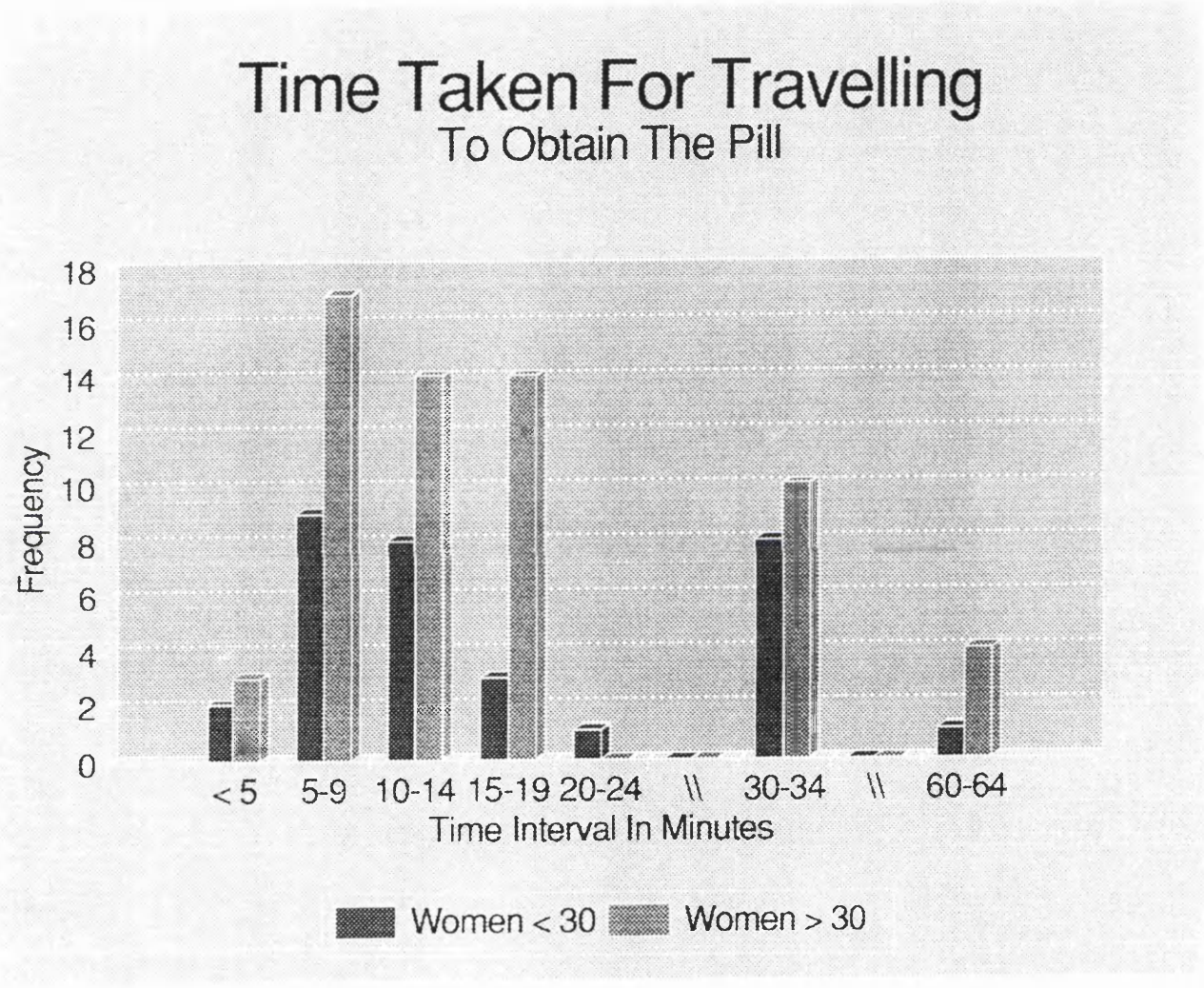

Time Taken For Travelling
To Obtain The Pill
Frequency
18
16
14
12
10
8
6
4
2
0
< 5
5-9
10-14
15-19
20-24
\\
30-34
\\
60-64
Time Interval In Minutes
Women < 30
Women > 30

Fig.(3)

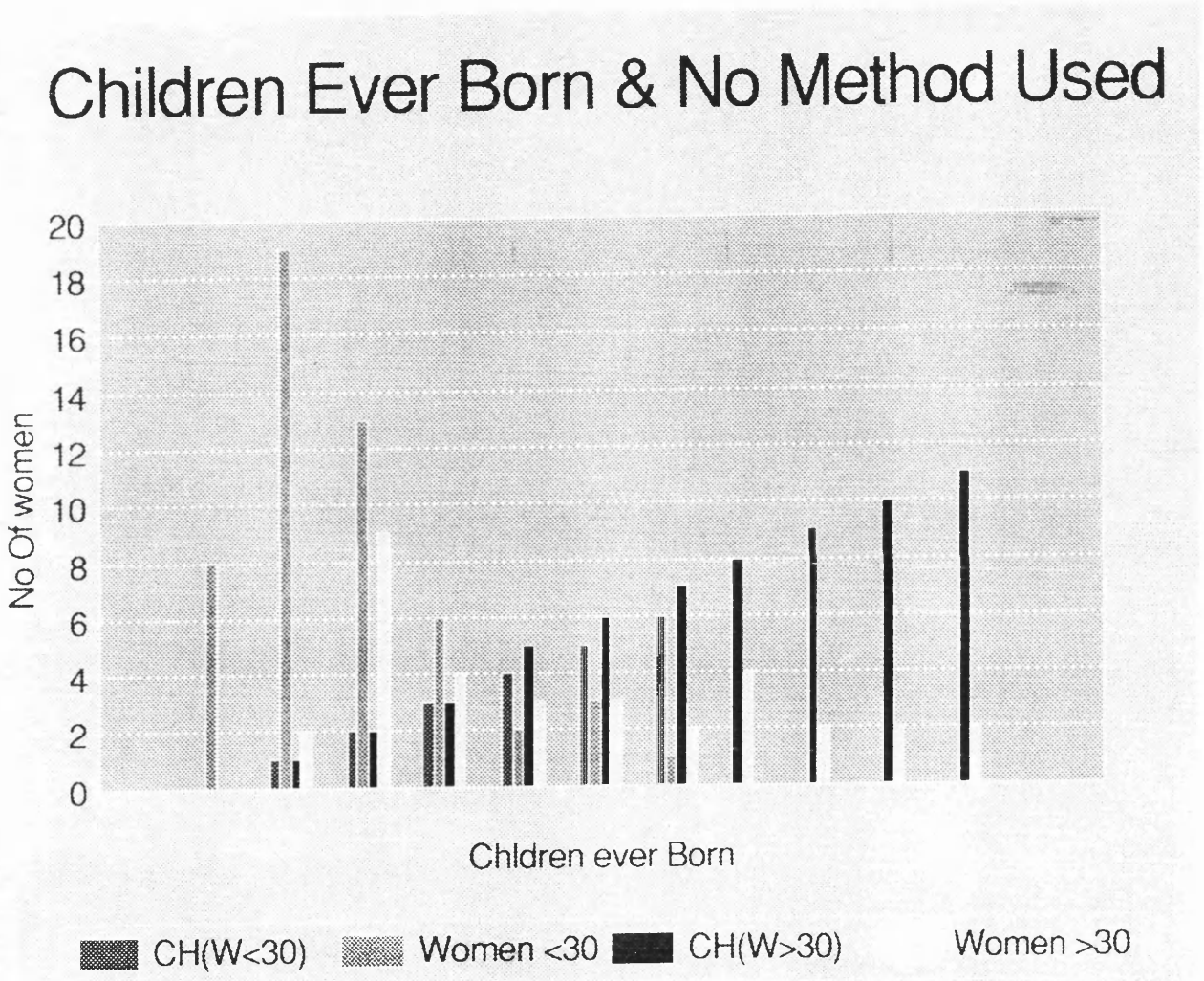

Children Ever Born & No Method Used
20
18
16
14
12
10
8
6
4
2
0
No Of women
Children ever Born
CH(W<30)
Women <30
CH(W>30)
Women >30

Fig.(4)

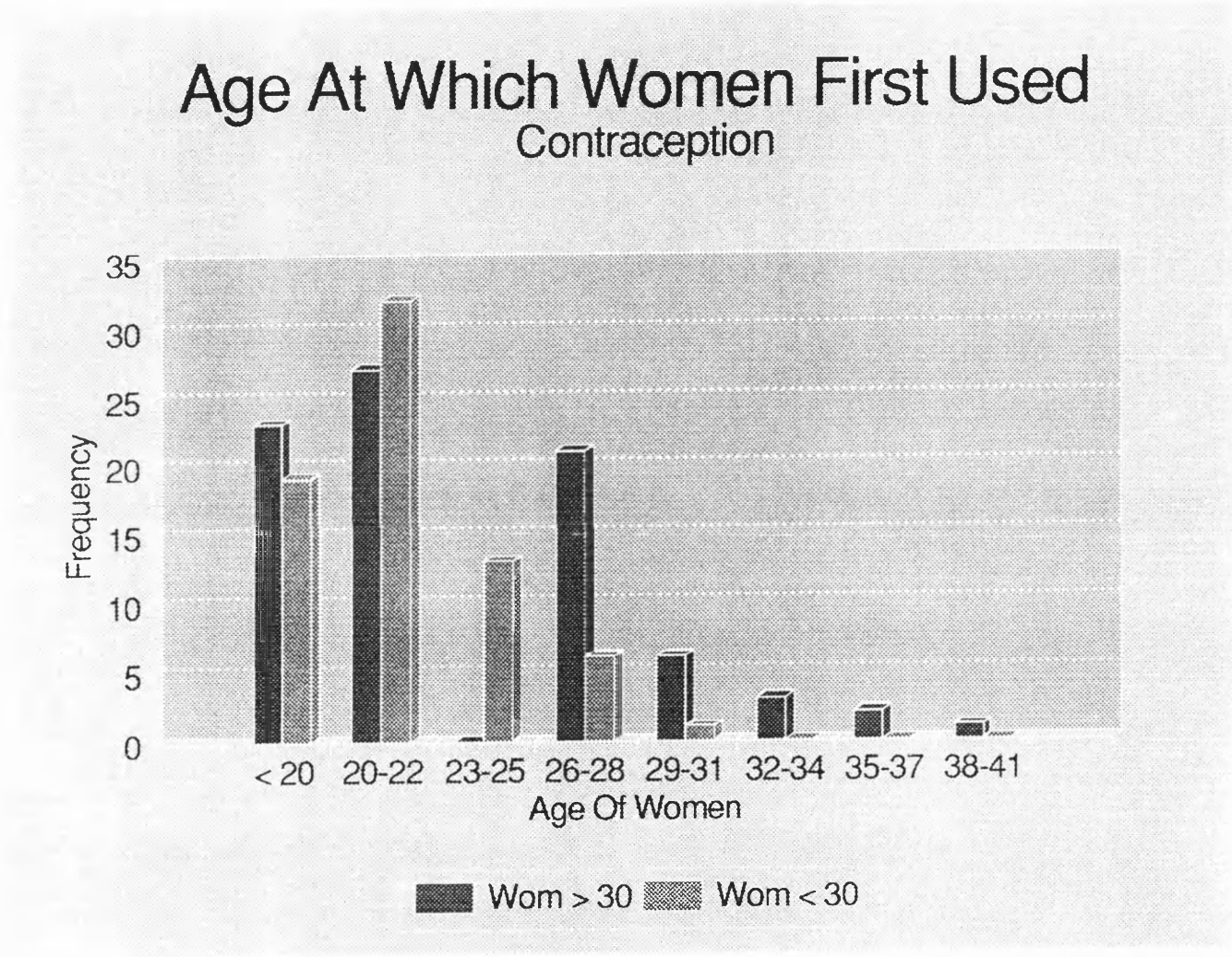

Age At Which Women First Used
Contraception
35
30
25
20
15
10
5
0
Frequency
< 20
20-22
23-25
26-28
29-31
32-34
35-37
38-41
Age Of Women
Wom > 30
Wom < 30

Fig.(5)

