Knowledge of Women about Family Planning at primary Health Care Centers in Al-Diwaniyah Governorate

معارف النساء حول تنظيم الأسرة في مراكز الرعاية الصحية الأولية في محافظة الديوانية

Sajida Khamees Abdullah*
Wissam Jabbar Kasim**

الخلاصة:
خلفية البحث: التخطيط العائلي يعتبر من العوامل الاساسية في تطوير جودة الحياة العائلة والمجتمع ،والاهتمام وزيادة التخطيط له تأثير في تعزيز وتحسين الحالة الصحية للام والطفل وتحسين المستوى الاقتصادي وتطوير نمو الاجتماع بشكل بير جدا.
الهدف: تقييم معارف النساء حول تنظيم الاسرة في مراكز الرعاية الصحية الاولية في محافظة الديوانية .
المنهجية: أجريت دراسة وصفية عن معارف النساء حول تنظيم الأسرة للفترة 1-30 من نيسان 2018وقد اختيرت عينة عشوائية (بسيطة) كان قوامها (50) والتي تتراوح أعمارهن بين (15 - 29) سنة والتي شملت مراكز الرعاية الصحية الأولية في محافظة الديوانية .ونتيجة لاختلاف الديموغرافية للعينة المدروسة و تنوعها فقد كانت الحاجة لعمل استبانة موزعة بالشكل التالي: الجزء الأول يشمل التوزيع الديموغرافي للنساء موزعة على المحافظة كافة. أما الجزء الثاني فكان يشمل معارف النساء حول تنظيم الأسرة و حول فائدة تنظيم الأسرة للأم والطفل والأسرة والمجتمع. أما الجزء الثالث كان يشمل معارف النساء بما يتعلق بطرق موانع الحمل، وأما الجزء الرابع كان لدراسة معارف النساء حول الامراض المنقولة جنسيا ومضاعفاتها و مخاطرها و أنجزت عملية تحليل البيانات من خلال استخدام طرائق أسلوب التحليل الإحصائي الوصفي (التكراري، والنسب المئوية)والوسط الحسابي و الانحراف المعياري والتحليل الإستنتاجي (، نسبة الاكتفاء المئوية).
النتائج: وأظهرت النتائج من خلال استطلاع رأي النساء عن تنظيم الأسرة، فلقد كانت معرفتهم عنها تفتقر إلى الكثير من المعلومات التي كانت تتعلق فيما يخص موضوع تنظيم الاسرة او التخطيط الاسري.
الإستنتاج: تفتقر للكثير من المعلومات عن تنظيم الأسرة، فقط المتعارف عليها مثل االواقي الذكري، وبعض حقن منع الحمل
التوصيات: من خلال الدراسة لهؤلاء النسوة، تبين أنهن يحتجن إلى برامج تثقيفية مكثفة عن ماهية تنظيم الأسرة وماهي تأثيرها السلبي على حياتهم وحياة أطفالهم. في المستقبل.
الكلمات المفتاحية: معارف النساء، تنظيم الاسرة، و مراكز الرعاية الصحية الاولية.

Abstract:
Background: The family planning is obtaining a major development of subjects that affects the quality of life of families, communities and society at large. Increased use of the family planning lead to the great improvements in maternal-child health, women's status, and economic progress; But the speedy growth of the population, if current trends in fecundity keep going.
Aim of the study: To identify the knowledge of women about the family planning at primary Health Care Centers in Al- Diwaniyah Governorate.
Methodology: A descriptive study of the knowledge of women about the family planning was conducted in April 2018. A random sample (50) aged 15-29 years were selected, which included primary health care centers in Diwaniyah governorate. The demographic variables of the studied sample and the diversity of the need for the work of three questionnaires distributed as follows: The first questionnaire to study the demographic distribution, distributed across the province. The second question was to study women's knowledge about family planning and the utility of family planning for mothers, children, the family and society. The third question was to study the knowledge of women regarding contraceptive methods. The fourth questionnaire was to study women's knowledge about STDs, their complications and risks. Descriptive statistical analysis (frequency, percentages), arithmetic mean, standard deviation, and deductive analysis
Results: The results were obtained through women's of knowledge survey on family planning program. Their knowledge of them lacked much information about this program.
Conclusion: There is not much information about family planning, just conventional ones such as condoms, and some injections of contraception or pills.
Recommendations: Through the study of these women, it was found that they need intensive educational programs on what is family planning and what their negative impact on their lives and the lives of their children in the future.

