



Reasons Associated with Common Contraceptive Methods Used among Women in Qaladze District

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ABSTRACT

Background: Family planning is the deliberate use of contraception to arrange a couple's desired childbearing plan and number, family planning is the practice of using contraceptives to avoid unplanned pregnancies, have fewer children, and spacing out childbirths.

Objectives: To assess reasons associated with common family planning methods used among women in Qaladze district.

Methodology: A cross-sectional study was conducted on reproductive age women in Qaladze district. Data collection started on 1st of June, 2022 and ended in 1st, August, 2022. A non-probability purposive sampling used to recruit 180 women who were living in Qaladze district and its surroundings. Special questionnaire constructed for proper data collection based on extensive review of related literature and studies. For data processing and statistical analysis, the statistical program for social science (SPSS, Version 25) was used.

Results: The mean age of the respondents was (34 ±6.842), most of the study samples were illiterate (14.4% n=35). With regards to the residential area of the study participants a large number of them were came from urban residents (78.9%, n=142). (80.6%, n=145) of them were nuclear parents. Regarding the reasons for using the current method of contraception, most common reason for choosing was healthiness and safety (55.6%, n=100) least common chosen reason for using contraceptive methods was cheapness (22.2%, n=40). concerning to the common contraceptive method used in Qaladze district, the majority were use coitus interruptus (51.7%).

Conclusion: More than half of them in Qaladze chose healthiness and safety as a reason for using their current contraceptive method, common contraceptive method used in the area was coitus interruptus which holds more than half of the participants, following by condom users, least methods used by them were lactational amenorrhea and injectable contraceptives.

Keywords: Family planning (FP), Contraceptives, common method, reproduction.

INTRODUCTION

The World Health Organization defines family planning as the deliberate use of contraception to determine when and how many children a couple wants to have (WHO, 2019). Family planning is the practice of preventing unwanted pregnancy, limiting the number of children, and spacing out childbirths through the use of contraceptive techniques (Csa, 2016).

There are many different types of birth control available, such as oral contraceptive pills, implants, injectable, patches, vaginal rings, intrauterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal, and fertility awareness-based approaches (WHO, 2020; Al-Moktar, 2014).

Family planning includes a wide range of services, such as management and prevention of sexually transmitted disease, management of infertility and preconception counseling. In many nations around the world, there has been a steady rise in the usage of family planning services (WHO, 2017).

Other advantages of family planning, aside from spacing or delaying conception, include lowering infant mortality, decreasing HIV/AIDS and acquired immune deficiency syndrome, empowering individuals and advancing education, minimizing adolescent pregnancies, and moderating population increase (Bongaarts, 2020). The WHO defines contraceptive prevalence as the proportion of married or in-union women who use any method "traditional or modern" of contraception (Alrawi, 2021).

Over the past two decades, the number of women who want to utilize family planning has significantly increased, going from 900 million in 2000 to around 1.1 billion in 2020. As a result, the number of women using a modern method of contraception rose from 663 million to 851 million, and the prevalence rate of contraception climbed from 47.7 to

49.0 percent. An additional 70 million women are estimated to be added by 2030 (Bongaarts, 2020).

Comparing Iraq to other Eastern Mediterranean nations, the country still has a low prevalence of contraception (58%) and high rates of total fertility (4.2 children per woman) and unmet need (12%). Many public and private health facilities offer services that are free or significantly subsidized, yet many women may still choose not to use them because of social, cultural, economic, or healthcare service limitations (Alrawi, 2021).

One of the most prevalent justifications for not using modern contraception is fear of adverse effects caused by false information. Examples of fears include those that oral contraceptives are harmful and that current contraceptives can result in infertility. Additionally, the fact that oral contraception often has to be prescribed reinforces the concept that the approach is harmful. This probably applies for both family planning consumers and healthcare professionals (Ericson, 2020).

In spite of the importance of the subject, no previous comprehensive study regarding FP methods was carried out in Qaladze district. This study will hopefully help in the development of FP services and FP program in the area by assessing contraceptive method used among currently married women aged 15 - 49 years in Qaladze district.

AIMS OF THE STUDY

at assessing reasons associated with using common FP methods among women in Qaladze district.

METHODOLOGY

Design and setting

A cross-sectional study was conducted on 180 women of reproductive age 15-49 years old, attending in two private gynecology and obstetrical clinics and Qaladze general teaching hospital in Qaladze district. Data collection started on 1st of

June, 2022 and ended in 1st, August, 2022. a non-probability purposive sampling used to recruit 180 women who were living in Qaladze district and its surroundings, an oral informed consent obtained from the women's attending at the private gynecology/obstetrician clinics and those women's who visited the morning consultation department, after granting the anonymity and confidentiality for their participation.

