

## Effect of Nursing Counseling on Empowering Future Couples' Perceptions and Attitudes Towards Family Planning Methods

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### Abstract

**Background:** Family planning is a crucial component of primary healthcare because it protects the lives of expectant mothers and newborns, gives women more control over their lives, and aids them in making decisions regarding their health, participation in society, and educational pursuits. **Aim:** To investigate the effect of nursing counselling on empowering future couples' perceptions and attitudes towards family planning methods. **Method: Design:** Two groups (the study group and the control group) were used in a quasi-experimental research design. **Setting:** This investigation was conducted in the Maternal and Child Health Centre (Quibly) in Shebin El-Kom, Menoufia Governorate. **Sample:** Three hundred and sixty prospective couples were chosen as a purposive sample. **Instruments:** a structured interviewing questionnaire, the future couples' opinions of family planning techniques, and their attitudes towards those techniques. **Results:** It reveals that 85.6% of the study group and 38.9% of the control group both obtained high knowledge scores. Additionally, more than half of the prospective couples in the study group (75.0%) had a favorable opinion of family planning strategies, as opposed to 25% in the control group. In addition, as compared to 55.6 percent in the control group, nearly two-thirds (72.2%) of the upcoming couples in the study group had a favorable attitude towards family planning techniques. **Conclusion:** The knowledge score of future couples who got nursing counselling was greater than the knowledge score of future couples who did not. Additionally, future couples who received family planning counselling felt better about it than future couples who did not. Future couples who received nursing counselling also scored better on attitude than future couples who did not. **Recommendations:** Increasing future couples' knowledge of family planning options through suitable public and religious policies.

**Keywords:** empowering future couples' attitudes and perceptions; family planning methods; and nursing counseling.

### Introduction

Present-day population growth is rapid; it reached 7.7 billion in 2016 and is expected to reach 9.8 billion by 2045. Resource allocation has changed from production to human services as a result of the growing population. This has a detrimental impact on economic expansion, raises poverty and unemployment rates, and jeopardizes food security, particularly in developing low- and middle-income nations. In order to stabilize the population, family planning (FP) services must be accessible to everyone (Palinggi et al., 2021).

Family planning is an essential primary healthcare intervention that protects mothers and newborns' lives, empowers women, and supports their decisions regarding their health, participation in public life, and further education (Kaneda et al., 2018). According to

Kaneda et al. (2018), FP enables women to have control over the number and spacing of their children, preserving their health and fertility while also enhancing their overall quality of life.

Additionally, FP is viewed as a short-term intervention to control population growth and address issues with overpopulation. The family planning program in Egypt had been established as early as February 1966 to address the issue of overpopulation. It aimed to reduce the unmet need for FP from 12.6% in 2014 to 10.6% by 2020 and the 12-month discontinuation rate from 29% in 2014 to 24% by 2020. Future projections estimated that if the contraceptive prevalence rate (CPR) accelerated, the 12-month discontinuation rate would decrease to 24% by 2020.

One of the main issues with FP is that, particularly in Egypt, people don't know enough about it and have heard erroneous or misleading information about it. Studies revealed that although women desired to regulate their fertility, they lacked the necessary information and were not obtaining enough FP education (Hubacher & Trussell, 2015).

After learning about FP, women's knowledge of it significantly increased, which altered their attitudes and behaviors. Social pressure, culture, access to medical care, motherhood age, marriage age, and the level of education of mothers and their spouses are some other difficulties that are frequently mentioned. It is crucial to recognize and remove obstacles to FP (Nur et al., 2020).

The choice to use family planning methods is heavily influenced by behaviors and attitudes, which indirectly affect changes in fertility status and population growth. Attitudes and behaviors play a significant role in the decision to select a family planning method, which helps to encourage the use of an effective approach (Nur et al., 2019).

Counselling for family planning should begin before marriage, as premarital counselling is regarded as one of the most important methods for preventing genetic abnormalities and a variety of medical and psychosocial issues (Cavallaro et al., 2020).

The nurse is acting as both a counsellor and an educator by imparting knowledge about various contraceptive techniques. The nurse should communicate with both couples, treat them respectfully, help them choose the best FP method, and provide enough information so that they may utilize it in a safe and efficient manner (Joeliatin et al., 2016).

### **Significance of the study:**

Most emerging nations have significant challenges related to population growth. According to the most recent United Nations estimates, as of Thursday, March 1, 2023, there are currently 1,432,105,467 people living in Africa (Chao, 2023). Egypt is the third-most populous nation in Africa and the most populous nation in the Middle East. According to information from the UN's World Population

Prospects Report for 2022, the estimated current population of Egypt is 106,695,679 million. Egypt's population is projected to grow to 128 million people by 2030 if the current trend holds. The unmet need for contraception is one of many variables that could be responsible for this rise. To make contraception more universally accessible, inexpensive, and available, immediate action is needed.

There was a little research on how future couples might feel about and react to family planning techniques. Therefore, this study was done to find out how nursing counselling affects how prospective couples perceive and feel about family planning options.

### **The aim of the study is:**

- To investigate the effect of nursing counselling on empowering future couples' perceptions and attitudes towards family planning methods.

### **Research Hypotheses:**

- 1- Future couples will obtain a higher knowledge score regarding family planning methods after nursing counselling.
- 2- Future couples will have a positive perception of family planning methods after nursing counselling.
- 3- Future couples will develop a positive attitude towards family planning methods after nursing counselling.