Keywords: Knowledge of Women, Family Planning, primary Health Care Centers.

*** Assist. Inst. Community Health Nursing Department, Nursing College, University of Al-Qadisia**
Email: tareq_alrubeiy@yahoo.com
**** Assist. Prof, Community Health Nursing Department, Nursing College, University of Baghdad**
Email: drwissamjk@yahoo.com

INTRODUCTION

Family planning services are defined as "educational", comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. Blaming world poverty, political insecurity, then environmental degradation over the" population explosion" then calling because populace monitoring as like the fundamental answers after these problems. Their efforts have helped flip family dodge between an extensive establishments about governmental then nongovernmental businesses including financial technological [(1)]. In that place are an estimated 250,000 family-planning workers. So, contraceptive use in the "developing world" has accelerated from less than ten percentage on couples of reproductive youth within the 1960s in imitation of more than 50 percent (42 percentage excluding China) into the 1990s. The hurriedly loosening over beginning costs in the Third World is normally attributed after the "family-planning revolution" represented by means of expanding uses on current contraceptives.

The Women of childbearing age represent one of the bigger individual cohorts of community health center customers, and F.P. plays an important role in the health, social and economic conditions of women, their children and their families. F.P. is a wanted service in all health centers, and the significant extending of health centers under the Affordable Care Act means that for low-income women of childbearing age, this service should be increasingly available. The quality family planning guidelines, jointly developed by the Centers for Disease Control and Prevention and the Bureau of Population and released in 2014, provide a new opportunity to enhance the delivery of family planning services to all clients of procreation age. There is finite and somewhat dated information regarding the expertise of clients in receiving primary health care in health centers in general, and the experiences of women in family planning care in health centers in particular. With an increasingly customer-centric role in quality improvement efforts, information about the importance that clients place on family planning services and their experiences becomes essential [(2)].

The family planning is obtaining a major development of subjects that affects the quality of life of families, communities and society at large. Increased use of the family planning lead to the great improvements in maternal-child health, women's status, and economic progress; But the speedy growth of the population, if current trends in fecundity keep going. "This growth will have far-reaching consequences for the futurity health and prosperity of the country." the family planning makes that women are qualified for delayed their first pregnancy so that they are mentally and physically willing to have children, and can also prepare space for their kids to have the chance to ameliorate and build their capability. Get sufficient nourishment and interest, and the family planning are assist couples to avert undesirable of pregnancies [(3)].

The family planning is notarizing primarily for attributed to its role in reducing birth rates worldwide, especially in developing countries. From (1950 to 2000), global fertility declined by about half - from five children per woman in (1950-1955) to (2.7) children in (2000-2005). Nevertheless, the assistance of family planning to great social change for the world as a whole is less appreciated, as husbands are empowered to regulate their fertility rather than as a matter of will or the will of the Creator. The family planning also affects procreative health and development, which is the side that is often overlooked [(4)].

METHODOLOGY

The study was study descriptive cluster sampling, a methodology widely used for health indicators conducted in Knowledge of Women about the Family Planning Health Care Centers in Al- Al-Diwaniyah Governorate. The study was conducted during April 2018. The

sample was 50 currently married women aged (15-29 year was derived from health care centers in Al- Al-Diwaniyah Governorate.

The Administrative Arrangements: Series of arrangements have been done to obtain official permissions and facilities from the following; after getting the approval of the College of Nursing Council for the study. Been sent a detailed description including the objectives of the study has been to submitted to the Ministry of Health in Iraq (Department of Planning, Health Research Section), Ministry of Planning (Central Statistical Organization).One permissions were obtained from the College of Nursing, University of Baghdad, To the Al-Diwanyah Health Office / Human Resource Training Development Center (HRTDC) / for all sectors and primary health care centers in Diwanyah.

Criteria of the Sample Selection: Participation of subjects is voluntarily directed, only married females and has children, their age range between of 15-29, not participate women in this program who have infertility, or women in menopause.

The Study instruments: through an extensive review of relevant literature, a questionnaire of family planning, and women's knowledge tool are constructed as a means of data collection, which includes the following: The Women's Socio-Demographic Characteristics, Information on the Women's Study, like as Number of Children, Nature of the Menstrual Cycle, women's knowledge about periods between pregnancy and another, how women's know about family planning methods (contraception).