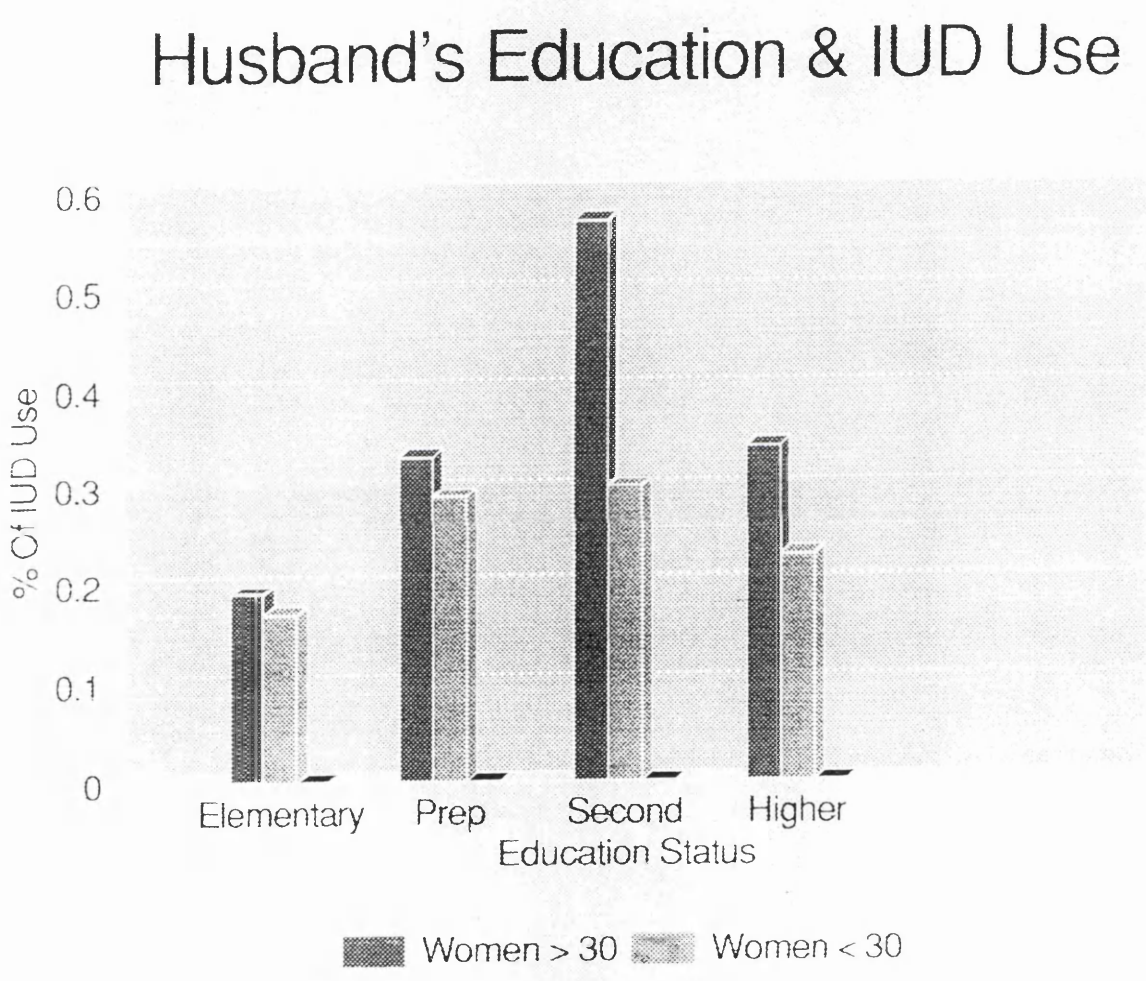
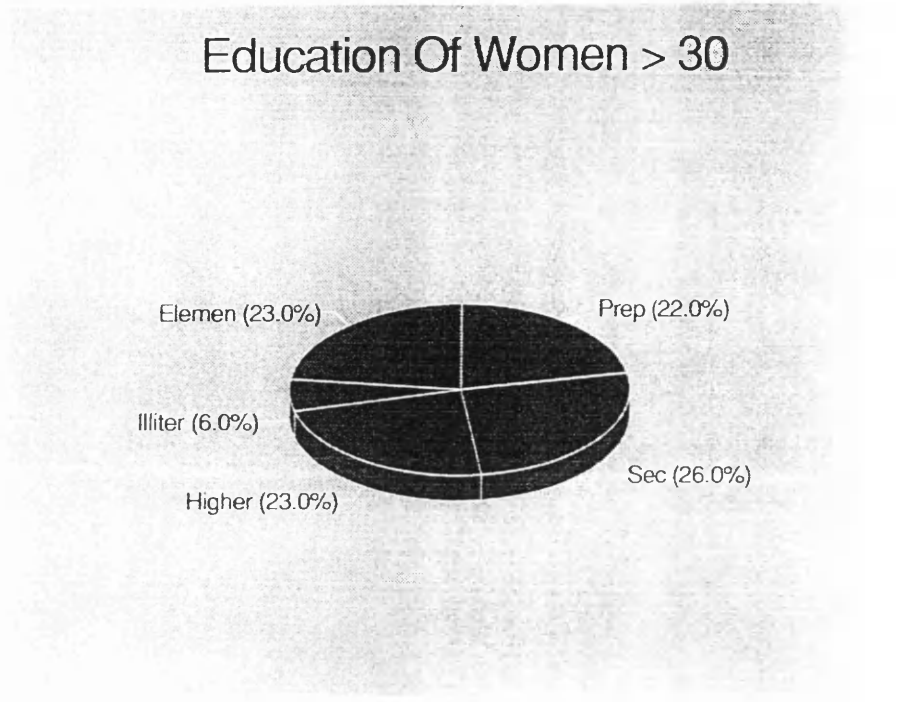

Husband's Education & IUD Use
0.6
0.5
0.4
0.3
0.2
0.1
0
% Of IUD Use
Elementary
Prep
Second
Higher
Education Status
Women > 30
Women < 30

Fig.(6)


Education Of Women > 30
Elemen (23.0%)
Prep (22.0%)
Illiter (6.0%)
Sec (26.0%)
Higher (23.0%)

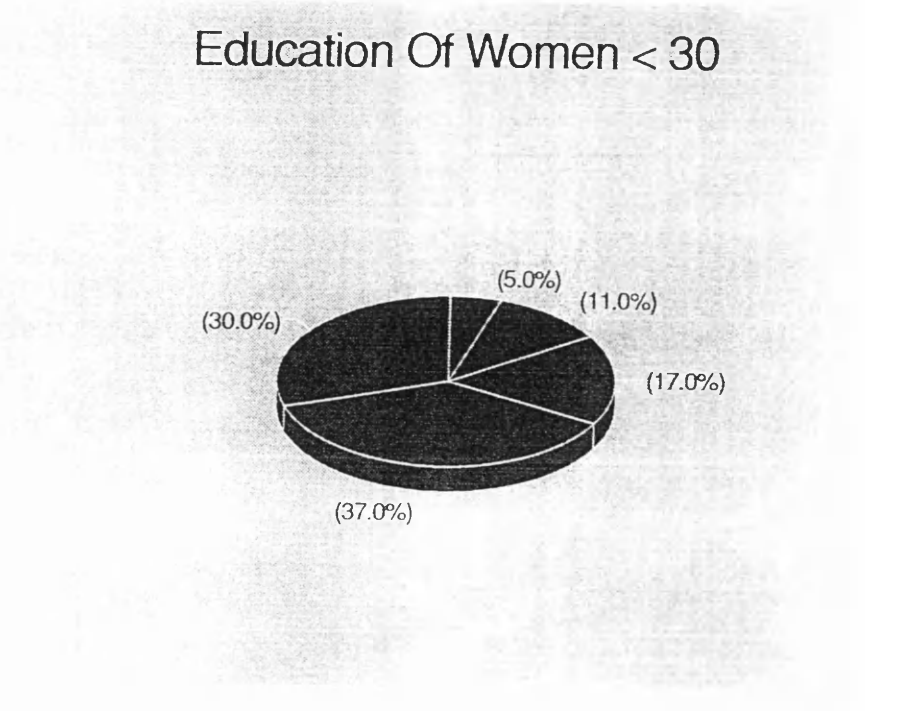
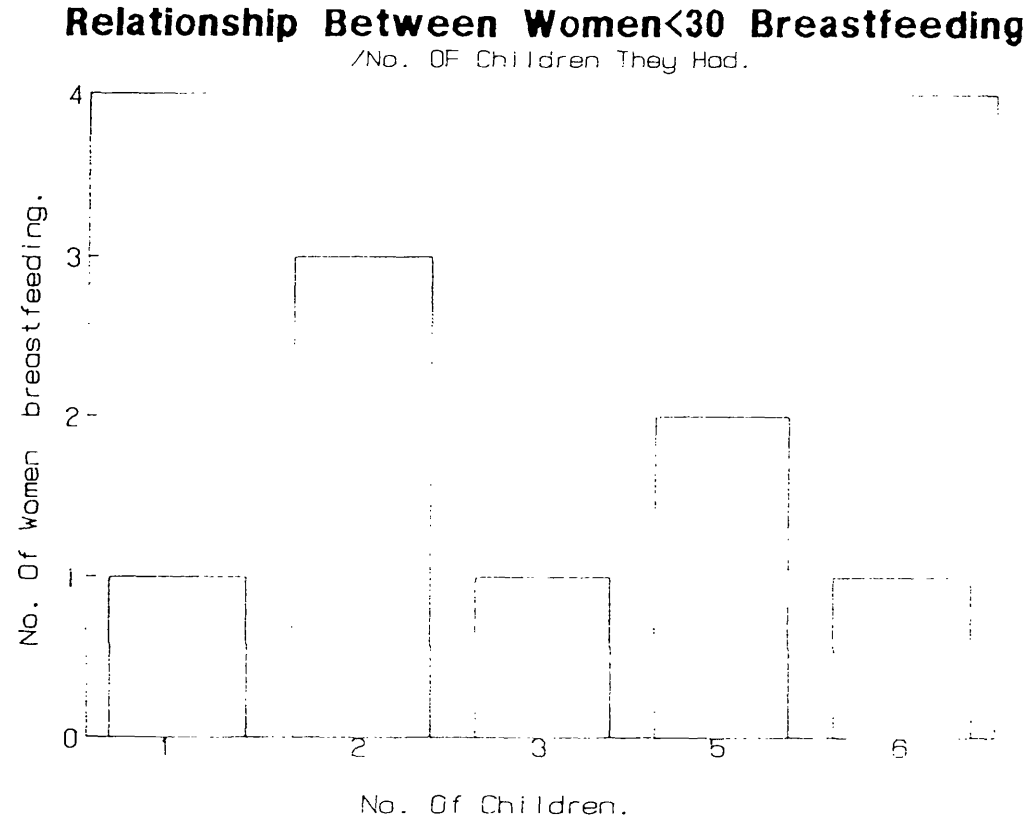

Education Of Women < 30
(5.0%)
(11.0%)
(30.0%)
(17.0%)
(37.0%)

Fig. (7)

Proportion Of Women breastfeeding At The Time Of interview according To family size



Fig( )Relationship Between Number Of Children Women Had & Breastfeeding.

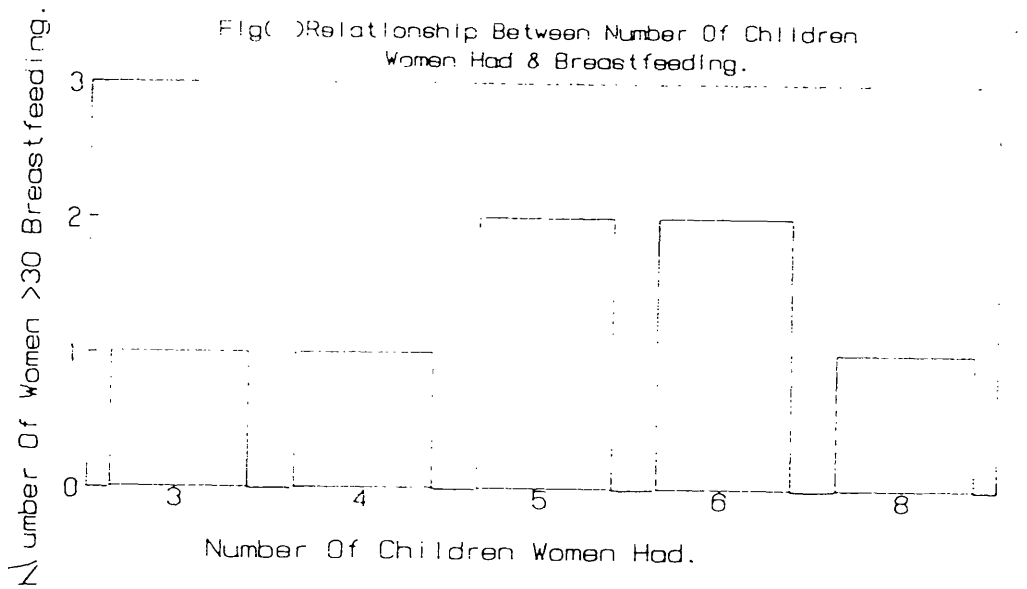


Fig.(8)