### **Method**

#### **Research Design:**

With study and control groups, this research was conducted in a quasi-experimental manner.

#### **Research Settings:**

The Maternal and Child Health (MCH) Centre (Qibly) in Shebin El-Kom, Menoufia Governorate, conducted this study. Future couples from the various nearby cities and towns that are close to Shebin El-Kom frequently visit this center. 3,400 prospective couples visit the Qibly Maternal and Child Health Centre each year. Future couple screening, marriage license applications, mother and child health services, prenatal, natal, and postnatal care, and family planning

services are among the community's services made available by this facility.

### Sampling:

Three hundred sixty couples who wanted to get married were chosen as part of a purposive sample from the MCH center (Quibly) and met the following requirements: they were both genders, male and female, with an age of 18–40 years old, and they were attending MCH for premarital counselling.

### Sample size:

At Quibly Maternal and Child Health Centre, there are 3,400 prospective couples seen annually. The sample size has been calculated using the following equation:  $n = (z_2p q)/D^2$  at 80% power and 95% CI, and there were 360 participants. This assumption was made based on a previous review of the literature (Ali et al., 2018), which found that 78.3% of future couples were aware of the availability of family planning methods.

### Instruments

#### Instrument I: A structured interview questionnaire:

The researchers created this tool to gather demographic information and offer family planning advice to prospective couples who would use it. There were two components:

**Part I:** It contained information on the participants' demographics, including their age, gender, marital status, level of education, residence, and perceived income.

**Part II:** It was adapted from Jahan et al. (2017) to evaluate the level of women's FP knowledge. Seven questions were included, covering the definition of family planning, its use, the ideal time of childbirth, the number of kids a couple should have, the legal age for family planning, the various types of family planning techniques, and the source of family planning information.

### Scoring method

Each knowledge question received a score: (2) for the right answers and (1) for the wrong ones. The scores for the "know items" were added up to determine the overall knowledge score. These ratings were converted into a percentage rating. The overall score is between 1 and 14. Three categories were used to

categories the overall knowledge scores: good (75% of the total knowledge score), fair (50%–75% of the total knowledge score), and poor (less than 50%).

#### Instrument 2: Future couples' perceptions of various family planning options:

The researchers created it in order to gauge how the prospective couple might perceive various family planning options. It covers topics like whether family planning is crucial for future couples, spreading knowledge about family planning practises prior to marriage, how family planning will reduce complications, how family planning will reduce the prevalence of some sexually transmitted diseases, how family planning will reduce the risk of hereditary diseases, whether family planning should be private, whether family planning causes psychological issues for couples, and whether religious beliefs should be considered when family planning.

### Score system

There were nine questions in the family planning perception section. The scale used for scoring ranged from 1 to 5, suggesting a 5-point Likert scale that had been modified by the researchers and revised by three experts by verifying the accuracy of each question's validity measures. Strongly disagreeing (1), disagreeing (2), neutral (3), agreeing (4), and strongly agreeing (5) were the possible responses to each topic. This is how the overall perception score was displayed: Positive perception is defined as more than 75% of the overall perception score, neutral perception as 50–75%, and negative perception as less than 50% of the total perception score.

**Instrument 3:** Future couples' attitudes towards family planning techniques. The researchers created this tool to measure future couples' attitudes towards family planning techniques, such as the belief that family planning prevents having too many children, the belief that family planning techniques can result in infertility, the belief that the husband does not want the wife to use any type of family planning techniques, and the belief that she prefers any type of family planning techniques because they are simple to use.

### Scoring system

The future couples' responses to questions on their attitudes towards family planning methods were graded on a scale from disagree (1) to uncertain (2) to agree (3). The Likert rating system that was employed following modifications by the investigators included a range of scores from 1-3. The following was the overall attitude score: positive attitudes account for more than 75% of the overall attitude score, neutral attitudes for between 50% and 75%, and negative attitudes for scores below 50%.

#### **Validity**

Three experts—two from the department of maternal and newborn health nursing and one from the department of obstetrics and gynecology—assessed the validity of the instruments and recommended any necessary revisions. They judged the instruments for content and internal validity.

#### **Reliability**

Test–retest reliability was applied by the researchers for testing the internal consistency of the instruments. It was done through the administration of the same instruments to the same participants under similar conditions on two or more occasions. Scores from repeated testing were compared and some questions were modified.

#### **Administrative Approval:**

An approval from the Committee of Research and Ethics, Faculty of Nursing, Menoufia University, was obtained on 8/5/2023. Official letters were obtained from the Dean of the Faculty of Nursing at Menoufia University and delivered to the directors of the Maternal and Child Health (MCH) Center (Qibly) in Shebin El-Kom, Menoufia Governorate, to carry out the study. Official permission was obtained to carry out the study from the directors of the above-mentioned settings.

#### **Ethical Considerations:**

The directors of the Maternal and Child Health Centre in Shebin El-Kom City received official authorization from the dean of the nursing faculty at Menoufia University. Concerning confidentiality and informed consent, methods to assure ethics were taken into account in the study. Confidentiality was preserved by using locked sheets with code numbers instead of the names of the prospective couple. All prospective couples

were made aware that any information they voluntarily submitted during the trial would be kept private and used only for statistical analysis following the study. The results would be presented as aggregate statistics, with no trace of individual participant information.