Inclusion criteria and Exclusion criteria:

- **Inclusion criteria:**

Married women at reproductive age (15-49) years.

- **Exclusion criteria**

Pregnant women.

Data collection

Based on a thorough review of relevant literature and studies, a constructed questionnaire was created to ensure adequate data collection, face to face interview technique used to collect the data. questionnaire consisted of three parts; The first part is concerned with women's socio-demographic characteristics which include 12 items: age, level of education of both partners, occupation of both partners, residential area, number of children (male, female), type of family, their monthly income and age of marriage the second part; is related to obstetric data composed of 11 items: age of menarche, questions about menstruation (menstrual regularities, length, pain, quantity of cyclic blood loss), third part is related to the questions regarding awareness about family planning methods, which include questions regarding familiarity and sources of information regarding family planning, ever use of family planning in the past, current use and reason for using the method, sources of obtaining of contraceptives either in public or private sectors, questions about women's opinion regarding necessities to counsel doctor or health care providers about using FP methods and ever visiting centers or clinics, opinion of users of hormonal contraceptive and its effects on chronic diseases, women's opinion about the ideal time about

birth spacing, another question is about women's believe regarding coitus interruptus, actions to be taken when a method forgot or misused, another question about discussion, decision on fertility between spouses and women's wishes regarding number of children she want to have, another item is about the longevity of using their contraceptive method and awareness of women regarding periods of using each of them, awareness about progesterone-only pill and awareness regarding male sterilization. (yes/ no) questions (dichotomous) coded as 1=Yes, 2=No, (I know, Uncertain, Do not know) questions coded as 1=I know, 2= uncertain, 3=I don't know and multiple option questions used. A panel of eleven experts validated the questionnaires by examining the questions' contents for clarity, relevance, and sufficiency. Based on whether they agreed or disagreed, the experts' replies were rated. The findings indicated that the majority of the experts agreed with the questionnaire's items. In accordance with their advice, some minor adjustments have been made to the study tool.

Data analysis

For data processing and statistical analysis, SPSS, Version 25, statistical software for social science, was utilized. To define the main characteristics of the data in a study and to provide brief summaries about the sample and the measures, the statistical analysis comprised descriptive statistical analysis, such as frequency and percentage. To assess generalizations from our data to more general situations, inferential statistical methods like the Chi-square test and Fisher-Exact test were used. With a 95% level of confidence a P-value of 0.05 or less is regarded as statistically significant for each test.

RESULTS

Distribution of Socio-Demographic Characteristics of the Study Participants demonstrated According to their age, women's occupational status, level of education, residential area and type of family as shown in (Table 1).

180 women of the reproductive age between 15-49 years agreed to be enrolled in the study. The mean age of the respondents was (34 ± 6.842). The age of respondents in current study ranged between (19-49) years, the majority of them (31%, $n=56$) were between the age (31-36) years, youngest was 19 while oldest participant was 49 years old.

Most proportion of the women's occupational status was house wife (73.9%, $n=133$) while just one of them have her own job (0.6% $n=1$). In the matter of women's literacy most of the study samples were illiterate (14.4% $n=35$) at the same time smallest group of them were at the post graduate level (2.2%, $n=4$). With regards to the residential area of the study participants large amount of them were urban residents (78.9%, $n=142$) on the other side, the lowest part of the enrolled samples were rural residents (6.1%, $n=11$).

Concerning to the type of families of the recruited women in the study mostly were nuclear parents and their children live without their grandparents (80.6%, $n=145$) whereas small proportion of the participants were live with their in-laws (19.4%, $n=35$).

Regarding the reasons for using the current method of contraception, most common reason for choosing was healthiness and safety (55.6%, $n=100$) least common chosen reason for using contraceptive methods was because it is cheap (22.2%, $n=40$), (Figure1).

Among all the respondents the common method that currently used by the study was coitus interruptus (51.7%, $n=93$), following by condom (22.2%, $n=40$) while injection and lactational-amenorrhea were not used at all (0%, $n=0$) and those

who replied others are those who want more children, infertile and did not use any method (Figure2).