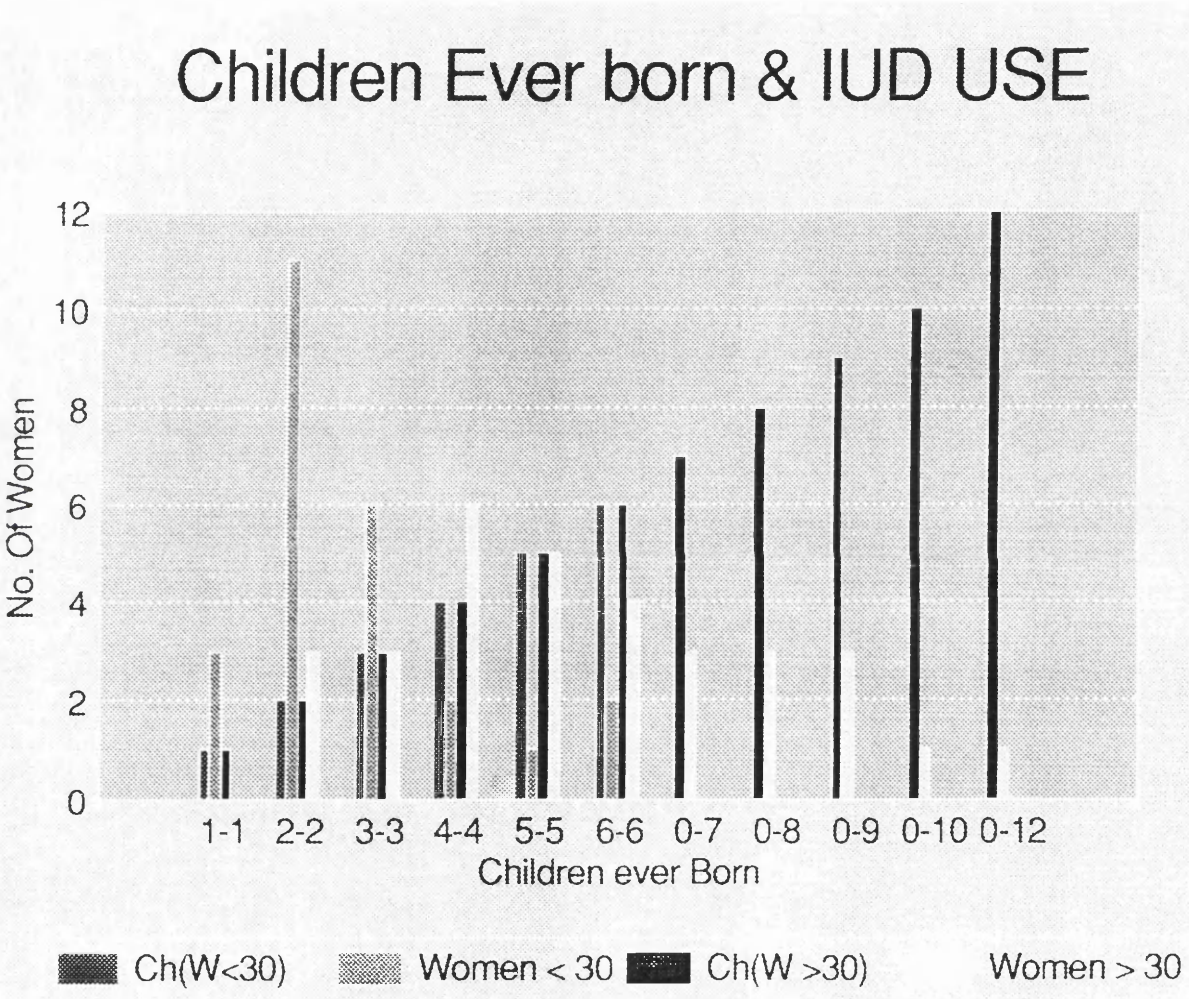
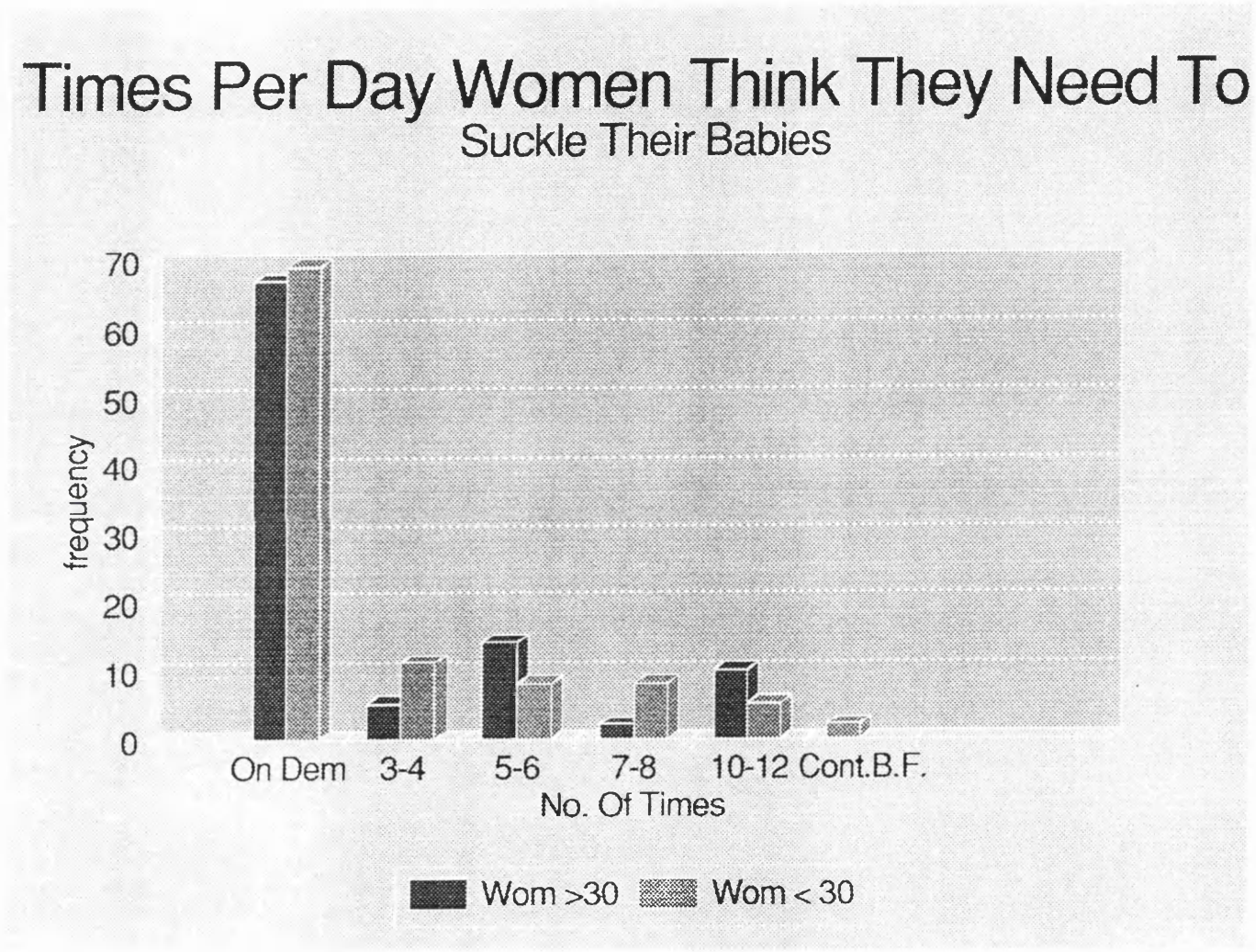
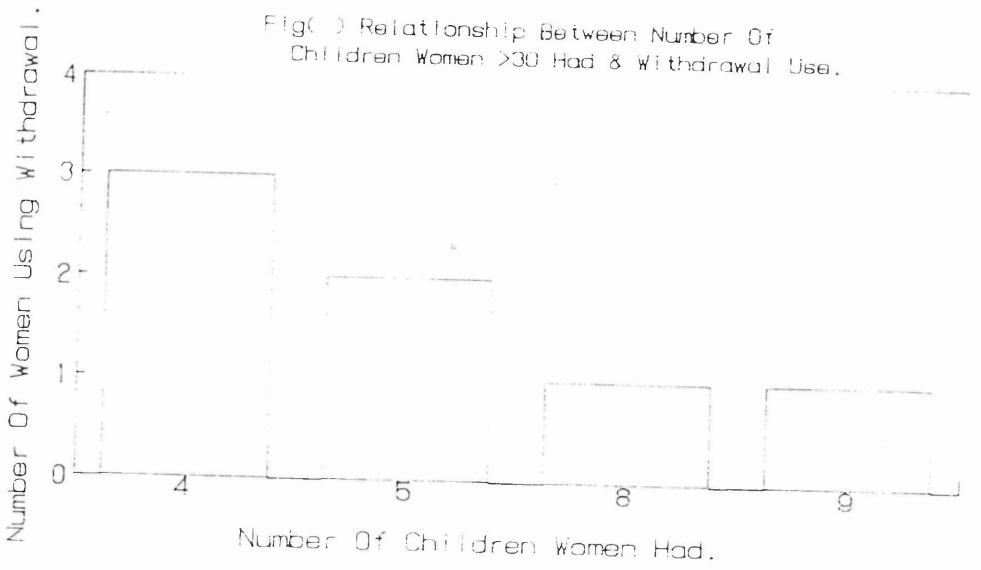

Children Ever born & IUD USE
12
10
8
6
4
2
0
No. Of Women
1-1
2-2
3-3
4-4
5-5
6-6
0-7
0-8
0-9
0-10
0-12
Children ever Born
Ch(W<30)
Women < 30
Ch(W >30)
Women > 30

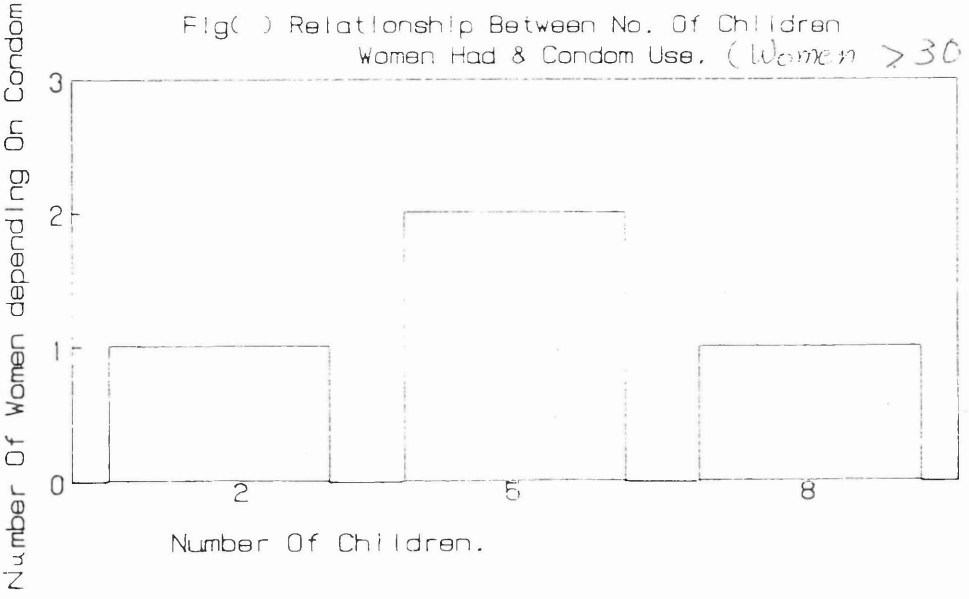
Fig.(9)


Times Per Day Women Think They Need To
Suckle Their Babies
70
60
50
40
30
20
10
0
frequency
On Dem
3-4
5-6
7-8
10-12
Cont.B.F.
No. Of Times
Wom >30
Wom < 30

Fig(10)

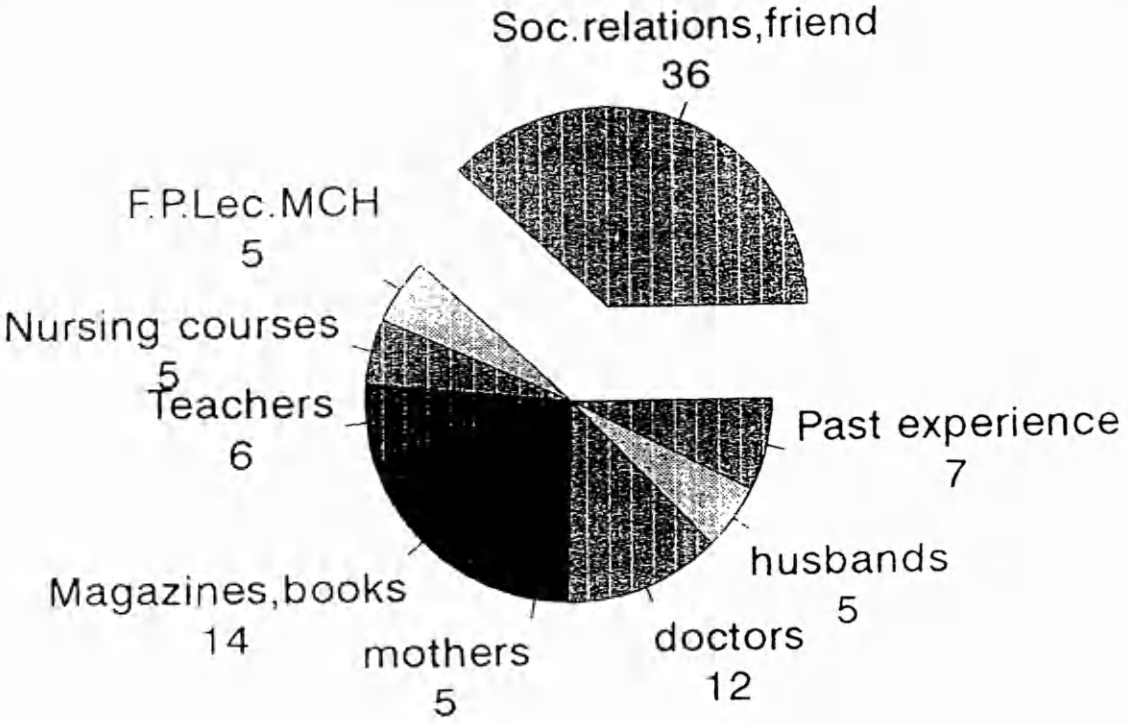
Proportion Of Women Using Condom Or Withdrawal According To Family Size