After being notified about the study, each future couple voluntarily agreed to participate. Each pair was given the chance to voluntarily decline participation and was made aware that their involvement in the study was voluntary and that they might opt out at any time. Any inquiries regarding the specifics of the study were welcome.

#### **Pilot study:**

A pilot study was carried out on 10% of the entire sample of 36 individuals in order to assess the instrument's applicability, the study's viability, and the time required for data collection. The researcher revised some questions in light of the findings of the pilot study. The prospective couples selected for the pilot study were therefore excluded from the study sample.

#### **Procedure:**

- ❖ Following official written approval from the MCH center directors, the study was carried out in accordance with the previously indicated qualifying requirements.
- ❖ The study was conducted in the Qibly Maternal and Child Health Care Centre over the course of six months, commencing in June 2022 and ending in December 2023. According to the availability of the prospective couples who matched the inclusion requirements, it required five to ten prospective couples per day on the two days of the week (Monday and Wednesday) from 9.30 a.m. to 12 p.m.
- ❖ A thorough evaluation of the study's associated literature, including available books, journals, and electronic dissertations, was done. A review of the literature was also conducted to create a knowledge base pertinent to the study area.
- ❖ The researcher introduced herself and gave a brief explanation of the study's objectives. After obtaining the future couples' informed consent and

satisfying the inclusion requirements. Using Instrument, I, Part 1, interviews were conducted with each couple to gather information on their sociodemographic status.

- ❖ A family planning methods brochure was created specifically for the study group to provide information on family planning strategies. Only concerning the family planning approach employed through counselling sessions did the researcher provide the study group with nursing counselling. Over the course of two weeks, there were two counselling sessions, with each session lasting 30 to 45 minutes. A variety of instructional techniques and resources were used, including lectures, group discussions, role-playing exercises, and a booklet that was created.
- ❖ Utilizing instruments, I (part one), II, and III, the study group was evaluated on its knowledge, perception, and attitude towards the family procedures at the conclusion of each session.
- ❖ Following the counselling session, the study group was further evaluated regarding family planning counselling using the GATHER approach. The future couples in the control group only received routine care from the staff at the MCH center (future couple screening and a marriage certificate), and they were not asked any questions about family planning methods or asked to complete Instrument I (part one), Instrument II, or Instrument III. The researchers did not take any action to help them. They received pamphlets outlining the family planning approach they had selected to reduce unplanned pregnancies.

### Data Analysis

Statistical Package of Social Science (SPSS) Version 23 was used for data organization, review, coding, tabulation, analysis, and presentation. The use of frequency and percentage distributions as descriptive statistics for qualitative variables. The difference between the study and control groups was measured using a test of significance. Differences between groups where  $P < 0.05$  can be considered statistically significant.

### Results

**Table 1** shows the demographic data of the studied future couples. Most of the study and control groups (83.3% and 77.8%) were aged less than 30 years. Approximately one-half of the studied future couples (51.1%) were female and 48.9% were male. More than one-half of the future couples (67.8% and 66.7%) lived in rural areas. More than one-third of both study and control groups (37.8% and 40.6% and 33.4% and 30.0%, respectively) had secondary education, university education, and postgraduate training. Furthermore, more than one-half of the participants in both the study and control groups (55.6% and 53.9%, respectively) reported having insufficient income.

**Table 2** reveals how much information on family planning the study's prospective couples and control groups were aware of. It demonstrates that there was a statistically significant difference between the study and control groups' degree of family planning method knowledge. It also reveals that future couples who received family planning counselling had a higher knowledge score than future couples who did not (the definition of family planning was 91.1% vs. 55.6%, the purpose of using it was 85.6% vs. 50.0%, the recommended space of birth was 74.4% vs. 43.9%, the number of children couples should have been 96.7% vs. 77.8%, the eligible age for family planning was 80.0% vs. 38.9%, the different types of family planning methods was 94.4% vs. 33.3%, and the source of family planning information was 88.9% vs. 38.9% respectively).

Figure 1 shows the overall knowledge score for family planning strategies among the study and control groups. It demonstrates that 86.6% of the study group and 38.9% of the control group both obtained high knowledge scores.

The future spouses in the study and the control groups' conceptions of family planning are depicted in Table 3. It demonstrates that there was a statistically significant variation in levels of perception about family planning methods between the study and control groups. It also shows that future couples who received family planning counselling had a higher perception score of this than future couples

who did not (the importance of family planning for future couples was 42.8% vs. 27.8%, awareness about family planning before marriage was 48.3% vs. 25.0%, family planning reduces the prevalence of some sexually transmitted diseases was 29.4% vs. 16.7%, family planning reduces maternal and fetal complications, etc.).

The future couples in the study and the control groups' conceptions of family planning are depicted in Table (4). It demonstrates that there was a statistically significant variation in levels of perception about family planning methods between the study and control groups. It also demonstrates that future couples who received family planning counselling had a higher perception of this than future couples who did not (family planning should be confidential was 44.4% vs. 14.4%, family planning causes psychological troubles to the couples was none vs. 7.2%, religious people should adopt the ideas of family planning in their discussion was 47.8% vs. 20.0%, and the law should require all future couples to use family planning methods was 44.8% vs. 14.4%).

The study groups and the control group's perceptions of family planning as a whole are depicted in Figure 2. Only 25% of the future couples in the control group had a favorable opinion of family planning, compared to more than half (75.0%) of the future couples in the Table (6) explains the relationship between the prospective couples under study's overall knowledge, attitude, and perception scores with reference to family planning. The total knowledge score, the total attitude score, and

the total perception score of the analyzed prospective couples with regard to family planning all correlated favorably. It also demonstrates that there was a highly statistically significant difference between the prospective couples who were the subject of the study's total knowledge, total attitude, and total perception scores with regard to family planning methods.research group.