Descriptive Data Analysis: Tables (Frequencies, and Percent's). Summary Statistics tables including: Observed Frequencies, Percent's, Mean of score (MS), Grand Mean of Score (GMS), Global Mean of Score (GLMS), Standard Deviation (SD), Pooled Standard Deviation (PSD)and Relative Sufficiency (RS%), Standard Deviation (SD), and Relative Sufficiency (RS%), as well as scoring scales of 3 categories, are used, and such that (Don't know, Not sure, and Know), and are responding with integer numbers (0, 1, and 2)respectively. Reassessment scoring scales for preceding ordinal random variable, transforming scoring scales according to following intervals: L (Low) 0.00 – 33.33; M (Moderate) 33.33 – 66.66; and H (High) 66.66 – 100. All studied main domains, as well as overall assessment in compact form for studied women's knowledge has transformed for each period of responding within quantitative measurement scale using percentile transformation technique.

RESULTS:

Table (1): Distribution of studied "Socio-Demographical Characteristics" variables

SDCv.	Groups	percent		C.S. (*) P-value
	Classes	No.	%	
Age at marriage	< 15	1	4	C.C.=0.212 P=0.503 (NS)
	15 – 19	26	52	
	20 – 24	17	34	
	25 – 29	10	12	
Occupation	Employee	14	28	C.C.=0.278 P=0.243 (NS)
	Housewife	33	66	
	Student	1	4	
	Private sector	2	8	
Monthly Income	Less than 300000	13	26	C.C.=0.251 P=0.340 (NS)
	300000 – 600000	19	38	
	601000 – 900000	7	14	
	901000 and more that	11	22	
Level of Education	Primary	18	36	C.C.=0.229 P=0.430 (NS)
	High school	16	32	
	Diploma	14	28	

	Bachelor	2	8	
Residency	Urban	22	44	C.C.=0.090 P=0.817 (NS)
	Outskirts	18	36	
	Rural	10	20	
Accommodation	Independent	34	68	C.C.=0.000 P=1.000 (NS)
	Shared	16	32	

Relative to "Age at marriage" majority of studied subjects are focused at the (15 – 19) age old, and they are accounted 26(52%). Most of occupational subjects are housewife, and they are accounted 33(66%). Monthly income of studied subjects are focused at the first and second classes, Regarding to subject of "Educational Levels", most of studied groups has primary, and secondary graduate levels, as well as most of studied women has urban residency, and they are accounted 22(44%), and finally with reference to accommodation most of studied women has independent status, and they are accounted 34(68%).

Table (2): shows distribution of studied women's knowledge about periods between pregnancy and another, in order to know distribution of the observed frequencies either similarly or none similarly distributed relating to studied groups.

Women's knowledge about periods between pregnancy and another	**Studied Groups**			**C.S. (*) P-value**
	Classes	**No.**	**%**	
Women's knowledge about periods between pregnancy and another, should be: Less of months	Don't know	34	70	C.C.=0.085 P=0.544 (NS)
	Not sure	16	32	
	Know	0	0	
Women's knowledge about periods between pregnancy and another, should be: Less than a year	Don't know	31	62	C.C.=0.214 P=0.300 (NS)
	Not sure	15	30	
	Know	4	8	
Women's knowledge about periods between pregnancy and another, should be: Less than two years	Don't know	28	56	C.C.=0.207 P=0.326 (NS)
	Not sure	17	34	
	Know	5	10	
Women's knowledge about periods between pregnancy and another, should be: Less than three years	Don't know	28	56	C.C.=0.196 P=0.368 (NS)
	Not sure	17	34	
	Know	5	10	
Women's knowledge about periods between pregnancy and another, should be: Less than four years	Don't know	31	62	C.C.=0.298 P=0.087 (NS)
	Not sure	16	30	
	Know	4	16	

Relative to asking about women's knowledge about periods between pregnancy and another shows that most of studied subjects are answered with don't know level, and that were along all multiple and probable choices, as well as who has answered the correct choice, concerning should be not less than two years only 5(10%).