Source Of Knowledge Of Family Planning

Women > 30



group 2

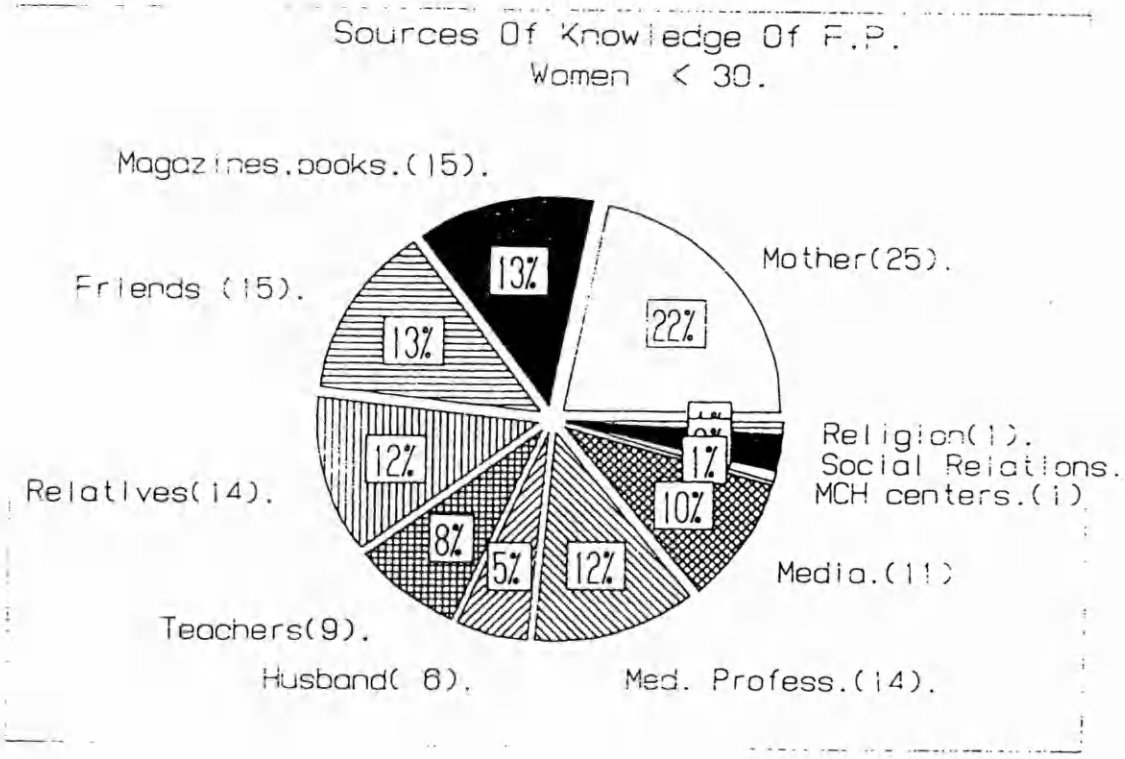
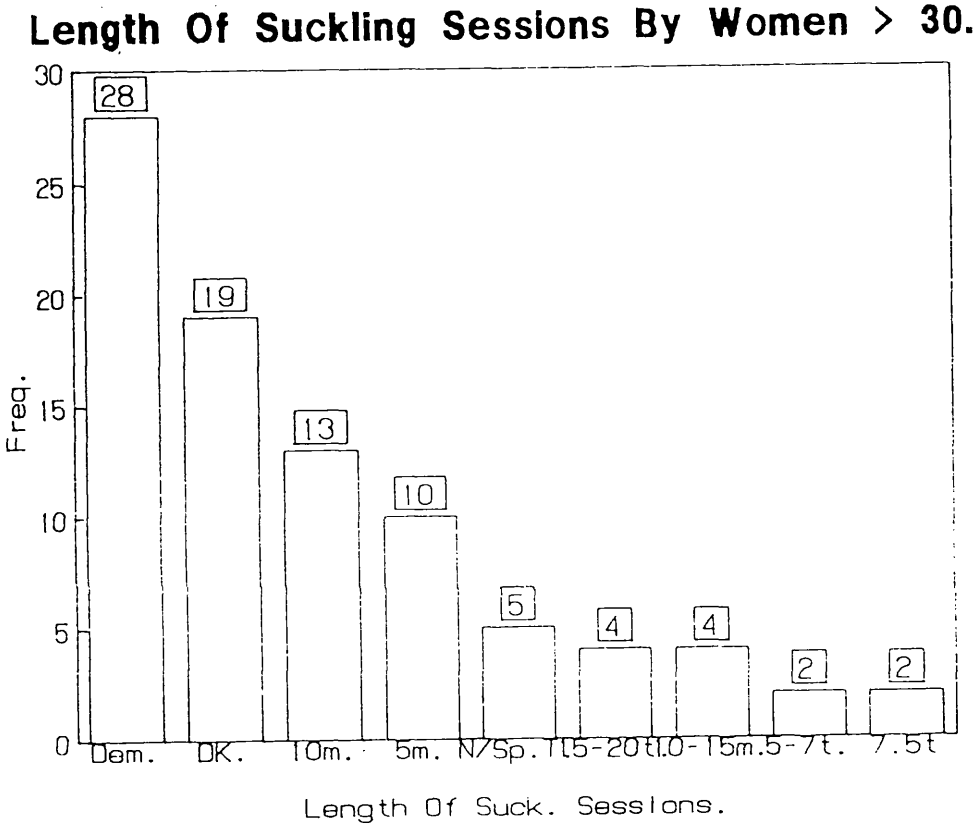


Fig. (12)

Frequency of suckling (per day) in First Months after birth



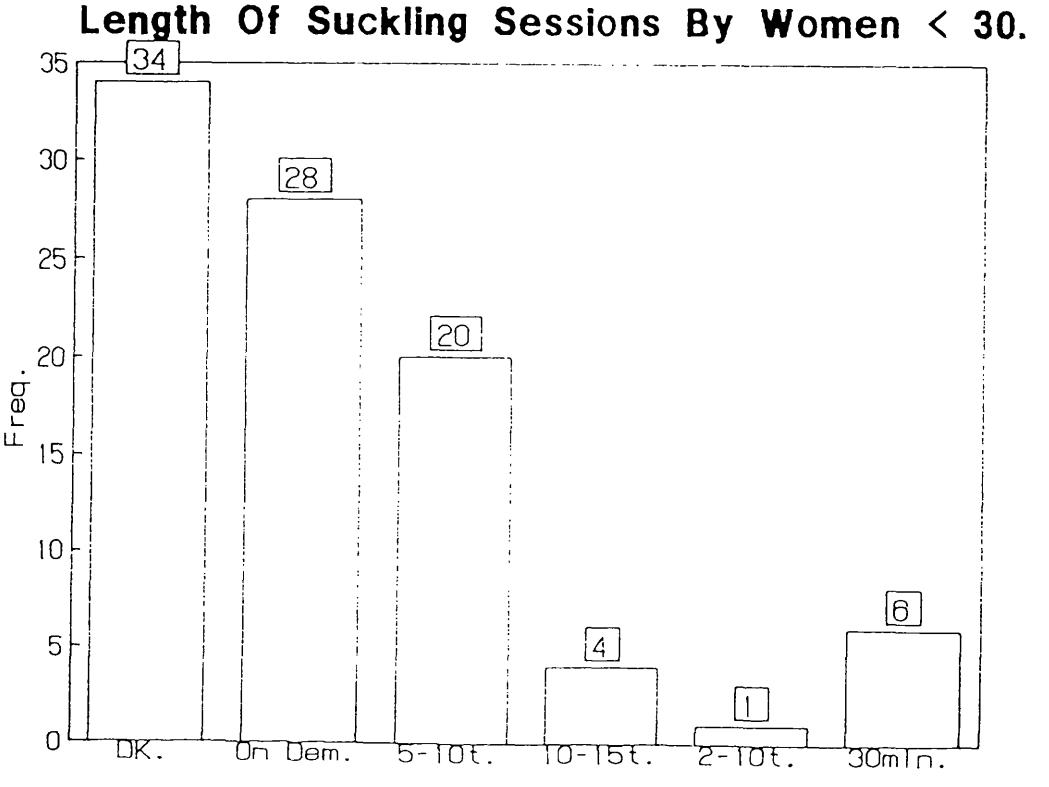


Fig.(15)

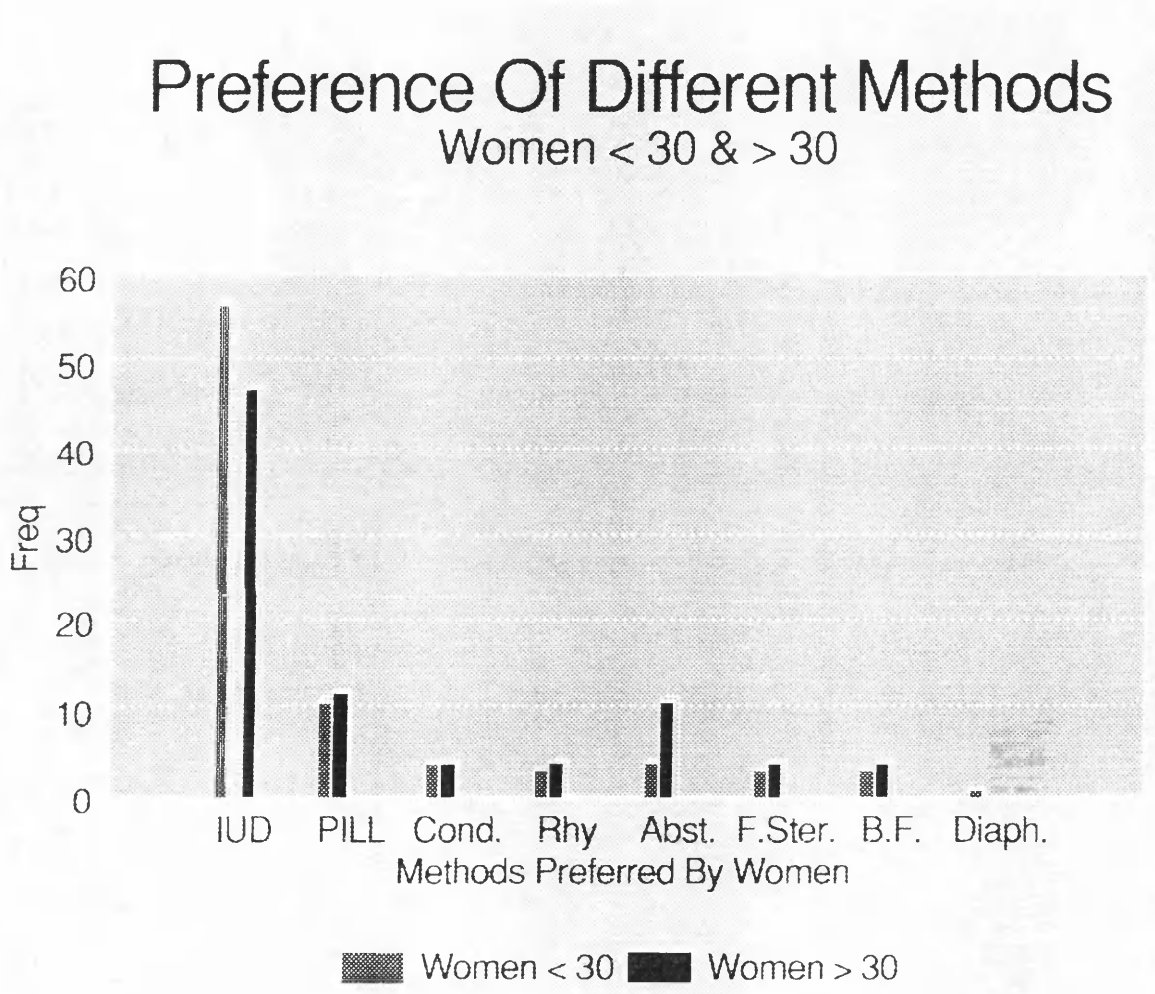

Preference Of Different Methods
Women < 30 & > 30
60
50
40
30
20
10
0
Freq
IUD
PILL
Cond.
Rhy
Abst.
F.Ster.
B.F.
Diaph.
Methods Preferred By Women
Women < 30
Women > 30

Fig.(14)