The opinions of the prospective couples under study towards family planning techniques are displayed in Table 5. It demonstrates that there was a statistically significant difference in attitudes towards family planning methods between the study and control groups. It also shows that future couples who received family planning counselling scored higher on their attitudes towards family planning than future couples who did not (family planning prevents having too many children; 72.2% vs. 33.3%; family planning methods can cause infertility; none vs. 16.7% agree; my husband does not want me to use family planning of any type; none vs. 55.6% disagree; and I prefer any type of the family planning methods because they are simple to use).

The overall attitude score of the future spouses in the research and control groups towards family planning strategies is shown in Figure 3. Only 55.6% of future couples in the control group had a favorable attitude towards family planning techniques, compared to about two-thirds (72.2%) of future couples in the research group.

**Table 1: Demographic Data of the Studied Future Couples (N = 360)**

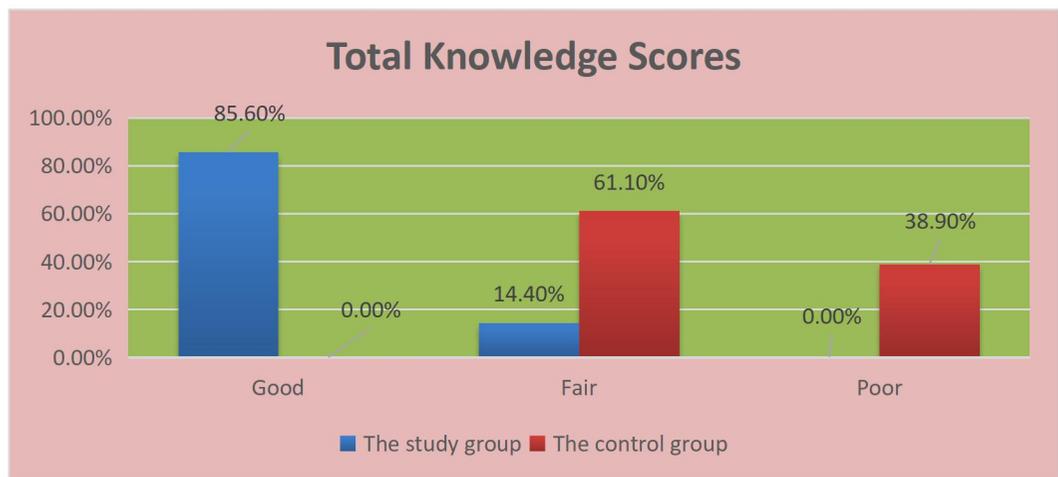
Variables	The studied participants			
	The study group (No = 180)		The control group (No = 180)	
	No.	%	No.	%
<b>Age:</b>				
- < 30 years	150	83.3%	140	77.8%
- ≥ 30 years	30	16.7%	40	22.2%
<b>Gender:</b>				
- Male	88	48.9%	88	48.9%
- Female	92	51.1%	92	51.1%
<b>Place of residence:</b>				
- Rural	122	67.8%	120	66.7%
- Urban	58	32.2%	60	33.3%

<b>Level of education:</b>				
- Illiterate	5	2.8%	7	3.9%
- Read and write	17	9.4%	13	7.2%
- Secondary education	68	37.8%	73	40.6%
- Institute	30	16.7%	33	18.3%
- University	57	31.7%	50	27.8%
- Post graduate	3	1.7%	4	2.2%
<b>Income:</b>				
- Enough	80	44.4%	83	46.1%
- Not enough	100	55.6%	97	53.9%

Variables	The studied participants				$\chi^2$	P value
	The study group (No = 180)		The control group (No = 180)			
	No.	%	No.	%		
<b>Definition of family planning</b>						
- Correct	164	91.1%	100	55.6%	58.185	.000
- Incorrect	16	8.9%	80	44.4%		
<b>The purpose of using it</b>						
- Correct	154	85.6%	90	50.0%	52.097	.000
- Incorrect	26	14.4%	90	50.0%		
<b>The recommended space of birth</b>						
- Correct	134	74.4%	79	43.9%	34.780	.000
- Incorrect	46	25.6%	101	56.1%		
<b>The number of children couples should have</b>						
- Correct	174	96.7%	140	77.8%	28.812	.000
- Incorrect	6	3.3%	40	22.2%		
<b>The eligible age for family planning</b>						
- Correct	144	80.0%	70	38.9%	63.096	.000
- Incorrect	36	20.0%	110	61.1%		
<b>The different types of family planning methods</b>						
- Correct	170	94.4%	60	33.3%	145.686	.000
- Incorrect	10	5.6%	120	66.7%		
<b>The source of family planning information</b>						
- Correct	160	88.9%	70	38.9%	97.525	.000
- Incorrect	20	11.1%	110	61.1%		

source of family planning information was 88.9% vs. 38.9% respectively).