Table (3): Women's knowledge about family planning (contributes in spacing between pregnancies) in helping items in the studied groups

Women's knowledge about family planning (contributes in spacing between pregnancies) in helping:	No.	MS	SD	RS%	Ass.	Com.	C.S.
Determine the wish of parents to have children	50	0.460	0.565	23.0	L	1X2	HS
Get the availability to the married couples the right choice to control the time to have a child	50	0.420	0.454	21.0	L	1X2	HS
Get the availability to the married couples the right choice to control the number of children	50	0.480	0.64	24.0	L	1X2	HS
Do you know when it's the time to stop getting pregnant	50	0.500	0.575	25.0	L	1X2	HS
Do you know the reasons or circumstances that make you stop getting pregnant	50	0.60	0.66	30.0	M	1X2	HS
Do you have knowledge about pregnancy and birth at early age	50	0.44	0..54	22.0	L	1X2	HS
Do you have knowledge about pregnancy and birth at old age	50	0.500	0.555	25.0	M	1X2	HS
Do you have knowledge about the ideal age to get pregnant and birth	50	0.480	0.570	44.0	L	1X2	HS
Do you have knowledge about the effects of grand multiparity on women	50	0..480	0.545	24.0	M	1X2	HS
Do you have knowledge about the effects of grand multiparity on children	50	0.420	0.520	21.0	L	1X2	HS

The table shows a summary statistics of knowledge about family planning (contributes in spacing between pregnancies) in helping part of questionnaire's items along studied due to on knowledge of women about the family planning at primary health care centers in Al-Diwanyah Governorate with significant comparisons. The results of testing noteworthy with reference of studied items, as well as scoring scales assessments concerning about women's knowledge of family planning were reported extremely noteworthy differences at $P<0.01$ towards impact by measuring the knowing of the grades of participants' responders.

Table (4): Women's knowledge about benefit of family planning for mother, child, family, and community items in the studied groups

Women's knowledge about benefit of family planning for mother, child, family, and community	No.	MS	SD	RS%	Ass.	Com.	C.S.
Help to reduce the rate of higher risk pregnancy	50	0.625	1.500	31.25	L	1X2	HS
Maintenance of mother's physical and mental health by spacing between pregnancies	50	0.580	0.590	24.0	M	1X2	HS
Reduce the risks of unsafe abortions that are done to eliminate unwanted pregnancies.	50	0.480	0.600	24.0	L	1X2	HS

Reduce the health risks that may occur as a result of short spacing and repetitive pregnancies, especially for mothers of very young or old age	50	0.500	0.570	25.0	M	1X2	HS
To reduce neonatal mortality, and prenatal mortality	50	0.500	0.620	25.0	L	1X2	HS
Helps to minimize the birth rate of preterm and low-birth-weight infants	50	0.540	0.650	27.0	L	1X2	HS
Reduce the incidence of infectious diseases and malnutrition among children	50	0.740	0.800	37.0	M	1X2	HS
Decreases birth rate of congenital malformations and mental retardation (Down Syndrome) after the age of forty.	50	0.300	0.500	15.0	L	1X2	HS
Helps to improve the growth and development of children from the physical, mental, intellectual and health aspects (i.e., the impact on intelligence	50	1.440	0.795	72.0	H	1X2	HS
Provides a greater opportunity for the mother to nurse her baby and feed him long and sufficient breastfeed	50	1.760	0.590	88.0	H	1X2	NS
Improving the quality of life and well-being of the family members	50	0.600	0.715	30.0	M	1X2	HS
To provide the appropriate psychological environment for the development of the child in a balanced social, health and psychological environment	50	0.560	0.700	28.0	M	1X2	HS
Decrease the physical and mental effort that parents have in raising their children	50	0.760	0.815	38.0	M	1X2	HS
Reduce educational, economic and social burdens on the family, providing a good level of nutrition, health care, education and recreation.	50	0.700	0.810	35.0	M	1X2	HS
Help to create enough time for the family to participate in social, cultural and economic activities.	50	0.500	0.640	25.0	L	1X2	HS
Helps to improve the health, educational and social status of the community	50	0.420	0.520	21.0	L	1X2	HS
Increase the opportunity for economic development, improve the economic situation and minimize poverty (i.e. reduce the unemployment rate)	50	0.440	0.505	22.0	L	1X2	HS
Reduce demand on public services such as housing, electricity and water	50	0.420	0.555	21.0	L	1X2	HS
Contribute in acceleration of the national development, so that increase the rates of national income of individuals	50	0.280	0.485	14.0	L	1X2	HS
Conserves the environment by reducing demand on the natural resources (e.g. oil and gas).	50	0.420	0.545	21.0	L	1X2	HS