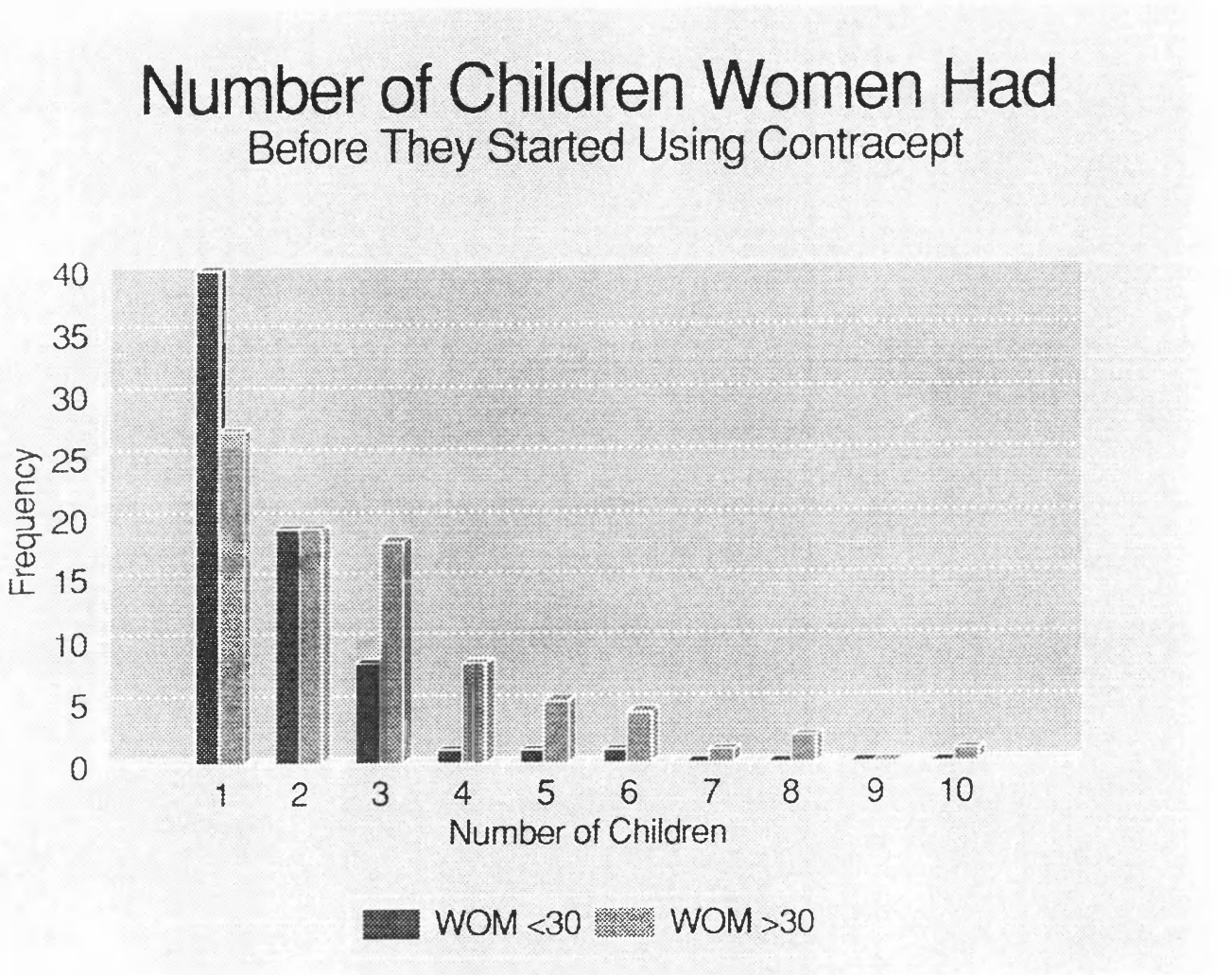
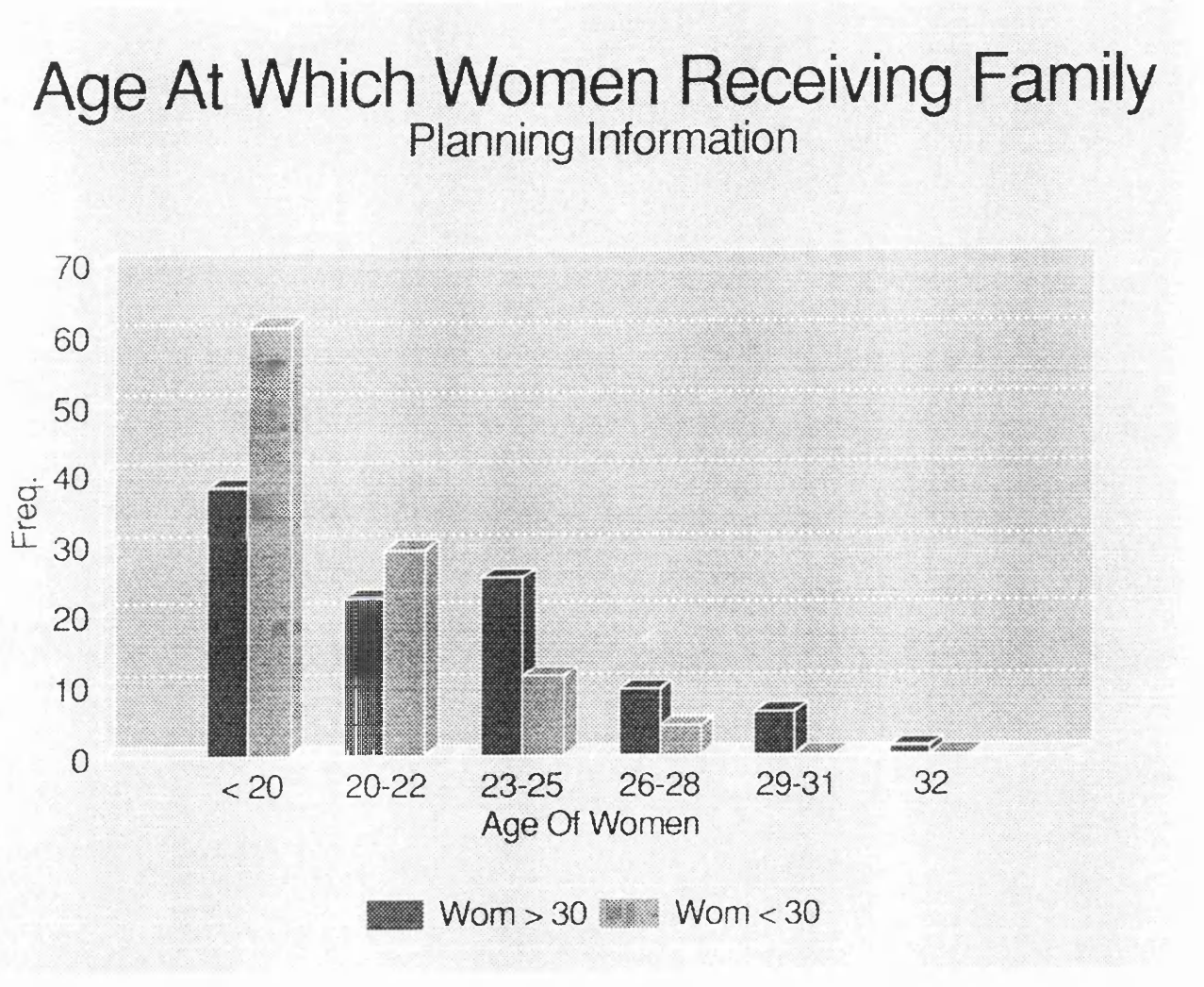

Number of Children Women Had
Before They Started Using Contracept
Frequency
40
35
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9
10
Number of Children
WOM <30
WOM >30

Fig.(15)


Age At Which Women Receiving Family
Planning Information
70
60
50
40
30
20
10
0
Freq.
< 20
20-22
23-25
26-28
29-31
32
Age Of Women
Wom > 30
Wom < 30

Fig(16)

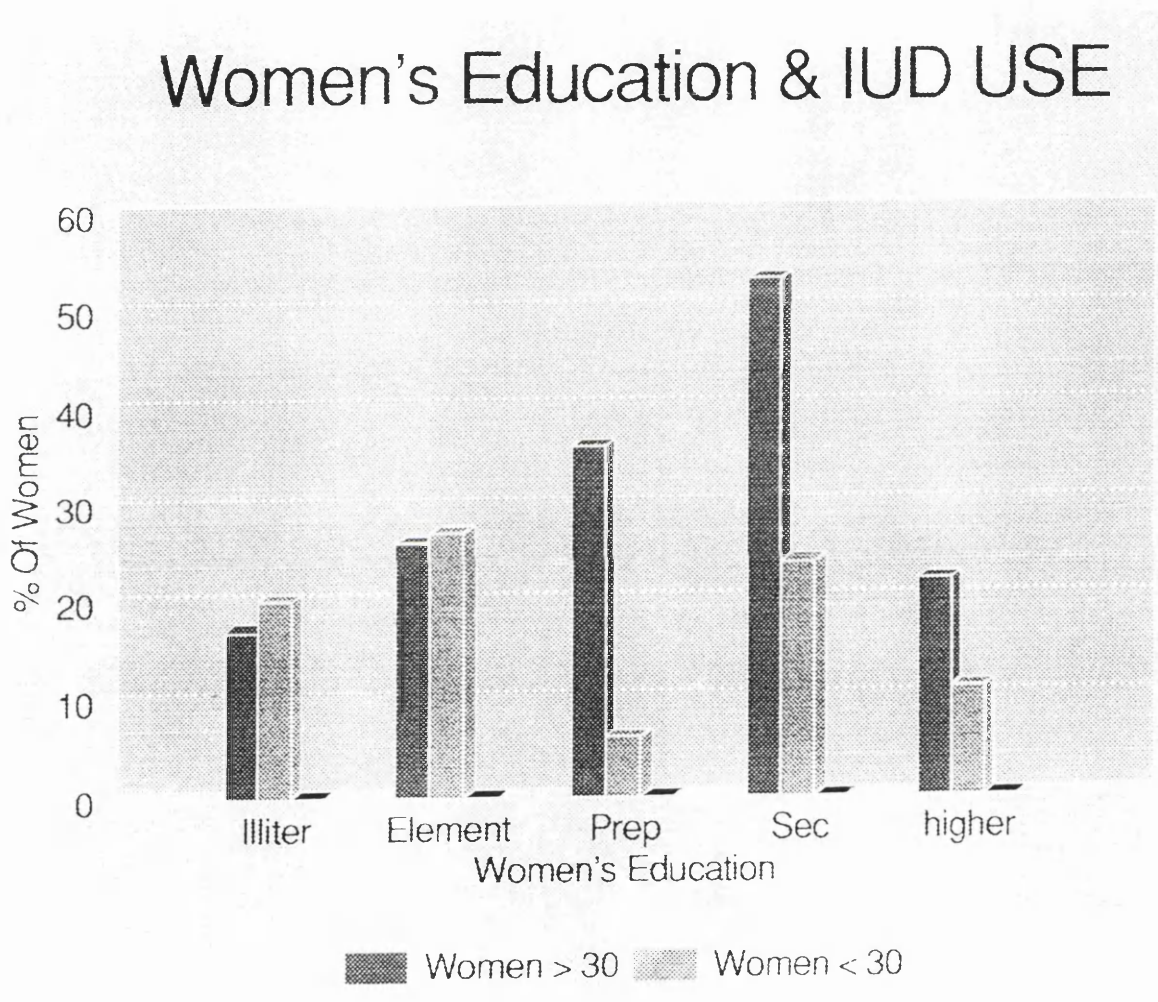

Women's Education & IUD USE
60
50
40
30
20
10
0
% Of Women
Illiter
Element
Prep
Sec
higher
Women's Education
Women > 30
Women < 30

Fig.(17)