**Figure 1: Total Knowledge Score of the Study and Control Groups about Family Planning Methods**



**Table 3: Level of the studied Future Couples' Perception regarding Family Planning Methods (N = 360)**

Variables	The studied participants				$\chi^2$	P value
	The study group (No = 180)		The control group (No = 180)			
	No.	%	No.	%		
<b>Important of the family planning for future couple</b>						
Strongly agree	77	42.8%	50	27.8%	86.767	.000
Agree	97	53.9%	50	27.8%		
Neutral	6	3.3%	30	16.7%		
Disagree	0	0.0%	50	27.8%		
<b>Awareness about types of family planning before marriage</b>						
Strongly agree	87	48.3%	45	25.0%	88.313	.000
Agree	90	50.0%	59	32.8%		
Neutral	3	1.7%	21	11.7%		
Disagree	0	0.0%	55	30.6%		
<b>Family planning reduces the maternal and fetal complications</b>						
Strongly agree	77	42.8%	40	22.2%	87.845	.000
Agree	100	55.6%	64	35.6%		
Neutral	3	1.7%	26	14.4%		
Disagree	0	0.0%	50	27.8%		
<b>Family planning reduces the prevalence of some sexual transmitted diseases</b>						
Strongly agree	53	29.4%	30	16.7%	41.120	.000
Agree	85	47.2%	64	35.6%		
Neutral	42	23.3%	46	25.6%		
Disagree	0	0.0%	10	5.6%		
Strongly disagree	0	0.0%	30	16.7%		
<b>Family planning reduces unwanted pregnancy, over population and maternal death</b>						
Strongly agree	80	44.4%	30	16.7%	86.343	.000
Agree	70	38.9%	33	18.3%		

Neutral	30	16.7%	79	43.9%		
Strongly Disagree	0	0.0%	32	17.8%		
Disagree	0	0.0%	6	3.3%		

**Table (4): Level of the Studied Future Couples' Perception regarding Family Planning Methods (N = 360)**

Variables	The studied participants				$\chi^2$	P value
	The study group (No = 180)		The control group (No = 180)			
	No.	%	No.	%	No.	%
<b>Family planning should be confidential</b>						
Strongly agree	73	40.6%	13	7.2%	141.158	.000
Agree	80	44.4%	26	14.4%		
Neutral	20	11.1%	100	55.6%		
Strongly Disagree	7	3.9%	37	20.6%		
Disagree	0	0.0%	4	2.2%		
<b>Family planning cause psychological troubles to the couples</b>						
Strongly agree	0	0.0%	6	3.3%	82.703	.000
Agree	0	0.0%	13	7.2%		
Neutral	0	0.0%	94	52.2%		
Strongly Disagree	82	45.6%	57	31.7%		
Disagree	98	54.4%	10	5.6%		
<b>That religious people should adopt the ideas of family planning in their discussion</b>						
Strongly agree	56	31.1%	5	2.8%	130.602	.000
Agree	86	47.8%	36	20.0%		
Neutral	38	21.1%	98	54.4%		
Strongly Disagree	0	0.0%	38	21.1%		
Disagree	0	0.0%	3	1.7%		
<b>Law should obligate all future couples to utilize family planning methods is important</b>						
Strongly agree	65	36.1%	7	3.9%	166.346	.000
Agree	100	55.6%	44	24.4%		
Neutral	15	8.3%	50	27.8%		
Strongly Disagree	0	0.0%	50	27.8%		

Disagree	0	0.0%	29	16.1%		
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Figure 2: Total Perception Score of the Study and Control Groups regarding Family Planning Methods

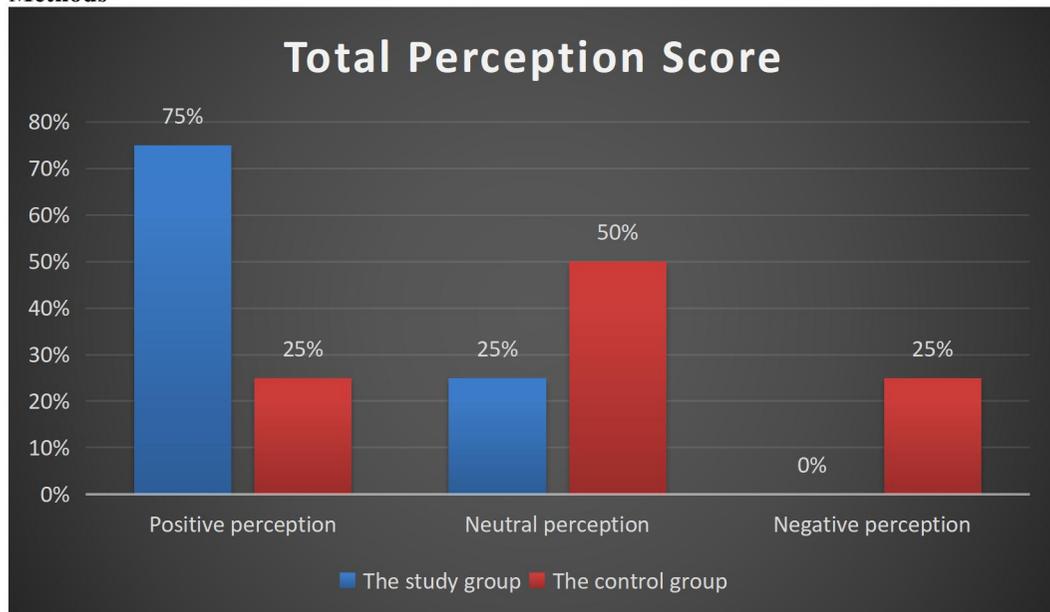


Table (5): Level of the Studied Future Couples' Attitudes towards Family Planning Methods (N=360)

