

## **Prevalence and determinants of Contraceptive practice in Women Attending Tikrit Teaching Hospital**

**Shatha S. Jassim**

**Dept. of Community Medicine, College of Medicine, Tikrit University.**

**Received 26/2/2013 Accepted 29/4/2013**

### **Abstract**

**Background:** Family planning assist in achieving the optimal growth and development of each member in the family and protect the women from the side effects of multiple pregnancies. The aim of this study is to determine the prevalence, awareness and practice of contraceptives, and the determinants of contraceptive use among women attending Tikrit teaching hospital.

**Subjects and Methods:** a cross sectional hospital based study was conducted in Tikrit teaching hospital from February to May 2011. A total of 280 married women aged between 15-50years were participated in this study.

**Results:** The prevalence of family planning practice among them was 77.1%. Despite that all of women (100%) knew about contraception but only (80%) were in favor it. Favor and practice of contraception inversely related to educational level. Among users, the modern methods were the most common methods used by women (64.3%) while only (35.7%) used the natural traditional methods.

**Conclusion:** this study revealed high awareness about family planning methods, in the same time the prevalence of practicing it was high. Favor and practice of contraception were more pronounced in low educated and unemployed women.

## **Introduction**

A rapid population growth is a burden on the resources of many developing countries. Unregulated fertility, which contributes to such situations, compromises the economic development and political stability of these countries. Therefore, many countries consider limiting population growth as an important component of their overall developmental goal to improve living standards and the quality of life of the people. World Health Organization (WHO) and United Nations Children's Fund (UNICEF) have strongly advocated family planning as a means to space children and limit family size and should be one of the essential primary health care services provided<sup>(1,2)</sup>

Family planning (FP) assists families in achieving the number of children desired with appropriate spacing and timing, ensuring optimal growth and development of each family member.<sup>(3, 4)</sup> It can also protect women from high-risk pregnancies, unsafe abortion,

reproductive tract infection and sexually transmitted infections.<sup>(5)</sup> The International Conference on Population and Development (ICPD) defined voluntary family planning services as a fundamental human right as well as a couple's right.<sup>(6, 7)</sup>

There are several methods of family planning available. The methods include natural family planning methods or fertility awareness-based method, traditional methods, barrier methods, hormonal methods, intrauterine device and permanent methods. The factors associated with family planning practice can be divided into personal, demographic, socio-cultural, religion, economic, and health services<sup>(8)</sup>

The aim of this study is to assess the prevalence of family planning practice and awareness in addition to the attitude of women attending Tikrit teaching hospital and the main factors contributing to such practicing.

## **Subjects and Methods**

The type of the study was hospital based cross sectional study done in Tikrit teaching hospital. The study was approved by the Hospital and by the women themselves and they informed that their participation is not obligatory. The study conducted from February to May 2011. The sampling procedure was probability simple random sample. The sample have been selected from the list of visitors of the outpatient unit. The sample size was 280 women and the response rate was 90%. The inclusion criteria involving

the married women of 15-50 years old and those who didn't reach the menopause and exclude the postmenopausal women and pregnant women. The data have been collected by self prepared questionnaire and by direct and face to face interview with the respondents. The following information was requested from each subjects; age, age of the husband, educational level, occupation, years of marriage, birth intervals between the last two deliveries, knowledge about contraceptives methods, favorable

methods, reasons for using or neglecting contraceptives and most common side effects of contraception. The questions also focused on the past obstetrical history like the history of abortion or delivery of dead baby. The opinion of the husbands also assessed as their opinions were too important in family planning procedure.

Pilot study involving 30 women was done to assess the cultural acceptance and response of the women to the questions.

Variables have been summarized in figures and tables. Statistical analysis have been done (chi square test) using SPSS program version 10, and significance level was ( $<0.05$ ).

## **Results**

A total number of the participating in this study were 140 participant from the women who attending TTH, given a response rate of 100%. The mean age of the participating women was 35 years old.