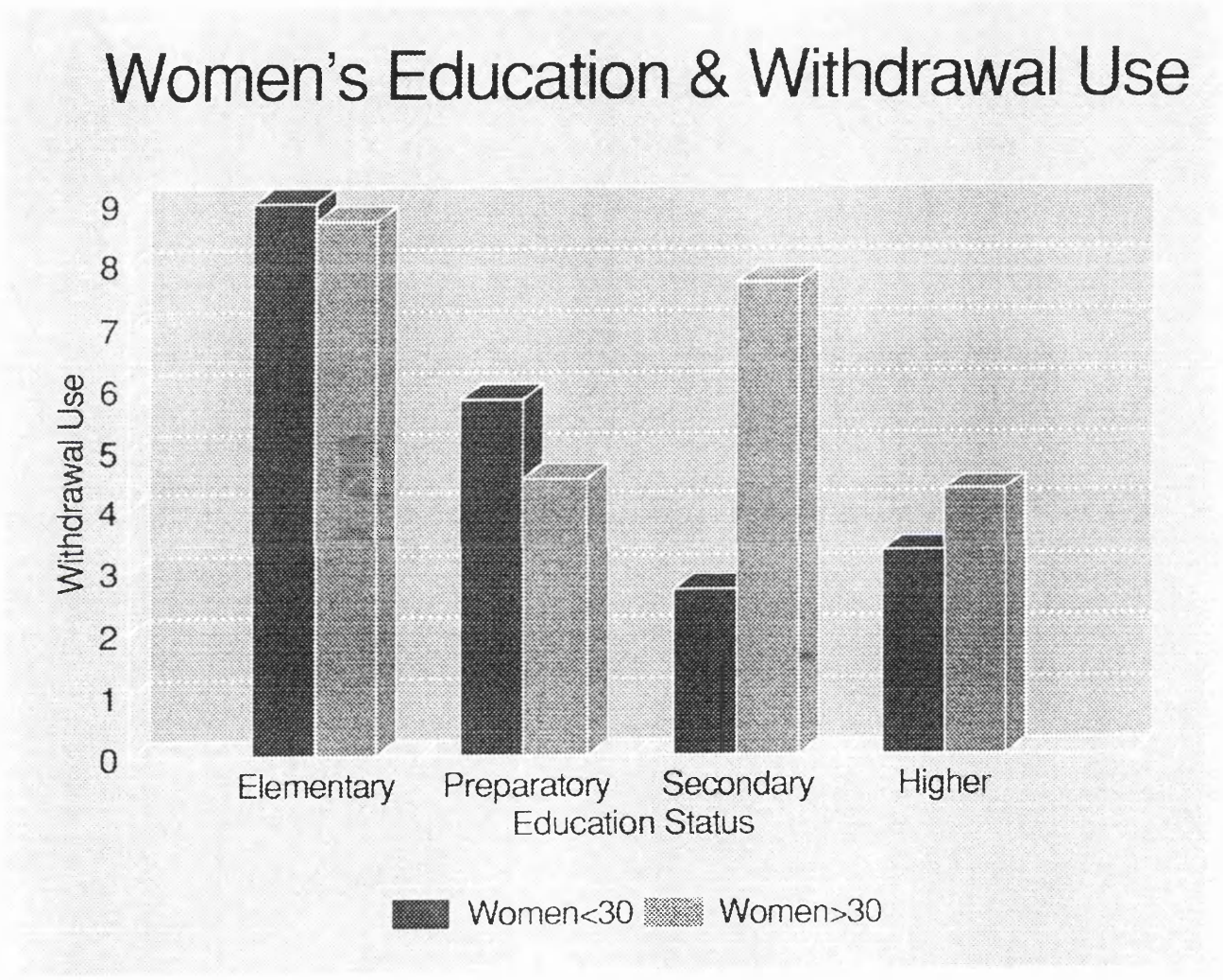
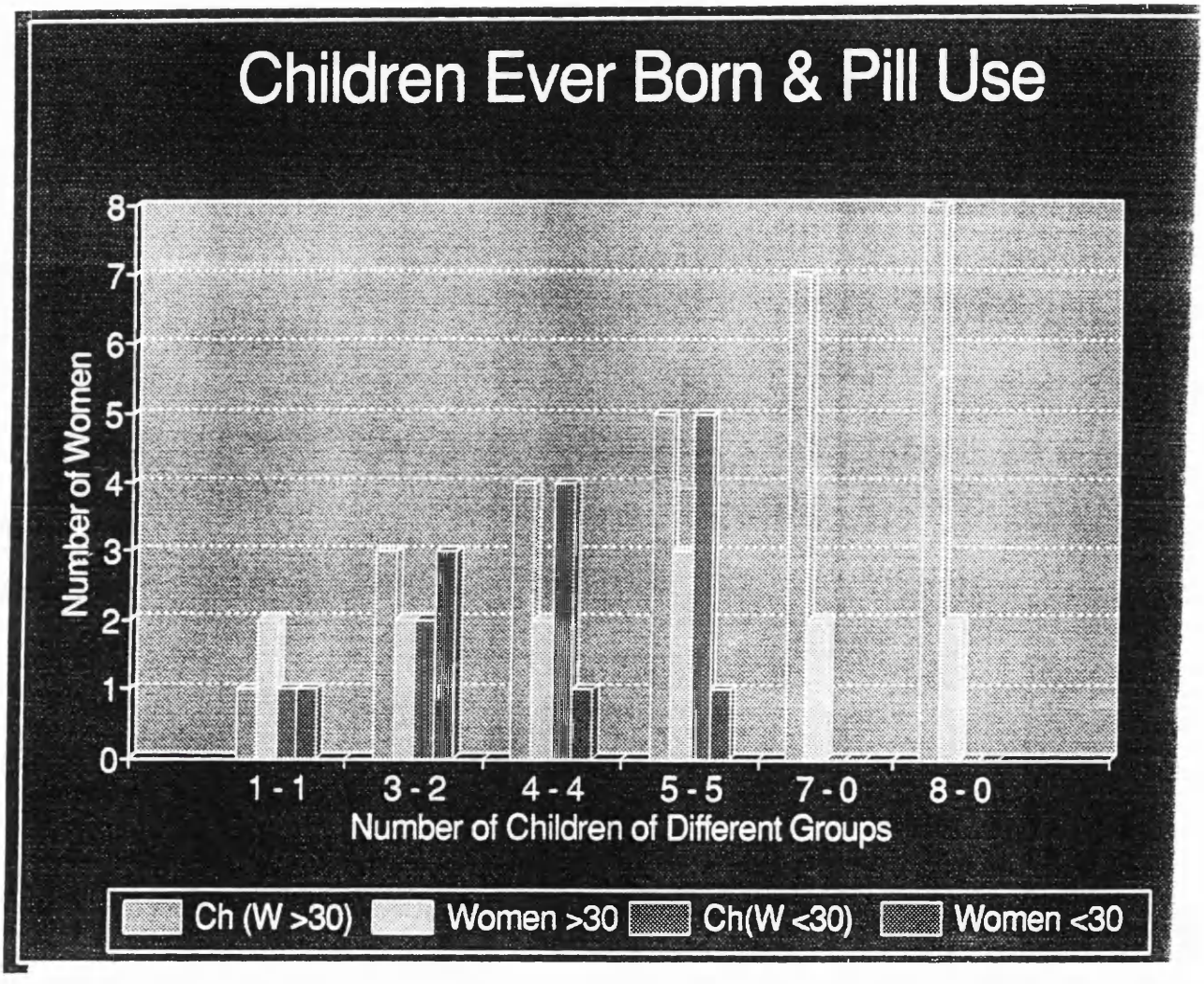
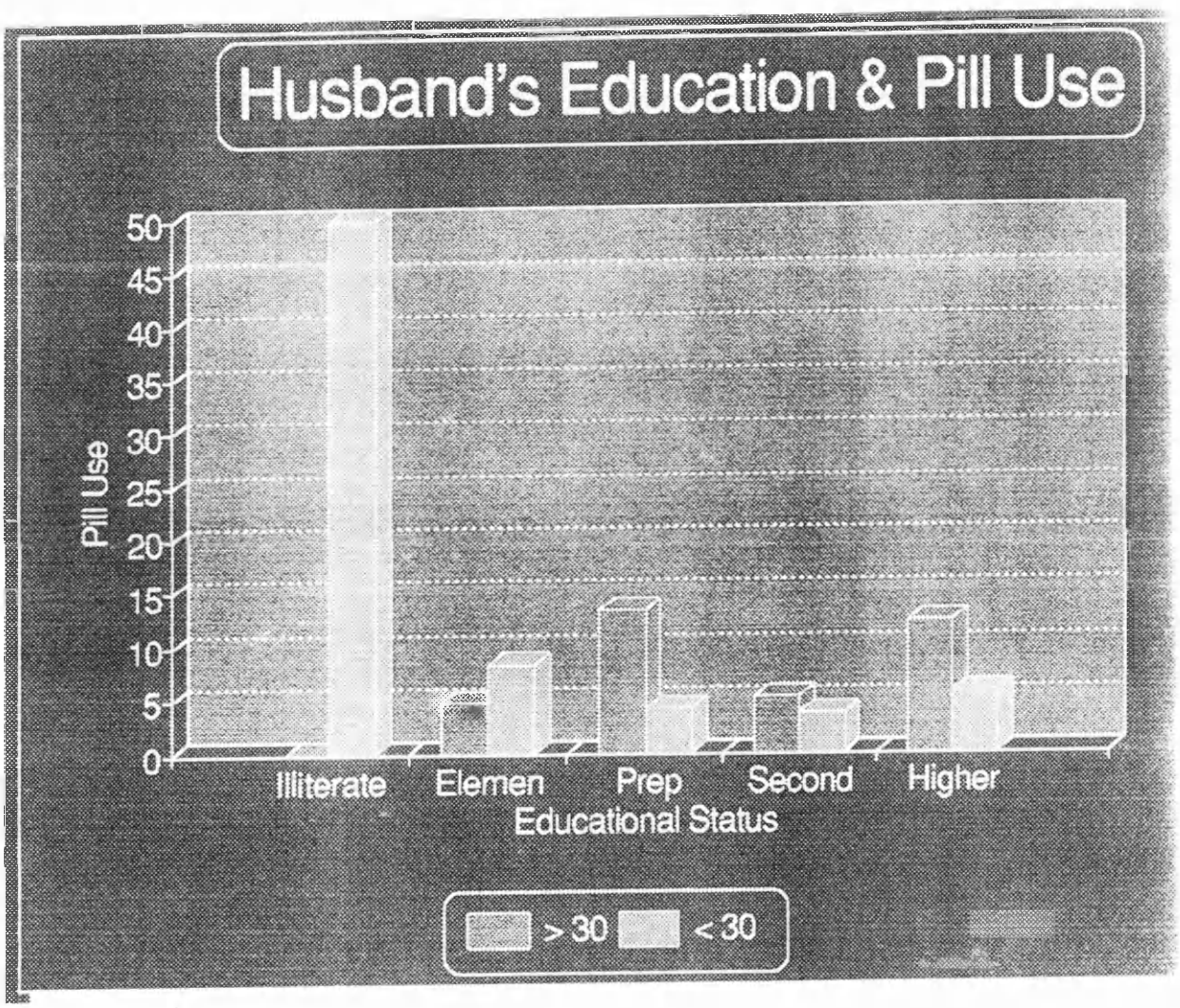

Women's Education & Withdrawal Use
Withdrawal Use
0
1
2
3
4
5
6
7
8
9
Elementary
Preparatory
Secondary
Higher
Education Status
Women<30
Women>30

Fig.(18)


Children Ever Born & Pill Use
Number of Women
0
1
2
3
4
5
6
7
8
1 - 1
3 - 2
4 - 4
5 - 5
7 - 0
8 - 0
Number of Children of Different Groups
Ch (W >30)
Women >30
Ch(W <30)
Women <30

Fig(19)


Husband's Education & Pill Use
Pill Use
50
45
40
35
30
25
20
15
10
5
0
Illiterate
Elemen
Prep
Second
Higher
Educational Status
> 30
< 30

Years Since First Marriage & method Used

Women <30

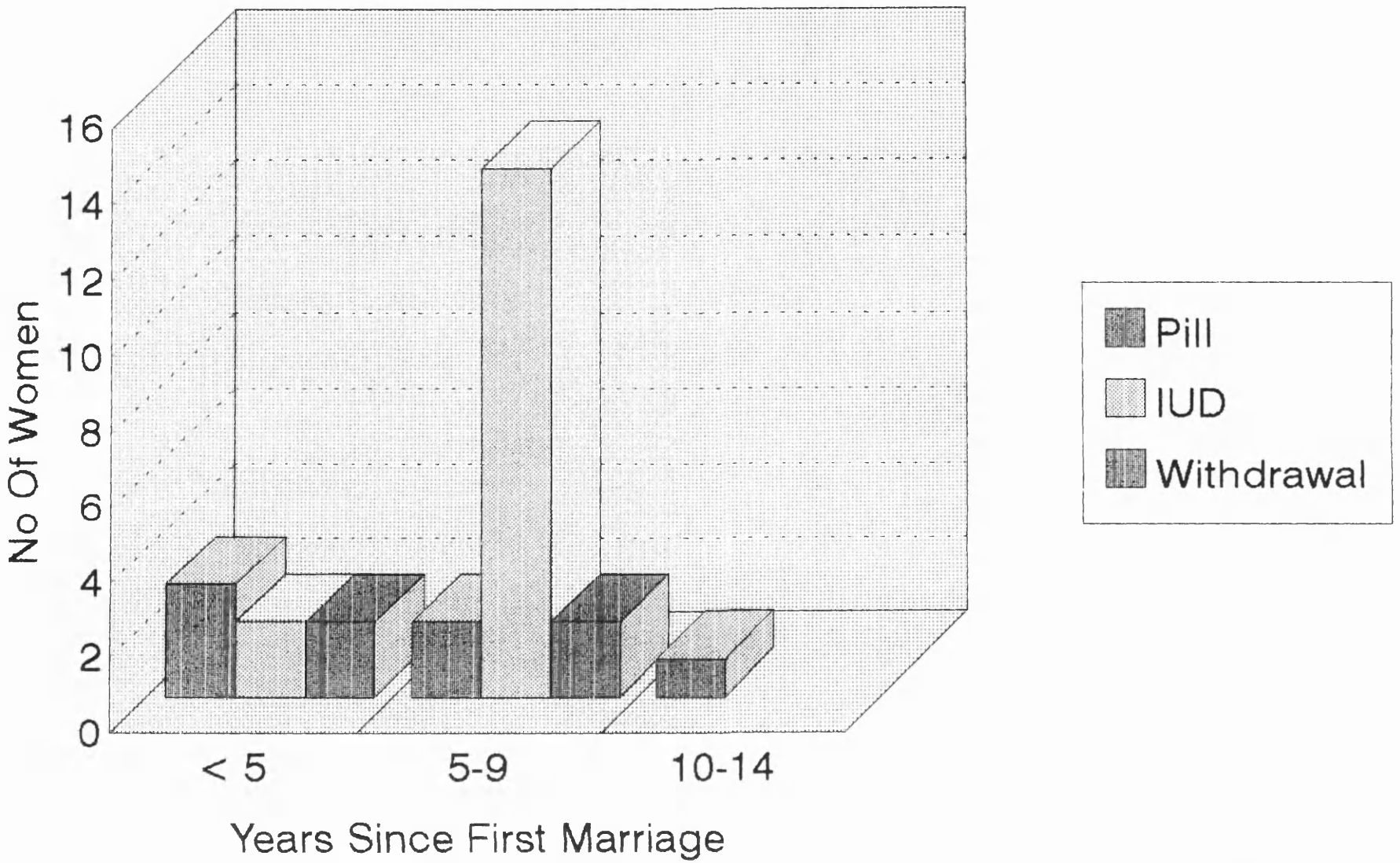


Fig.(20)

DISCUSSION

General Characteristics

Age of the women included in the study ranged between <30 and >30. The mean age at first marriage was 19.8. For both groups the mean age of women when they first used contraception was almost similar between the two age groups which was 21. The overwhelming majority of these women were married for the first time, the highest percentage were Muslims and unemployed.

Education

Education was divided into five categories: illiterate, primary, preparatory, secondary and higher education (higher institute and university). Education of women is shown in pie chart figures. It shows that the highest pecentage is in the secondary education group among women <30 and >30, which contrasts with a study done in 1986 by Khoury et al about contraception acceptability among a group of newly delivered mothers in Jordan where the highest percentage was among the higher institute and university, but it correlates well with the preliminary reports about Population and Family Health Survey, carried out in 1990.