The table shows a summary statistics of knowledge about benefit of family planning of mother, child, family, and community part of questionnaire's items along studied due to concerning women's knowledge about family at primary health care centers in Al-Diwanyah Governorate including twenty items distributed for the study, and controlled groups with significant comparisons. The results of testing noteworthy with reference of studied items, as well as scoring scales assessments concerning about women's knowledge of family planning were reported extremely noteworthy differences at $P<0.01$ towards impact by measuring the knowing of the grades of participants' responders, and without loss of generality, item of "Provides a greater opportunity for the mother to nurse her baby and feed him long and sufficient breastfeed", which reported not significant different at $P>0.05$ along in the studied group.

Table (5): Women's knowledge about types of contraceptive's items in the studied groups

Types of Contraceptives	No.	MS	SD	RS%	Ass.	Com.	C.S.
Breastfeeding	50	1.860	0.560	92.0	H	1X2	NS
Safety Period	50	0.85	0.670	44.0	M	1X2	HS
Isolation or incomplete	50	0.84	0.655	42.0	M	1X2	HS
Combined oral contraceptive	50	0.560	0.770	28.0	L	1X2	HS
Combined contraceptive	50	0.680	0.850	34.0	L	1X2	HS
Progesterone only pills	50	0.800	0.965	40.0	M	1X2	HS
Progesterone only injections	50	0. 680	0.850	34.0	M	1X2	HS
Monthly injections	50	0.920	0.925	46.0	M	1X2	HS
Combined contraceptive Patch	50	0.760	0.830	38	M	1X2	HS
Combined Vaginal Ring	50	0.160	0.420	8.00	L	1X2	HS
Contraceptive Pessaries	50	0.14	0.390	7.00	L	1X2	HS
Implants	50	0.300	0. 485	15.0	L	1X2	HS
Copper-Bearing Intrauterine Device	50	1.080	0.690	54.0	L	1X2	HS
Female Sterilization (Tubal)	50	0.640	0.830	32.0	L	1X2	HS
Vasectomy	50	0.080	0.280	4.00	L	1X2	HS
Female Condoms	50	0.160	0.370	8.00	L	1X2	HS
Male Condoms	50	1.920	0.275	96.0	H	1X2	NS
Levonorgestrel Intrauterine	50	0.040	0.200	2.00	L	1X2	HS
Emergency Contraceptive Pills	50	0.100	0.335	5.00	L	1X2	HS
Spermicides and Diaphragms	50	0.060	0.300	3.00	L	1X2	HS

The table shows a summary statistics of knowledge about types of contraceptives part concerning questionnaire's items along studied due to on the knowledge of women about the family planning at primary health care centers in Al-Diwanyah Governorate including twenty items distributed for the study, and controlled groups with significant comparisons. The results of testing noteworthy with reference of studied items, as well as scoring scales assessments concerning about women's knowledge of family planning were reported extremely significant differences at $P<0.1$ towards impact by measuring the knowing of the grades of participants' responders, except items concerning of "Breastfeeding, and Male Condoms" which were reported no significant differences at $P>0.05$ along studied periods in the study group, since initially responding has an extremely level of assessment.

Table (6): Women's knowledge about sexually transmitted diseases items in the studied groups

Women's knowledge about sexually transmitted diseases:	No.	MS	SD	RS%	Ass.	Com.	C.S.
When using a contraceptive every time they have sex reduces the risk of contracting HIV	50	1.520	0.545	76.0	H	1X2	HS
Chlamydia is one of the most sexually transmitted diseases and leads to infertility	50	0.180	0.380	9.00	L	1X2	HS
Viral hepatitis is one of the most serious sexually transmitted diseases and causes major liver problems and may cause cancer	50	0.500	0.555	25.0	M	1X2	HS
Gonorrhea is one of the types of sexually transmitted diseases and may keep the germ of the disease inside the human and can develop the	50	0.880	0.660	44.0	M	1X2	HS
Syphilis is one of the most serious sexually transmitted diseases. It affects most of the body's organs (such as infections and various tumors …	50	0.660	0.595	33.0	L	1X2	HS
Herpes is a fast-moving disease through sex and even kisses, and the patient is tired and exhausted, and also noticed the emergence of spots on …	50	0.500	0.615	25.0	L	1X2	HS
Donovan disease or ulcerative edema of sexual organs and area of ureters is a contagious epidemic, characterized by the emergence of ulcerative…	50	0.080	0.280	4	L	1X2	HS
Scabies is a contagious skin disease and its symptoms are severe itching and skin rash resembling pimples and are in the form …..	50	0.440	0.600	22.0	L	1X2	HS
Verruca or genital warts are solid skin protrusions, that Infect at the beginning of the genital area and sometimes spread to different parts of the body.	50	0.320	0.475	16.0	L	1X2	HS
Pubic lice (lice), also called lice cancer because it looks like normal cancer, live these insects in the pubic area and around the anus	50	0.720	0.475	36.0	L	1X2	HS

