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Impact of Family Planning Programs on the Quality of Women's Life in the Gaza Strip

Hassan Abdalla Juda

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By

Hassan Abdalla Juda

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 $\mathbf{B}\mathbf{y}$

Student Name: Hassan Abdalla Juda

Registration NO.: 9910704

Supervisor: Dr. Yehia Abed

Co-Supervisor: Mahmoud Edda'ma

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The names and signatures of the examining committee members as follows:

1- Dr. Yehia Abed

Head of Committee Signature....

2- Dr. Bassam Abu Hamad

Internal Examiner Signature.....

3- Dr Mohammad Judeh

External Examiner Signature.

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DEDICATION

To my parents and my family for their support, to my daughters and my son who endured missing my care during my study, to my colleagues and my friends for their encouragement, to who are working in mother and child health centers.

I dedicated this job, to my wife, without her support, this work would not have been done.

Declaration:

I certify that this thesis submitted for degree of Master in the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any university or institution.

Signed....

Hassan Abdalla Juda

Date: 20/4/2002

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Abstract

This case control study has been conducted to measure the impact of family planning programs on women's quality of life at reproductive age (15-49) years, in two family planning clinics own by MoH, one from Gaza City, and the second clinic from Rafah district. The sample size was 50 women from El-Remal Clinic and 25 women from Rafah Central Clinic as users, for each user their is a woman as a control (non-user). Standardized questionnaire is administered to collect the data by face to face interview. The mean age for starting family planning were 26.7 years, the mean number of children for users 5.14 child, for non-users the mean number of children 4.16%,. About 2.7% of the users started family planning when they have zero male, while 25.3% started family planning when they have zero female. The main reason for not practicing family planning for non-users was to have more children 60%. It is clear that family planning gives more time for women which may increases women's opportunities to participate in social activities, leisure, entertainment, education, opportunity to outside work, and help womens to avoid thje risk from frequent pregnancies and deliveries, which affect the living of the family, 44% of the users have desire to study, 75.8% of them have time for that, while 25.3% of non users have desire to study, all of them have no time for that. About 81,4% of the users have time to work, while 8% of the non-users have time to work, 73 (97.3%) of the users have time to participate in health awareness sessions, while 7 (9.3%) of the non-users have time, also 98.7% of the users have time to participate on social activities while 13.3% of the non users have time and 93.3% of the users have time for entertainment while 9.3% of the non-users have time. It is clear that our families started family planning

when they have satisfactory number of children mainly a male baby, and family planning gives more time for women which may increase women's opportunityies to improve the quality of life for women.

الخلاص

برنامج خدمات تنظيم الأسرة أحد البرامج التي تحظى بدعم من الدول المانحة ومن وزارة الصحة ونتيجة لهذا الدعم القوي تأتى أهمية تقييم هذه الخدمات. لذلك تأتى هذه الدراسة وهي الدراسة الأولى في غزة حول تقييم الرخدمات تنظيم الأسرة على المجالات المختلفة من حياة الأم.

هدف الدراسة:

تهدف هذه الدراسة إلى تقييم برنامج خدمات تنظيم الأسرة على مختلف مجالات حياة الأم التي تستخدم وسائل تنظيم الأسرة .

لذلك تعتبر هذه الدراسة تقويمية وصفية تحليلية قد تساعد المهنيين وصانعي القرار على اتخاذ الخطوات اللازمة لتطوير هذه الخدمة وتحسينها في وزارة الصحة.

طريقة البحث:

لقد تم اختيار نظام الحالة الضابطة (Case Control) وذلك من اجل الحصول على نتائج اكثر دقة واكثر واقعية. الدراسة شملت الأمهات اللاتي يستخدمن وسائل تنظيم الأسرة لفترة متواصلة ولمدة عام فاكثر

(Users) في عيادتين من العيادات الحكومية (عيادة الرمال في مدينة غزة والأخرى عيادة رفح المركزية) ولقد تم اختيار 150 حالة من العيادتين 75 أم تستخدم وسائل تنظيم الأسرة ولمدة عام فأكثر و 75 حالة لا تستخدم وسائل تنظيم الأسرة ولم تستخدمه من قبل.

ولقد تم جمع المعلومات بواسطة مقابلة شخصية وتعبئة الاستبيانات المعدة لذلك.

تم استخدام برنامج إحصائي خاص بالعلوم الإنسانية SPSS لإدخال البيانات ومعالجتها إحصائيا وكذلك تم استخدام اختبارات إحصائية مثل Chi Square and P value لتوضيح العلاقات الإحصائية بين المتغيرات.

عكست نتائج الدراسة أن برامج تنظيم الأسرة هي برامج نافعة ومفيدة للام حيث أنها توفر الفرصة للام للعمل والدراسة والمشاركات الاجتماعية ورعاية الزوج والأبناء كما إنها تحمي الأم من مخاطر الحمل والولادة المتتابعة والتي بدورها تؤثر بشكل عام على وضع الأسرة ككل وعلى الأم بشكل خاص.

التوصيات:

- 1- زيادة العمل على توعية الجمهور عن مخاطر الزواج المبكر والفوائد الصحية للمباعدة بين الأحمال من خلال البرامج الصحية في المراكز الصحية والمجتمع.
- 2- تأمين خدمات تنظيم الأسرة وذلك من خلال المحافظة على استمرارية تقديم خدمات تنظيم الأسرة.
 - 3- العمل على إدخال خدمة (Counseling) من خلال خدمات تنظيم الأسرة للفتيات في السن المبكرة.

ABBREVIATIONS

CBR Crude Birth Rate

EC European Commission

FP Family Planning

HMIS Health Management Information System

GS Gaza Strip

ICPD International Conference on Population and Development

MCH Mother /Child Health

MoH Ministry of Health

NGOs Non Governmental Organizations

NHP National Health Plan

IPPF International Planned Parenthood Federation

PCBS Palestine Central Bureau of statistic

PHC Primary Health Care

PNA Palestine National Authority

RH Reproductive Health

SPSS Statistical Package for Social Sciences

TFR Total Fertility Rate

UN United Nation

UNFPA United Nation Fund for Population Activities

UNRWA United Nation Relief and Works Agency

US United States

WB West Bank

WHDD Women's Health and Development Directorate

WHFPP Women's Health and Family Planning Project

WHO World Health Organization

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