The prevalence of the contraceptive users in the study sample was 77.1% while the non users was 22.8% only as shown in Fig (1)



**Fig(1): the prevalence of contraceptive users in sample study**

Table (1) revealed the sociodemographic characteristics of the study sample and its relation to the attitude and practice of family planning. Most of the women who favor (41.1%) and practice (38.9%) family planning were less than 30 years old. Surprisingly women of low education prefer (49.1%) and practice (47.3%) family planning more than highly educated women as only (16.1%) (13.7%) prefer and practice it.

The same was true in occupation section as (83%) of non occupied women favor family planning and (81.5%) practice it. The study reveal non significant relation between sociodemographical characteristics and favoring, practicing family planning ( $p>0.05$ ) except for age.

**Table (1): Sociodemographic characteristics of the study sample by attitude and practice of family planning (FP)**

Variable	prefer FP		prefer FP		$X^2$ P-value	Practice FP		Do not practice FP		$X^2$ P-value
	(n =224)		(n =56)			(n =216)		(n =64)		
	No.	(%)	No.	(%)		No.	(%)	No.	(%)	
<b>Age (years)</b>										
≤ 30	110	49.1	28	50	1.32 0.5	96	44.4	42	65.6	9.8 0.007
31–39	68	30.4	20	35.7		72	33.3	16	17.4	
≥ 40	46	20.5	8	14.3		48	22.2	6	6.5	
<b>Educational level</b>										
Illiterate	44	19.6	18	32.1	4.18 0.1	50	23.1	12	18.8	0.79 0.6
Primary	110	49.1	22	39.3		102	47.3	30	46.8	
Secondary and above	70	15.2	16	21.4		64	15.7	22	18.8	
<b>Employment status</b>										
Employed	38	17	12	21.4	0.6	40	18.5	10	15.6	0.28
Not employed	186	83	44	78.6	0.4	176	81.5	54	84.4	0.5

Many factors affecting the preference and practicing of the family planning

like husband age, years of marriage and the birth spacing. Table (2)

represents such association. Practicing and preferring of family planning increase with increasing in husband age as (40.1%) of females who favor contraception and (41.6%) who practice it their husband's age was 40-49years. Most of the females who spent 5-15 years in marriage prefer (41.1%) and practice (40.8%) family planning more than the newly married or married for long time. Wide birth

space positively affect preferring and practicing family planning as (44.5%) and (47.2%) of those with birth interval more than two years favor and practice family planning respectively. There was no relation between the preference of contraception and husbands age, years of marriage( $p > 0.005$ ) and the converse was true for practicing family planning( $p < 0.05$ ).

**Table (2): Baseline characteristics of the study sample by attitude and practice of family planning (FP)**

Variable	prefer of FP		Not prefer FP		$\chi^2$ P-value	Practice FP		Do not practice FP		$\chi^2$ P-value
	(n =224)		(n =56)			(n =216)		(n =64)		
	No.	(%)	No.	(%)		No.	(%)	No.	(%)	
<b>Husband's age</b>										
25–29 years	58	25.8	20	35.7	3.1 0.2	52	24.1	24	37.5	7.04 0.02
30–39 years	76	33.9	20	39.3		74	34.3	24	37.5	
40–49 years	90	40.1	16	28.3		90	41.6	16	25	
<b>Years married</b>										
< 5	52	23.2	12	21.4	1.56 0.4	44	20.4	20	31.2	9.38 0.009
5-15	92	41.1	28	50		88	40.8	32	50	
≥ 15	80	35.7	16	28.6		84	38.8	12	18.8	
<b>Interval between last 2 deliveries</b>										
< 1 year	24	10.7	22	39.3	26.7 0.000	38	17.5	8	12.5	15.4 0.000
1– 2 year	100	44.6	16	28.6		76	35.1	40	62.5	
≥ 2 year	100	44.6	18	32.1		102	47.2	16	25	