DISCUSSION

Family planning is the practice of using contraceptives to avoid unplanned pregnancies, have fewer children, and space out childbirths. (Csa, 2016).our study findings revealed that the mean age of the women's participated in current study was (34 ± 6.842) years, the study findings was in line with another study that conducted in Bangladesh (Akram et al., 2020). The majority of participated women's occupation was house wife, just one of the enrolled women have their own self –job, this large number of house wives may be due to most of their level of education was illiterate and they could not achieve institute, or college levels, a study conducted on 291 respondents in Nigeria results were the same as our findings (Etokidem, Ndifon, Etowa, & Asuquo, 2017).

One-fifth of respondents level of education which occupy largest group reported as illiterate, our study findings the same as another study done in rural Burkina Faso (Beaujoin et al., 2021),

this percentage of illiterate women in our study area may be due to most of them married at their adolescent age, and their families may not sent them to school because of social and cultural beliefs Most of the women were urban residents on the other hand a very small group of them were rural residents, this may be because those who live in rural areas less educated, they thought they do not need to visit hospital and gynecologist / obstetric clinics for their follow up routines, rural residents had agricultural work and animal farms for that reason they may not have enough time to visit clinics, our study findings were similar to a study results done in Mosul in (Aldabbagh & Al-Qazaz, 2020) another study done in Nigeria which is agree with our results (Etokidem et al., 2017). Four fifth of the participants were come from nuclear families while the remaining part came from extended families, some women were live with

her in-laws because community is a sociable and culturally affected community however, families at now were deferent from past decades which most of the families were extended but now most of the women live with their children and husbands, which may influence on uptake and receiving information towards contraception and family planning, women living in nuclear families had better information than those living with their in-laws, may be because women living with in-laws more influenced by its surroundings as they have more relative contacts, receive information from them and may have not enough time to visit clinics as they have more household duties. another point is that women living in nuclear families were more educated and may have their own salaries thus may rely on more trusted sources for receiving information, it is not surprising that with more educated women comes a stronger understanding to FP and contraceptive uptake our study findings in line with a study done in Baghdad (Al Ameen, 2016).

Regarding the reasons for choosing current contraceptive method in Qaladze district, Mostly chosen reason for using current method was safety and healthy method, probably because women were more aware than before regarding family planning, also they may use social media, receive information from TV, and because our study area was socially more connected, relative and friends share information about contraception and their experience while used them, second most common reason for choosing their contraception was easiness and compliance in using which covers less than one-thirds of the total participants. Receiving advice from health personnel was the third reason for choosing current contraception method since most of the study samples were illiterate, they cannot read sources related to the field, for that reason they need to consult and visit a health personnel to select an appropriate contraceptive method, another selected reason was husband preference, as our community is

male dominant and most of the decisions done by him, in sexual relationship had a great role also, our study findings was agree with some trials of another study conducted in Jordan (Komasawa et al., 2020), (Al Ameen, 2016) also findings in line with some aspects of other study done in some of low income countries (Bellizzi, Mannava, Nagai, & Sobel, 2020) Nigeria (Etokidem et al., 2017).

Most Common methods used by the study participants in the area which occupy a large gap in contraceptive uptake was coitus interruptus method, usage may be related to the safety and healthiness as they chose as a common reason for using their current method (Table 2), they feared of side effects of some other contraceptives, another point was that no need to visit gynecologist / obstetrician clinics, it does not take any cost, easy to use, in addition women in these area strongly influenced by social and cultural beliefs perhaps they thought that other methods may cause infertility.

However recently the women's opinion somewhat changed because an experienced obstetrician in one other popular TV channels reported that coitus interruptus was not a good for their husband, some of the study samples intended to change coitus interruptus to another method after listening the TV program, there is a few studies found confirm my study findings research in Oman conducted on 400 reproductive age women (Al Kindi & Al Sumri, 2019), findings was the same as my study results which were common method used by participants was coitus interruptus, in some other studies most common contraceptive users were those of hormonal and modern methods, several studies done that their results differ from our findings, a study conducted in Egypt (Eittah & Amer, 2019), another study conducted in Baghdad (Al Ameen, 2016) this discrepancies due to study area and small sample size, to accurately evaluate the used methodologies, more research with a larger sample size is required.

CONCLUSION

Study established that age of the participated women in current study was (34 ±6.842) years.

Most of them were illiterate; more than half of them in Qaladze chose healthiness and safety as a reason for using their current contraceptive method, while easiness in using a contraceptive method was the second most chosen reason for using their method, while least of them used methods because of cheapness. Common contraceptive method used in the area was coitus interruptus which holds more than half of the participants, following by condom users, least methods used by them were lactational amenorrhea and injectable contraceptives.