The table shows a summary statistics of women's knowledge about sexually transmitted diseases items part of questionnaire's items along studied due to on the knowledge of women about the family planning at primary health care centers in Al-Diwanyah Governorate with significant comparisons. The results of testing noteworthy with reference of studied items, as well as scoring scales assessments concerning about the knowledge of women about the family planning were reported extremely noteworthy differences at $P<0.01$ towards impact by measuring the knowing of the grades of participants' responders.

Table (7): Women's knowledge concerning Main Domains along of the studied groups

Main Domains	No.	GMS	PSD	Ass.	Com.	C.S.
Women's knowledge about family planning (contributes in spacing between pregnancies) in helping	50	23.9	24.7	L	1X2	HS
Women's knowledge about benefit of family planning for mother, child, family, community	50	30.65	21.55	L	1X2	HS
Women's knowledge about Types of Contraceptives	50	28.75	11.25	M	1X2	HS
Women's knowledge about Sexually transmitted diseases	50	28.8	13.25	L	1X2	HS

DISCUSSION

- Discussion Socio-Demographic Characteristics

Analysis of these characteristics reveals the majority shows the distribution of studied "Socio-Demographic Characteristics" variables", throughout in order to know distribution of the observed frequencies either in like manner or none similarly distributed involving studied groups.

The relative to "Age at marriage" majority are focused at the (15 – 19) age old, and they are accounted 16 (52%) at the groups respectively. This represents that the ages at marriage, where the majority in adolescence, which constitutes a large proportion of risk in their lives when they reach the stage of pregnancy and childbearing. This is reversing genuineness the diffusion of similar subjects in the light of those variables, as well as previous results that refer to that selected subjects seems to be a similar thrown from the same population statistically, and that are more reliable for present study, since any meaningful differences between studied groups might be interpreted due to effectiveness of applying the suggested study.

So, the family planning efforts attracted many concern about rapid population growth, which was extremely publicized at the time, so have did a lot of studies demography and population. In addition, the family planning programs helped pave the way for many subsequent health, social, and economic programs [(5)].

- Discussion of the women's knowledge about periods between pregnancy and another

The comparisons significant in order to know distribution of the observed frequencies either similarly or none similarly distributed relating to studied groups. Relative to asking about women's knowledge about periods between pregnancy and another shows that most of studied subjects are answered with don't know level, and that were along all multiple and probable choices, as well as who has answered the correct choice, concerning should be not less than two years only 5(10%) in the study groups respectively.

Through is stated above, supposed of women's knowledge concerning suitable period choices should be between pregnant and another in light of different responding recorded no significant differences between studied groups, and that are more reliable for the present study, since any meaningful differences between studied groups might be interpreted due to effectiveness of applying the suggested study. It is important whosesoever these choices help empower women and girls, supporting their full and equal participation in society. Family planning services can also save women’s lives by reducing unintended and high-risk pregnancies and unsafe abortions. These services can also help improve the survival rates of newborns and children by lengthening intervals between pregnancies [(6)].

- **Discussion of the knowledge about benefit of family planning of mother, child, family, and community**

Part of questionnaire's items along studied due to applying proposed of program concerning women's knowledge about family planning at primary health care centers in Al-Diwanyah city including twenty items distributed for the study, and controlled groups with comparisons significant. Results of testing significant with reference of studied items, as well as assessment with regard to their extent women's knowledge of (family planning), and without loss of generality, item of "Provides a greater opportunity for the mother to nurse her baby and feed him long and sufficient breastfeed", which reported no significant different along in the study group.