Variables	The studied future couples				χ <sup>2</sup>	P value
	The study group (No = 180)		The control group (No = 180)			
	No.	%	No.	%		
<b>Family planning prevents one from having too many children</b>						
Disagree	0	0.0%	60	33.3%	86.699	.000
Uncertain	50	27.8%	60	33.3%		
Agree	130	72.2%	60	33.3%		
<b>Family planning methods can lead to infertility</b>						
Disagree	150	83.3%	30	16.7%	164.000	.000
Uncertain	30	16.7%	120	66.7%		
Agree	0	0.0%	30	16.7%		
<b>My husband does not want me to use family planning of any type</b>						

Disagree	150	83.3%	30	16.7%	59.359	.000
Uncertain	30	16.7%	50	27.8%		
Agree	0	0.0%	100	55.6%		
<b>I prefer any type of the family planning methods because it is easy to take</b>						
Disagree	0	0.0%	100	55.6%	52.894	.000
Uncertain	10	5.6%	80	44.4%		
Agree	170	94.4%	0	0.0%		

Figure 3: Total attitude score of the study and control groups towards family planning

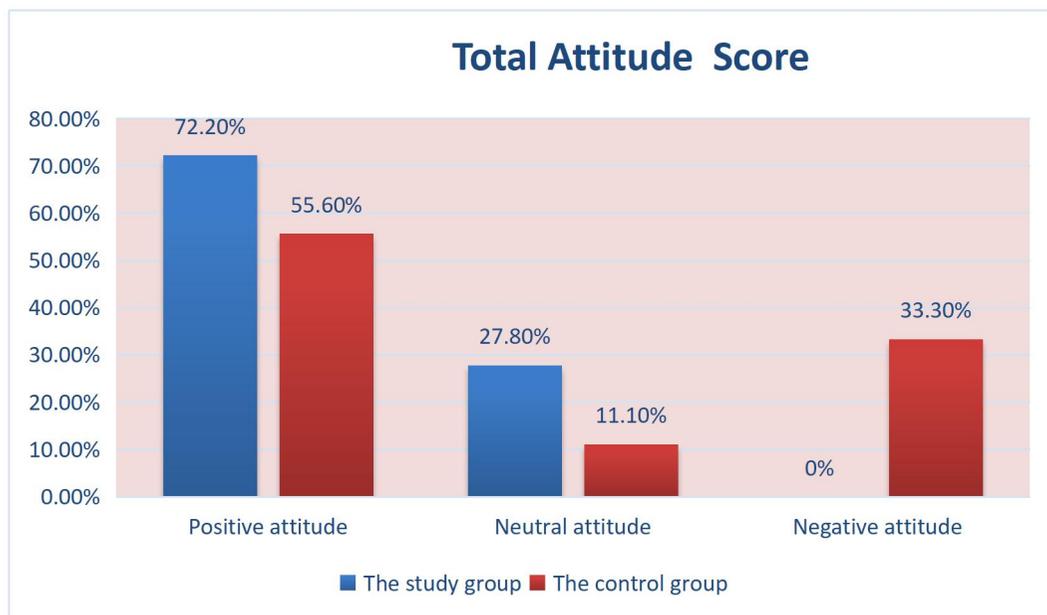


Table (6): Correlation between the total knowledge score, total attitude score, and total perception score of the studied future couples regarding family planning methods (N = 360)

Correlations					
			Knowledge scoring	Perception score	Attitude score
Spearman's rho	Knowledge score	Correlation Coefficient	1.000	0.841	.888**
		P value	.-	.000	.000
	Perception score	Correlation Coefficient	0.84	1.000	.874
		P value	.000	.-	.000*
	Attitude score	Correlation Coefficient	.888	0.874	1.000
		P value	.000	.000	.-

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**Discussion**

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The Egyptian government has been in charge of a national FP program and makes a lot of effort to increase service availability and accessibility. However, using FP services is hampered by severe obstacles. The main obstacles include ignorance, a lack of awareness, and women's misconceptions about FP, all of which reflect unfavorable attitudes and untrustworthy behaviors (Eshak, 2020). This study was carried out in order to better understand how nursing advice affects future couples' attitudes and perceptions of family planning options.

According to the study's findings, the majority of the prospective couples in both the trial and control groups were under 30. This conclusion was backed up by research from Tun et al. (2017), who looked at the "effectiveness of health education and family planning guidelines on health beliefs and behaviors regarding family planning methods among married men in Myanmar," and Islam et al. (2022), who looked into their studies on "Knowledge and Perception of and Attitude Towards a Family Planning Program in Qatar."

This age range was chosen by the researchers because it corresponds to the Egyptian marriageable age. The similarity between the findings of this study and those of previous studies may be due to the fact that most Arab nations set the marriage age between 18 and 25. According to experts, this is the crucial age for family planning therapy before marriage.

According to the study's findings, about one-third of future couples were expected to attend college or university, which indicated how much education they were likely to have. In their studies of "Fertility regulation as identity maintenance: understanding the social aspects of birth control" by Marston et al. (2018) and "Perceptions of and barriers to family planning services in the poorest regions of Chiapas, Mexico: a qualitative study of men, women, and adolescents" by Dansereau et al. (2017), respectively, both groups reached the same conclusion. According to their findings, about one-third of the participants held a university degree or higher.