Husband's Education

This was higher among the higher institute and university among both groups, which is similar to the results of the above survey. This correlates with findings in a 1983 survey data which showed rapid increase in education and among age cohorts in their 30's at the time of 1983. More than half had less than primary education.

However, this group of women proves to be not representative of the total population, especially from the educational standard as shown in this table.

Group	Sex	Illiterate		Elementary		Preparatory		Secondary		Education	
		<30	>30	<30	>30	<30	>30	<30	>30	<30	>30
Study	Male	2%	4%	12%	21%	24%	15%	27%	19%	35%	19%
Group	Female	5%	6%	11%	23%	17%	22%	37%	26%	30%	23%
Group	Male	18.9%		41.2%		20.6%		6.7%		3.5%	
Population	Female	48.2%		27.3%		14.3%					

The percentage of ever use of the IUD and pills among women <30 was almost similar to other studies done in 1990. Ever use of condoms was 10% which is almost similar to the finding in 1990 (6.8%). Female sterilisation was 4%, while in 1990 it was 5.6%. Perioidic abstinence was 23%, while in 1990 it was 17%. Withdrawal was 31%, while it was 17.5% in 1990. For those women >30 ever use of IUD was 56%, 65% of pills, 21% of condom, 42% of rhythm and 48% of withdrawal methods.

The IUD and the pill were the leading methods with about 53.8% amont women >30 who had secondary education and 36.6% among women <30 who were highly educated. Nine percent of women <30 with elementary education and 18.2% with preparatory education. Rhythm and withdrawal methods accounted for 61% among women <30, which was almost similar to 1983 findings.

A shift in the methods between 1976 and 1983 is apparent, as well with a decrease in pill use (from 12 - 8%), and an increase in IUD use (from 2 - 8%) and in sterilisation (from 2 - 4%). This was shown in this study where the percentage of IUD use was very high in both age groups and it was the most popular method.

Source of Contraception

IUD was mainly obtained from government health centres and family planning clinics and this is expected because women who were interviewed were mainly in maternal and child health/family planning clinics. This contrasts with the 1983 survey data where private physicians and pharmacies provide the majority of methods. But the cost of inserting IUD's in the private clinics is very high (£25), so women prefer government clinics were it is free. Pharmacies were most important for pill users for women >30, but almost equal with government health centres for those <30.

Women who were not currently using contraceptives were asked their reasons for not practicing contraception.

Women <30's main reason was desire for children, fear of side effects, religious oppostion, and husband opposition, while those >30 stated their difficulty in becoming pregnant in the past as the main reason, health concerns (such as varicosities, cardiac problems), religious opposition and husband's desire for another child. This correlates with findings in the 1983 survey data.

As in the same survey, Jordan's very short birth intervals apparently result from modest levels of both contraceptive use and breastfeeding. Breastfeeding is almost universal with a prevalence of 93%. The mean duration ws 16 months with no sex bias. This duration appears to fall within the observed limits compared to other Arab countries. As examples, in Algeria the mean duration varies between 11 and 17 months, in Egypt between 8 and 18 months, in Tunisia between 9 and 24 months and in Sudan between 14 and 19 months. Arab and near eastern educated women, including Jordanians, are usually bottle feeders. Supplementary feeds were introduced by 25% of the mothers as early as the third months. The main reasons for weaning were pregnancy and desire for more children.

Postpartum non-susceptibility in Jordan is 6 months which has been associated with shorter birth intervals and higher rates of infant mortality and poorer child health. This study has shown that advice about breastfeeding as a method of contraception was not given in the majority of both groups. This may be because contraception is only provided at the client's request.

In October 1991 an editorial about the contraceptive effect of breastfeeding showed that the average duration of postpartum amenorrhoea is two months in mothers who do not breastfeed. In those who practice on demand breastfeeding, the average duration of postpartum amenorrhoea averages about 11 months. Similar studies emphasised that if a woman is exclusively breastfeeding on demand and both during the night and day with at least 6 episodes of feeding and a minimum total duration of suckling for 60 minutes in 24 hours, then a 98% protection from another pregnancy can be expected unless menstruation has resumed.

The majority of women in this study suckled for 6 - 7 times and thought that the suckling session should be for 10 - 20 minutes, but a high percentage did not know why some women got pregnant during breastfeeding or said it is "up to God". The majority thought they should breastfeed on demand but the mechanism behind it was not clear.

In general, women of both age groups had almost similar attitudes. There is a great respect for religioun and social traditions. For reasons as much political as religous, the emphasis is on birth spaicing - not po;ulation restriction which would excite many negative feelings. The most postivie prospects for retarding population increase are changes in society itself. Factors such as increased education and delayed marriage age, smaller families, are already beginning to reduce the population growth rate.

Emphasis on using and reinforcing traditional values such as Islamic concern for health of mother and child, appear to be highly effective methods in family planning (17).

The relationship between husband's social class and use of contraception was significant. 39.5% of husbands of women <30 were pill users, but 77% were non-users. 33% of manual husbands were pill users and 50% of husbands of women <30 were non-users. In the group of women >30 57.8% of non-manual husbands were pill users, but 43% were non-users. 67% of manual husbands were pill users, 33% were non-users.

Regarding IUD use among women <30, 33% of non-manual husbands were IUD users and 58% were non-IUD users. 52% of manual husbands were IUD users, but 50% were non-users. Among women >30, 68% of non-manual husbands were IUD users, 47% were non-users. 51% of manual husbands were users but 38% were non-users.

This contrasted with the 1985 Jordan Husband's Fertility Survey where the husbands socio-economic status had positive association with contraceptive use. Husbands with relatively high education (secondary or greater), and husbands with professional or managerial occupations, are the most likely to be using contraception. The IUD was the most prevalent method used, followed by the pill. For two lower socio-economic status groups, illiterate husbands and family income <600 JD, £500, female sterilisation was the most prevalent method used. But the employment status of the husband has little association with current contraceptive use.

Contraceptive use is positively associated with the husband's education in both urban and rural Jordan. Use by number of living is curvilinear within the education categories, generally peaking betewen 3 and 4 living children.

The higher educated (preparatory and secondary) were most likely to use a private physician, followed by the pharmacy and public hospitals. The least educated (illiterate and can read and write) were most likely to use a public hospital, followed by private physician and pharmacies.

The most prevalent method was the IUD which was obtained from a private physician (60%) or the Family Planning and Protection Association (21%). The pill was most likely obtained from a pharmacy (58%) or a private physician (30%). Female sterilisation was most likely performed in public hospitals (73%) or private hospitals (18%).

The Jordan Fertility Survey survey showed the duration of breastfeeding to be affected by several factors. Younger women with less children appear to breastfeed for shorter periods of time. Education of the mother had a definite impact. The higher the educational level attained, the shorter the breastfeding time. From a mean duration of 13.7 months for women with no schooling, the duration of breastfeeding decreased to a mean of 10 for those with elementary, 7.9 for those with intermediate and 6 months for those with secondary and higher education. This contrasted with the results of this study where women (<30) with secondary education breastfed more than those with illiterate or preparatory education, while women (>30) with intermediate education breastfed more than those with secondary education.

Prolonged breastfeeding in the absence of contraception, is associated with longer birth intervals. This was proved by a report in the WHO Collaborative Study on Breastfeeding in 1981. It is interesting to note that in groups in which more than 10% of women were using contraception, the percentage with long birth intervals is lower than in those in which the majority of mothers breastfed for at least 18 months.

Information from India, the Philippines, Chile, Zaire and Ethiopia suggests that menstruation tends to return sooner when there is partial breastfeding than when there is full breastfeeding. The percentage of women in whom menstruation had returned was considerably higher, irrespective of postpartum interval, among the women who suckled less frequently.

RECOMMENDATIONS

1. Development of government policies and programmes to inform women (especially educated women) about the benefits of breastfeeding as a method of contraception using the media, community groups and health services. Particular attention towards training of health professionals will be necessary.

2. Promotion of family planning and breastfeeding as a means of birth spacing and improving child health and nutrition, using health promotion approaches which involve men as well as women.

3. Greater emphasis on the role of women in the decisions about family size and birth spacing, concentrating on the inclusion of these topics within formal and informal education.

4. Provision of user-friendly, well supplied, efficient, acceptable family planning services within a culturally acceptable format. Attention should be given to encouraging religious leaders to be supportive of family planning activities.

5. Institute postpartum programmes for women's health which include contraceptive services as a key part of their activities.

6. Proper appraisal of the social and cultural factors favouring contraceptive utilisation, efficacy of family planning services and their uptake with reference to changing demograhic patterns.

RECOMMENDATIONS

1. Development of government policies and programmes to inform women (especially educated women) about the benefits of breastfeeding as a method of contraception using the media, community groups and health services. Particular attention towards training of health professionals will be necessary.

2. Promotion of family planning and breastfeeding as a means of birth spacing, at improving child health and nutrition, using approaches which involve men as well as women.

3. Greater emphasis on the role of women in the decisions about family size and birth spacing, concentrating on the inclusion of these topics within formal and informal education.

4. Provision of user-friendly, well supplied, efficient, acceptable family planning services within a culturally acceptable format. Attention should be given to encouraging religious leaders to be supportive of family planning activities.

5. Institute postpartum programmes for women's health which include contraceptive services as a key part of their activities.

6 Proper appraisal of the social and cultural factors favouring contraceptive utilisation, efficacy of family planning services and their uptake within demographic assessment.

BIBLIOGRAPHY

1. Jordan Fertility Survey 1976. Principal Report - Volumes I, II
Department of Statistics, Amman, Hashemite Kingdom of Jordan, 1979

2. Annual Statistical Reports From the Directory of Planning and Research 1990, 1991 (Demographic Data)
Annual Report of Family Planning Services from the Training Centre (Maternal and Child Health Government Centre)

3. Qub'ain S et al: Primary Health Care Coverage in Jordan
Ministry of Health, Amman, Jordan 1988

4. Anderson J E et al: Fertility Trends and Determinants in Jordan
International Family Planning Perspective , Volume 11, No 2, June 1985
p 47 - 51

5. Nushewat M et al: Maternal and Child Health Services in Jordan
Amman, Jordan 1988

6. Amr M F, Issa A A et al: Acceptability of the IUD in a Jordanian Community
Advances in Contraception 1 (1985), June (2), p 157 - 159

7. Abdel Azia A, Anderson J E et al: Family Planning in Jordan: 1983 Survey Data
Studies in Family Planning Volume 17, Number 4, July/August 1986, p199 - 205

8. The Jordanian Association for Family Planning and Protection: Aims of the Association 1972

9. Khoury S et al: Breastfeeding in Jordan, Volume 22, Number 1, May 1987, p 19 - 25

10. Akin J S et al: Breastfeeding Patterns and Determinants in Jordan
Population Bulleting of ESCWA June 1986 (28), p 5 - 41

11. Ahmad S: Husband's Occupation and Marital Fertility in Four Muslim Population Asian Profile, June 1985, 13 (3), p243 - 51

12. The First Arabic Workshop for Parental Responsibility Bahrain 25th - 27th May, 1982

13. Awaishee A: Birth Spacing in Islamic Sharia'a Pespective Brochure

14. The Pontificial Council for Inter-religious Dialogue (Vatican City) and the Royal Academy for Islamic Civilization Research Al Albait Foundation (Amman) 13th - 15th December, 1990, p 16 - 63

15. Warren C et al: Jordan Husband's Fertility Survey 1985: Report of Principal Findings Department of Statistics, Amman, Jordan, March 1987, ii, 45, p 64

16. United Nations Fund for Population Activities Jordan Report of Second Mission on Needs Assessment for Population Assistance, July 1979, Report No 18, p 29-52

17. William I: Respect for Religion and Tradition: Key to Family Planning in Jordan Populi Volume 17, No 3, September 1990, p 38 - 44

18. United Nations Fund for Population Activities 1985 Jordan Report of Second Mission on Needs Assessment for Population Assistance, Report No 83, p 56

19. El Hassan, M Nur: An Analysis of the Child Survival Hypothesis in Jordan Studies in Family Planning, Volume 16, No 4, July/August 1985

20. Abbas A A et al: Determinants of the Utilisation of Maternal and Child health Services in Jordan International Journal of Epidemiology, September 1986, Volume 15, No 3

21. Sultan A: Factors Affecting Fertility in Four Muslim Populations Journal of Biosocial Science, July 1985, 17 (3), p 305 - 16

22. Thapa, Short et al: Breastfeeding, Birth Spacing and Their Effects on Child Survival
Nature, Volume 335, 20th October, 1988

23. Ahmed S: Intermediate Variables Affecting Fertility in Four Muslim Countries
Journal of Family Welfare, September 1987, 34 (1), p 41 - 48

24. Sultan Ahmad: Effect of Education on Marital Fertility in Four Muslim Populations
Genus January - June 1945, 41 (1 - 2), p 23 - 27

25. Adlakha Al et al: Factors Affecting Infant and Child Mortality
Journal of Biosocial Sciences October 1985, 17 (4), p 481 - 496

26. Fakhr M El Islam et al: Oral Contraceptives
Sociocultural Beliefs and Psychiatric Symptoms 1988, Volume 27, No 9, p 941 - 945

27. Ebrahim G J: The Contraceptive Effect of Breastfeeding - An Update
Journal of Tropical Paediatrics, October 1991, Volume 37