According to the study's findings, the government and ministry of health must provide more funding for research and FP plans of action in order to make affordable contraceptive commodities available in public health sectors and to enable health staff to spread awareness and accurate information about FP and contraceptive uptake.

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TABLES and FIGURES

Table (1): socio-demographic characteristics of the study participants

Variables	N	%	Mean
Age groups			34.28
19 - 24	20	11.1	
25 - 30	31	17.2	
31 - 36	56	31.1	
37 - 42	50	27.8	
43+	23	12.8	
Total	180	100	
Women's Occupational status			
governmental employee	33	18.3	
non-governmental employee	7	3.9	
house wife	133	73.9	
student	6	3.3	
Self-job	1	0.6	
Total	180	100	
Woman's level of Education			
Illiterate	35	19.4	
Able to Read and Write	31	17.2	
Primary school graduate	19	10.6	
Secondary School graduate	18	10	
High School graduate	9	5	
institute graduate	31	17.2	
College graduate	33	18.3	
post graduate	4	2.2	
Total	180	100	

Residential area		
Rural	11	6.1
Urban	142	78.9
Suburban	27	15
Total	180	100
Type of Family		
nuclear	145	80.6
extended	35	19.4
Total	180	100

Figure (1): distribution of reasons associate with using current contraceptive in Qaladze district

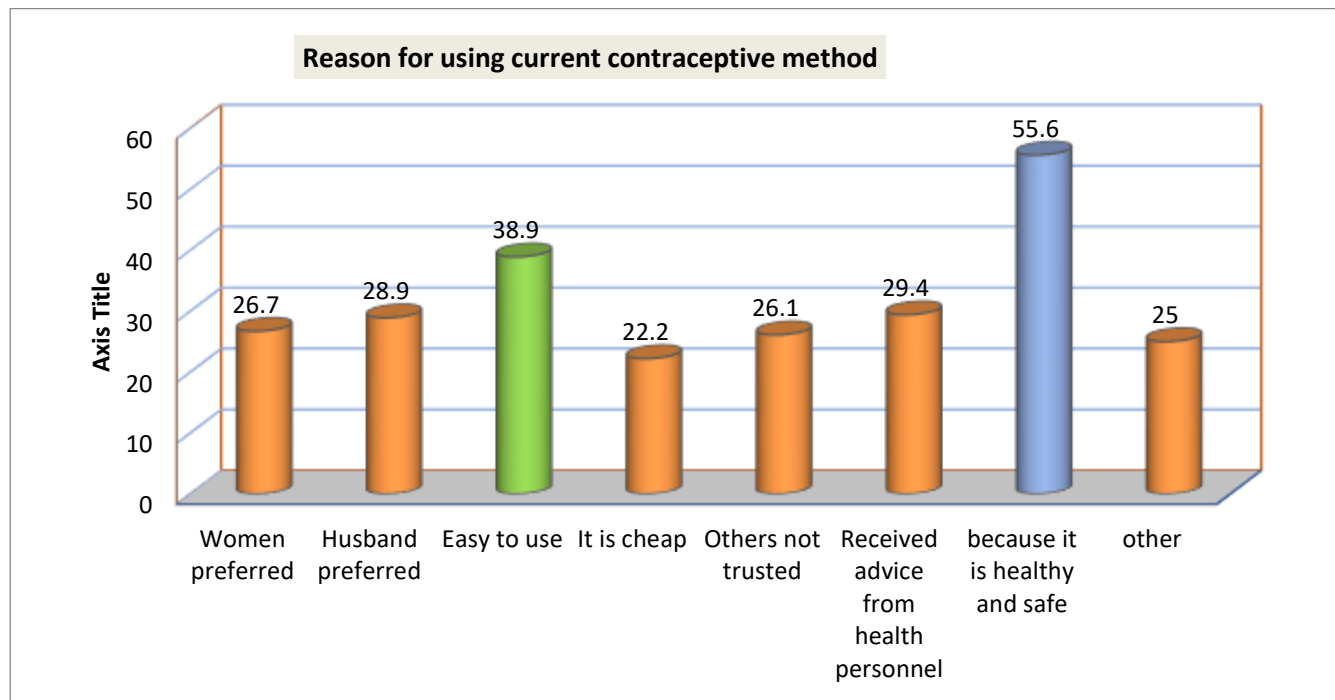


Figure (2): distribution of common Family Planning methods used by the study participants in Qaladze district

Current contraceptive method used by the study participants