The findings of this study revealed a statistically significant difference in the knowledge of family planning strategies between the study group and the control group. Additionally, data demonstrates that future couples who received family planning counselling knew more about this than future couples who did not. There may not be enough programs available to teach people about family planning, which could account for the gap in scores.

This result was consistent with the findings of Hogmark et al. (2018), who looked into their studies on "Medical students' knowledge, attitudes, and perceptions towards contraceptive use and counselling: A cross-sectional survey in Maharashtra." According to their findings, the majority of the participants in the study had heard about family planning, and roughly a quarter of them had insufficient information.

These results did not agree with those of Moussa et al. (2018), who studied "Medical students' knowledge and perception towards family planning services" in Saudi Arabia. Margaret et al. (2018), who studied "Health Knowledge, Attitudes, and Practices of Family Planning Service Providers and Clients in Akwapim North District of Ghana," and Al-Shroby et al. (2021), who studied "Awareness of Family Planning Methods Counselling." The similarities between the findings of the current study and earlier studies may be attributable to a failure to recognize the gravity of family planning techniques.

The results of this study revealed a statistically significant difference in the study groups and control group's views on family planning. It also demonstrates that future couples who received family planning consultation held a more favorable opinion of the practice than those who did not.

Al-Musa et al. (2018) studied "knowledge, attitude, and practice of family planning: A study" in Saudi Arabia; Al-Shroby et al. (2021) investigated "awareness of family planning counselling among Saudis and its association with socio-demographic factors" in Saudi Arabia; and Ibrahim et al. (2018) studied "An Education Program about

family planning for Unmarried Female Students at King Abdul-Aziz University." This finding was in line with those studies.

These results were also consistent with research from Alhowiti et al. (2019), which examined "Knowledge, Attitude, and Practise Towards Family Planning Among Reproductive-Age Women in Tabuk City," and Eittah et al. (2018), which examined "Efficacy of an Educational Programme in Raising Women's Knowledge and Awareness About Family Planning Methods in a Rural Area in Egypt." According to their findings, the majority of participants had a favourable opinion of the significance of family planning. The fact that the results of the current study and other studies were in agreement, the fact that prospective couples had a respectable understanding of the importance of family planning, and the fact that all studies were done in Arab regions may be to blame.

Instead, this result was at odds with Omolase et al. (2018), who looked into their studies on the "awareness of family planning amongst students in the Negrlan community". According to their findings, the study sample that got family planning counselling scored poorly in terms of attitude towards family planning options. The chosen sample of nursing students is the cause of this contraindication.

The results of the current study showed that almost three-quarters of the future couples included in the study had favorable opinions on family planning techniques. About half of the future couples who participated in the study strongly agree that family planning is important for future couples, that it is crucial to raise awareness about family planning before marriage, that it helps to reduce maternal mortality and overpopulation, and that it will be crucial for religious people to incorporate family planning into their discussions in the future.

The results of the current study were consistent with Milla et al.'s (2018) research on "Medical Students' Knowledge and Perception Towards Family Planning Services: A Preliminary Intervention Study," which they did. Assessment of Family Planning Knowledge, Attitude, and Practice Among Women of South-Eastern Nigeri by

Alnasir et al. (2018), who conducted their studies on "The Effect of Training in Primary Health Care Centers on Medical Students' Clinical Skills," and Abd-Allah (2016), who conducted a study on "Assessment of Family Planning Knowledge, Attitude, and Practice Among Women of South-Eastern Nigeria." According to their findings, the majority of participants had a favorable opinion of family planning and believed that it is crucial to practice family planning since it helps stop the spread of disease and excessive population growth.

The current study found a positive association between the future couples' overall knowledge, attitude, and perception scores with regard to family planning. It also demonstrates that there was a highly statistically significant difference between the prospective couples who were the subject of the study's total knowledge, total attitude, and total perception scores with regard to family planning.

These results were in agreement with those from Gupta et al. (2022), who examined family planning knowledge, attitude, and practices among currently married women (aged 15–45 years); Eittah et al. (2019), who looked into the "effectiveness of an educational program in raising women's knowledge and awareness about family planning methods in a rural area of Egypt; and Gayathri et al. (2018), who studied "A study on the assessment of knowledge towards family planning practices." According to their findings, there was a favorable association between the investigated sample's overall knowledge, attitude, and perception scores in regards to family planning.

## Conclusion

The results of this study showed that future couples who received family planning counselling scored higher in terms of good knowledge about family planning strategies than future couples who did not. This result allows the initial study hypothesis to be accepted. Additionally, future couples who received family planning counselling had a more favorable opinion of family planning techniques than future couples who did not.

This result allows us to accept the second study hypothesis. The third hypothesis is further supported by the fact that future couples who received family planning counselling scored more favorably on their attitude towards family planning techniques than future couples who did not. As a result, the study's findings did not support the null hypothesis but did support its assumptions.

### Recommendations

**Based on the findings of the current study, the following recommendations are proposed:**

- Increasing future couples' knowledge of family planning practices with appropriate religious backing and governmental initiatives
- As a result, health education can be customized, boosting knowledge while also having an impact on attitudes and behaviors.
- It is strongly advised to regularly get outreach services, counselling, and health education.

### Further studies

- On a wide scale, electronic mapping and addressing the underlying issues preventing FP utilization are possible.
- Examining how family planning education programs affect prospective couples' understanding, attitudes, and behaviors.