28. Haddad M: Women, Medicine and Health
Middle East Report, November - December 1989

29. Jordan Population and Family Health Survey 1990
DHS, Department of Statistics, Ministry of Health

30. Ross et al: Management Strategies for Family Planning Programs 1989

31. Population Reports
Family Planning Programs, May - June 1984, No 27

32. Khoury S et al: Contraceptive Acceptability Among a Group of Newly Delivered Mothers in Jordan
November 1986, Volume 21, No 2

33. Akin J S et al: Breastfeeding Patterns and Determinants in the Near East: An Analysis for Four Countries
Population Studies (1986), 40, p 247 - 262

34. Warren C et al: Fertility and Family Planning in Jordan: Results from the 1985 Jordan Husband's Fertility Survey
Studies in Family Planning, January/February 1990, Volume 21, No 1

35. Quality of Service Delivery in Family Planning
The Population Situation in the ECWA Region 1976

36. Short R V et al: Contraceptive Effects of Extended Lactational Amenorrhoea Beyond the Bellagio Consensus
Lancet 1991, 337, p 715 -717

37. El-Atoum S: Egyptian Population and Family Planning Review 1986
Assessment of the Effects of Socio-economic Factors on Child Mortality in the Amman Upgrading Areas December 1985, 20 (20), p70-82

38. Obergmeyer C M: Paediatric Care and Immunisation Among Jordanian Children, 1989, p33

39. Hammouda A A: The Socio-economic Determinants of Contraceptive Use in Jordan
Egyptian Population and Family Planning Review June 1986, 20 (1), p 46 - 69

40. Sogunro O: Trip Report: The Hashemite Kingdom of Jordan, 1987, p 17

41. Saleh K S: Changes in the Recent Fertility Levels and Demographic Components in Jordan 1972 - 1983

42. Cornelius D L: Rising Women's Status and Persistent High Fertility
The Case of Jordan 1988, 25, p5

43. Ayad M: Ideal Family Size in Arab Countries
Famille et Population 1987, (5 - 6), p 23 - 36

44. Abu-Atta A A: The Family Planning Programme in Jordan
Edited by Ellen Sattar 1987
Management Contributions to Population Programmers Series, Volume 8,
p 47 - 53

45. Abu Laban A, McDivitt J A et al: Breastfeeding Knowledge and Practices in Jordan
A summary report of the Results of the Health Comunity Baseline Survey,
August - September 1988

46. Abdel Azia A M : The Effect of Reproductive Behaviour on Infant and Early Childhood Mortality in Jordan 1988

47. Ahmad S: Work Status and Marital Fertility in Four Muslim Populations
Demography India July - December 1986, 15 (2), p215 - 27

48. Wardwell J M : Demographics in Jordan
1986, p 21

49. Cornelius D L, Wardwell J M: Fertility in Jordan: Effects of Patriarchal Household Structure
1987, 9, p 4

50. Wardwell J M , Cornelius D L: Miration and Fertility in Jordan
1987, p 9

51. Krueger R: Focus Groups - A Practical Guide for Applied Research
Sage Publications, 1990

52. Model "B" Questionnaire with Commentary for Low Contraceptive Prevalence Countries
Demographic and Health Surveys No 2, December 1990

53. Contemporary Patterns of Breastfeeding Report on the WHO Collaborative Study on Breastfeeding
WHO Geneva 1981, p 47 - 61

54. Breastfeeding Patterns - Review of Studies in the Eastern Mediterranean Region
WHO Regional Office for the Eastern Mediterranean, p 147 - 169

55. Report on Intercountry Workshop on Breastfeeding and Fertility
WHO Regional Office for the Eastern Mediterranean (1991)
Cairo, Egypt, 25th - 29th November, 1990

56. Bellagio Meeting (1988): Breastfeeding as a Family Planning Method
Volume 8, No 1, 1989

No. of Interview:
CONTRACEPTIVE PREVALENCE, ATTITUDES & Practice.

I would like to talk about family planning_ the various ways or methods that a couple can do to delay or avoid pregnancy.

1- Which ways or methods have you heard about?
For each method mentioned spontaneously , code_1_ to be circled in question no. 1. Proceed down the column, reading the name and description of each method not mentioned spontaneously .
Code 2 to be circled if method is recognised, and code 3 if not recognised.
For each method with code 1 or 2 circled in quest 1, ask 2_3 before proceeding to the next method.

Name : Age Age at first marriage:
Do You Work?(Y,N).

Education: High school,University,None

Religion:

Husband's education and occupation:
Manual/unskilled/skilled/professional

History of previous pregnancies:
Year of delivery? live/dead:

Current child age:

Reasons for stopping the use of contaception before the last pregnancy?

For How Long you Intend To Use The Method?

	1. Have you ever heard of (Method)?	2. Have you ever used (Method)?	Do you know where a person could go to get (Method)?
01 PILL Woman can take a pill every day	YES/spont..... 1 YES/probed..... 2 NO..... 3	YES..... 1 NO..... 2	YES..... 1 NO..... 2

02 IUD Woman can have a loop or coil placed inside them by a doctor.	Yes/spont.. 1 Yes/probed.. 2 No... 3	Yes... 1 No.... 2	Yes... 1 No... 2
03-Injection Women can have an injection by a doctor which stops them from getting pregnant for several months.	Yes/spont.. 1 Yes/probed.. 2 No... 3	Yes... 1 No... 2	Yes... 1 No... 2
04-Diaphragm, Foam, Jelly. Women can place a sponge, suppository, diaphram,jelly or cream inside them before intercourse.	Yes/spont.. 1 Yes/probed.. 2 No... 3	Yes... 1 No... 2	Yes... 1 No... 2
05-Condom Men can use a rubber sheath during sexual intercourse.	Yes/spont.. 1 Yes/probed... 2 No... 3	Yes.... 1 No.... 2	Yes... 1 No... 2
06-Female Sterilisation. Women can have an operation to avoid having any more children.	Yes/spont.. 1 Yes/probed.. 2 No... 3	Have you ever had an operation to avoid having any more children? Yes... 1 No... 2	Yes... 1 No... 2

07- Male sterilisation. Men can have an operation to avoid any more children.	Yes/spont.. . 1 Yes/probed. .. 2 No... 3	Yes... 1 No... 2	Yes... 1 No... 2
08-Rhythm, Periodic abstinence. Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	Yes/spont.. .. 1 Yes/probed. .. 2 No... 3	Yes... 1 No... 2	Do you know from where to get advice? Yes... 1 No... 2
09- Withdrawal. Men can be careful and pull out before climax.	Yes/spont.. . 1 Yes/probed. .. 2 No... 3	Yes... 1 No... 2	
10- Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1- ..... (specify 2-..... (specify)	Yes/spont.. . 1 No... 3	Yes... 1 No... 2 Yes... 1 No... 2	

Do you belive that B.F. protects you from getting pregnant?.....
.....
.....
.....
.....
.....
How many months does it protect you for?.....
.....
...
Why do some mothers who breast feed become pregnant
.....
...
.....
How many times per day does a lady need to suckle,how long?.....
.....
.....
.....

Practices

5- Now I would like to ask you about the time when you first did something or used a method to avoid getting pregnant,at what age? How many children did you have at that time, if any?	Number of children.....
6-Are you pregnant now? Not pregnant or unsure.2.....	Pregnant....1..... .....23..
7-Check 2 Woman not sterilised.....	Woman sterilised..... ...15
8-Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes.....1 No.....2_____ _____20

9-Which method are you using?	Pill.....01 IUD.....02 Injections.....03 Diaphragm/Foam/Jelly.....04 Condom.....05 Female sterilisation.....06 Male sterilisation.....07 Periodic abstinence.....08 Withdrawal.....09 Breastfeeding.....10
10-How many times do you usually suckle your baby?day/night?	once twice thrice none only in the day time only in the evening time
11-At the time you first started using the pill, did you consult a doctor or a nurse,or a midwife?	Yes..... 1 No..... 2 Dk.....
12-May I see the package of pills you are using now ?(Name of brand).	Package seen..... 1 Brand Name..... Package not seen.....2
13-Do you know the brand name of the pills you are now using?(Name of Brand).	Brand name..... Dk.....98
14-How much does one (packet/cycle) of pills cost you?	Cost..... Free.....996 Dk.....998

15-Check 9:She/He sterilised..... Where did the sterilisation take place?..... ....(Name of Place) Using another method..... Where did you obtain (Method) last time?	Public sector Govt hospital..... 11 Govt health center..... 12 Family Planning clinic..... 13 Medical Private sector Private hospital or clinic... 21 Pharmacy..... 22 Private doctor..... 23 Friends/relatives..... ... . 33 Others.....(specify)
16-How long does it take to travel from your home to this place for the pill? (If less than two hours, record minutes. Otherwise record hours.)	Minutes..... 1 Hours..... 2
17-Is it easy or difficult to get there..... .....?	Easy..... 1 Difficult..... 2
18-At what age was the sterilisation operation performed & why?	Months..... Years.....
19-For how many months have you been using (current method) continously? (If less than 1 month,record"00''	Months..... 1 8 years or longer..... 96
20-Do you intend to use a method to delay or avoid pregnancy at any time in the future?(if She is not using any contaception?	Yes.....(22) . 1 No..... 2 Dk... 8

21-What is the main reason you do do not intend to use a method?	Wants children... 01 Lack of knowledge... 02 Partner opposed.....03 Cost too much.....04 Side effects..... 05 Health concerns..... 06 Hard to get methods..... 07 Religion.....08 Opposed to family Planning..... 09 Fatalistic.... 10 Other people opposed..... 11 Infrequent sex..... 12 Difficult to get pregnant..... 13 Menopausal/had hysterectomy..... 14 Inconvenient..... ..... 15 Son preference..... 16 Others.....(specif y)..... 17
22-Do you intend to use a method, within the next 12 months?	Yes..... 1 No.... 2 Dk..... 8
23-When you use a method, which method would you prefer to use& why ?	Pill..... 01 IUD..... 02 Injections..... 03 Diaphragm/foam/jelly.... ..... 04 Condom..... 05 Female sterilisation.....06 Male sterilisation.....07 Periodic abstinence..... 08 Withdrawal.....09 Other..... 10 Unsure..... 98
24-In the last month, have you heard a message about family planning on:the radio or television?	radio..... 1(yes) T.v

25-Is it acceptable or not acceptable to you for family planning information to be provided on the radio or T.V.?	Acceptable..... 1 Not acceptable..... 2 Dk..... 8
26-When you were pregnant with (.....),did you see anyone for antenatal care for this pregnancy.If yes,whom did you see?_Anyone else?	Health center/M.O.H./NGO/center Doc(Private/govt.).....A Nurse/Midwife.....B Auxiliary midwife..... c Others.....(specify)d No one..... e
27-When Did You See this Person for the first time?	First trimester.... Second trimester..... Third trimester
28-Where you given any advice on birth spacing after you delivered when you came for postnatal check up?	Yes..... 1 No..... 2
29- Did you practice the method you were advised?	Yes..... 1 No..... 2
30-Where you advised about breast feeding as a method of contaception If yes, by who?	Yes..... 1 No..... 2
31-When you see the G.P./midwife for family planning services, how do the staff make you feel?	....
Do you accept being examined by a male doctor?	Yes.....1 No.....2
How useful is the midwife/G.P. advice on F.P.?	Very useful.....1 useful.....2 Not useful.....3

Second Part: At what age do you think your daughter should receive information about F.P.?

.....

.....

W h o s h o u l d g i v e i t ?

(Father/Mother/teacher/media/magazines/others....)..
.....
Where did you receive your own knowledge ofF.P.?(Parents/Teachers/friends/Magazines
.....
.....
.....
Before marriage(at what age did you receive it?..or after marriage).....
.....
.....

Interviews With Religious Leaders

I would like to ask you about Religious (Islamic/Christian) perspective towards Family Planning :

1- Do you think that birth spacing is important to the health of women & their children ?(Yes,No .....if No,why.....
.....
.....
2- At what age do you think in regards to Islamic/christian religion does a woman should receive information about F.P. ?
.....
.....
By whom.....Parents,School teachers,Media,Magazines,Religious Leaders ?....
.....
.....

Focus Group discussions

I wouid like to talk to you about your knowledge about Breastfeeding:

Do you believe that B.F. protects you from getting pregnant?

.....

- How many months does it protect you for ?

- why do some mothers who breastfeed become pregnant ?

-How many times/day does a lady need to suckle,how long ?

At what age do you think your daughter should receive F.P. information ?.....

.....

Who should give it ? (Father/Mother/Teacher/Media/Magazines.....)

Where did you receive your knowledge of family planning ?

(before marriage/after marriage), and at what age ?

Interviews With School Teachers

Do you ever discuss human reproduction ? (Yes/No)

If yes, at what age .....

At what age is Family Planning Discussed At School ?
.....

If it is not discussed, why.....
.....
1- Fear of Parents' views ?
2- Religios Leaders views ?
3-Impact on immoral behaviour ?

Interviews With Pharmacists.

Aims : to see their attitudes towards selling contraceptive methods.

1- What sort of contraceptives are available in your pharmacy ?

2- How far do you think is the acceptance towards contraception

3- How much is the cost of the contraceptives available ?

4- How good is the amount of selling of contaceptives in your pharmacy?

5- What is the most common method sold ?

6- Who are your clients ? males or females ?

7-Are the pills sold by prescription ?