Confirm to family planning has several benefits, some of which are specific to the health of mums and their kids. Others include social and economic usefulness; for example, women are able to advance their education and careers by lateness or determine reproductive and this can bring best economic skyline to their families. The family planning helps to limited maternal morbidity and mortality children through unintended contraception and unsafe abortion. The number of maternal deaths that can be avoided during giving birth as a result of reduced number of pregnancies and caused by abortion is critical. The family planning also allows birth spacing, which ultimately reduces child mortality while promoting the nutritional status of both mothers and children. Consequently, this could contribute to significantly empowering women, achieving universal education for all, and achieving long term environmental sustainability [(7)].

- **Discussion of the knowledge about types of contraceptives**

Part concerning questionnaire's items along studied due to on the knowledge of women about the family planning at primary health care centers in Al-Diwanyah city including twenty items distributed for the study. The results of testing noteworthy with indicates to the studied elements, as well as assessment with regard to their extent women's knowledge of (family planning), except items concerning of "Breastfeeding, and Male Condoms" which were reported no significant differences at along in the study group.

In this domain, women's knowledge indicated insufficiency, and they lacked of knowledge of many types of contraindications, which determined their choice in using, the type that suits their physical condition, and even materially. Therefore, the family planning program came to help them make the right decision about the type of contraceptives they wanted. To understand what we mean by "knowledge" is the key to unlocking problem. We all accept that human behavior is generally affected by what people know. A reasonable deduction would therefore be that knowledge about contraception should be an important predictor of contraceptive use. The reasonable assumption would be that the more people know about contraceptives, the more they would use them [(8)].

- **Discussion of the women's knowledge about sexually transmitted diseases**

The program on the knowledge of women about the family planning at primary health care centers in Al-Diwanyah city with comparisons significant, the results of testing noteworthy with indicates to the studied elements, as well as assessment with regard to their extent women's knowledge of (family planning).

Through this study showed up most participants did not know about the systemic effects of STIs to their health and did not follow the appropriate behavior patterns despite being knowledgeable about the various methods of prevention of STIs [(9)].

CONCLUSION

There is not much information about family planning, just conventional ones such as condoms, and some injections of contraception or pills. So, this study was conducted to enable them to recognize the benefits of family planning.

RECOMMENDATIONS:

1. Through the study of these women, it was found that they need intensive educational programs on what is family planning and what their negative impact on their lives and the lives of their children in the future.
2. Educate and rise of awareness people about usefulness of family planning, in particular to all who will marry.
3. Raising awareness of the whole community about family planning to determine childbearing through the media (posters, advertising media) as a collective awareness.
4. The role of the government in helping women whom want to determine childbearing by providing contraceptives in health centers, and educating them about that.

REFERENCES:

1. Origin and Evolution of Family Planning (OEFP): Family Planning in the Global South, the "second Contraceptive Revolution", 2018.
2. Susan F. Wood, Beeson, T., Goetz Goldberg, D., Mead, H., Shin, P., Abdul-Wakil, A., & Rosenbaum, S. (2015). Patient experiences with family planning in community health centers.
3. Ministry of Health, Health Education Unit in Malawi: Guidelines for Family Planning Communication, 2011. P. 8.
4. Iqbal H. Shah .Family planning and reproductive health. Demography, 1, 162-184.p.2. , (2010).
5. Robinson, W. C., & Ross, J. A. (Eds.). (2007). the global family planning revolution: three decades of population policies and programs. The World Bank.
6. World Health Organization, (WHO) in worldwide. Chapter 6. Adolescent health: Analyzing Progress on Commitments to the Global Strategy for Women's and Children's Health, 2013, p.52.
7. Cleland, JG; Ndugwa, RP; Zulu, EM (2011) *Family planning in sub-Saharan Africa*: progress or stagnation? Bulletin of the World Health Organization, 89 (2). pp. 137-143. ISSN 0042-9686 DOI: https://doi.org/10.2471/BLT.10.077925.
8. Funke Fayehun. A lack of knowledge may explain low contraceptive use in Nigeria, July 27, 2017. Available at: https://medicalxpress.com/news/2017-07-lack-knowledge-contraceptive-nigeria.html.
9. Nawagi, F., Mpimbaza, A., Mukisa, J., Serwadda, P., Kyalema, S., & Kizza, D. (2016). Knowledge and practices related to sexually transmitted infections among women of reproductive age living in Katanga slum, Kampala, Uganda. *African health sciences*, *16*(1), 116-122. p.116.