### References:

- Palinggi R.S., Moedjiono A.I., Suarayasa K., Masni, Seweng A., Amqam H., Nur R., and Syam A., (2021). The effect of balanced counseling strategy family planning against attitude, subjective norm, and intentions on the use of modern contraception behavior in the Singgani Public Health Center work area of Palu city, 35(2), 140-144
- Nur R., Fitriyah S.I., and Mallongi A., (2020). Women's Reactions and Health Disorders Caused by Abuse During the Pregnancy-Postpartum Period. 20 (1), p1329-1334. 6p.
- Kaneda, T., Greenbaum, C., & Patierno, K. (2018). World population data sheet with focus on changing age structures. PRB Project, 2. Popul Ref Bur, pp. 1-4 Available at: <https://www.prb.org/2018-world-population-data-sheet-with-focus-on-changing-age-structures/>.
- Hubacher, D., & Trussell, J. (2015). A definition of modern contraceptive methods. *Contraception*, 92(5), 420-421.
- Nur, R., Dwitama, M. A., Fadly, M., Patui, N. S., Radhiah, S., Mantao, E., & Mallongi, A. (2020). The Culture and Age of First Marriage on Female Teenagers in West Marawola. *Medico-Legal Update*, 20(1).
- Nur, R., Mallongi, A., & Demak, I. K. (2019). Early-age marriage and the impact of health reproduction women. *J Eng Appl Sci*, 14, 981-986.
- Cavallaro, F. L., Benova, L., Owolabi, O. O., & Ali, M. (2020). A systematic review of the effectiveness of counselling strategies for modern contraceptive methods: what works and what does not? *BMJ sexual & reproductive health*, 46(4), 254-269.
- Joeliatin, J., Murti, B., & Suryani, N. (2016). Theory of Planned Behavior on the Determinants of Participation in the Long-Term Contraceptive Method Among Women of Reproductive Age, in Nganjuk, East Java. *Journal of Health Promotion and Behavior*, 1(3), 171-179.
- UNFPA. (2020). Family planning in Egypt. Available at: <http://egypt.unfpa.org/english/Staticpage/1ff77960-4546-4dc1-823b-1926a029>.
- United Nation. World fertility and family planning 2020: highlights. Available at: [https://www.un.org/en/development/desa/population/publications/pdf/family/World\\_Fertility\\_and\\_Family\\_Planning\\_2020\\_Highlights.pdf](https://www.un.org/en/development/desa/population/publications/pdf/family/World_Fertility_and_Family_Planning_2020_Highlights.pdf). [Accessed July 20, 2020].
- Eshak E. Myths about modern and traditional contraceptives held by women in Minia, Upper Egypt. *East Mediterr Health J* 2020; 26:417–425.

- Marston C, Renedo A, Nyaaba GN. (2018). Fertility regulation as identity maintenance: understanding the social aspects of birth control. *J Health Psychol*, 23:240–251.
- Dansereau E, Schaefer A, Hernández B, Nelson J, Palmisano E, Rios-Zertuche D., (2017). Perceptions of and barriers to family planning services in the poorest regions of Chiapas, Mexico: a qualitative study of men, women, and adolescents. *Reprod Health*, 14:129.
- eSpatial. How to create a hotspot heat map with eSpatial mapping software. December 2, 2019. Available at: <https://www.espatial.com/how-to-guides/create-a-hotspot-heat-map>. [Accessed September 2, 2020].
- Eittah HA, Amer HM. Effectiveness of an educational program in raising women's knowledge and awareness about family planning methods in a rural area. *Egypt Nurs J* 2019; 16:92–99.
- SemachewKasa A, Tarekegn M, Embiale N. Knowledge, attitude and practice towards family planning among reproductive age women in a resource limited setting of Northwest Ethiopia. *BMC Res Notes* 2018; 11: e577.
- Gayathry D, Ramana BV, Rao V. A study on assessment of knowledge towards family planning practices among the couples of reproductive age group in the field practice area of Prathima institute of medical sciences, Karimnagar. *Int J Comm Med Public Health* 2017; 4:3740–3747.
- Fahmy SL, Nofal LM, Shehata SF, Kady HME, Ibrahim HK. Updating indicators for scaling the socioeconomic level of families for health research. *J Egypt Public Health Assoc* 2015; 90:1–7.
- Ochako R, Mbondo M, Aloo S, Kaimenyi S, Thompson R, Temmerman M, Kays M. Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study. *BMC Public Health* 2015; 15:118.
- Ali M, Azmat SK, Hamza HB, Rahman MM, Hameed W. Are family planning vouchers effective in increasing use, improving equity and reaching the underserved? An evaluation of a voucher program in Pakistan. *BMC Health Serv Res* 2019; 19:200.
- Tun ZY, Sukartini T. Effectiveness of health education family planning guidelines on health beliefs and behaviours regarding family planning methods among married men in Myanmar. *J Nurs* 2017; 12:278–285.
- Gupta V, Mohapatra D, Kumar V. Family planning knowledge, attitude, and practices among the currently married women (aged 15–45 years) in an urban area of Rohtak district, Haryana. *Int J Med Sci Public Health* 2016; 5:627–632
- United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Family Planning 2017 - Highlights (ST/ESA/SER.A/414)*
- Sundararajan R, Yoder LM, Kihunrwa A, Aristide C, Kalluvya SE, Downs DJ, Mwakisole AH, Downs JA. How gender and religion impact uptake of family planning: results from a qualitative study in Northwestern Tanzania. *BMC Women Health* 2019; 19:99.