Many factors affect the favoring and practicing of the family planning. In

this study, bad obstetrical history had a big role in the decision of using the

contraceptives as 33.9% and 39.3% of women who had history of abortion and dead baby were preferring family planning respectively. The same was true for practicing the family planning as those who had history of abortion (31.4%) and had dead baby (37%) practicing it despite that there was no relation as ( $p>0.05$ ). Husband opinion was crucial in the decision of using

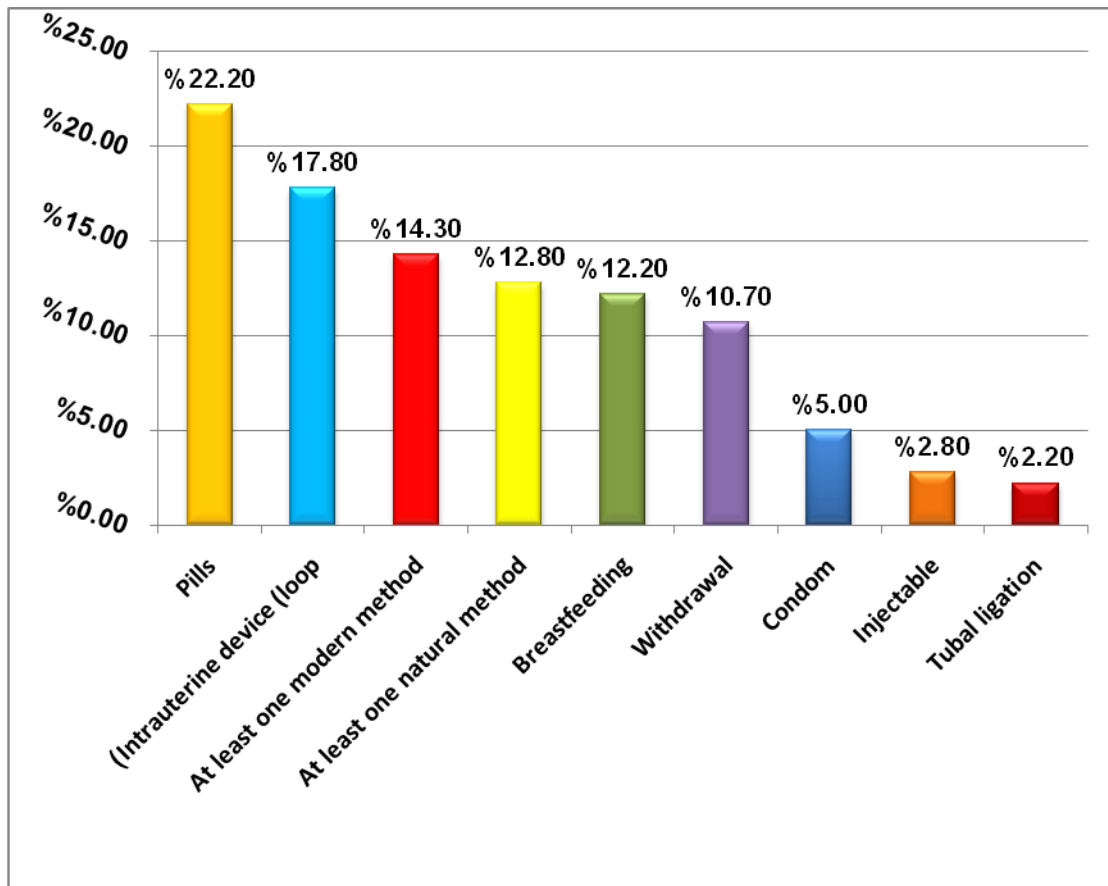
contraceptives, this study revealed that those women who their husband favor contraception, (58%) favor it, and (56.4%) practice it. Additionally, (75%) and (78.7%) of those preferring and practicing family planning discuss their choices with husbands and the relation was positive as ( $p<0.05$ ) as shown in table(3).

**Table (3) Factors related to attitude and practice of family planning (FP)**

Variable	prefer FP		Not prefer FP		P-value	Practice FP		Do not practice FP		P-value
	No.	(%)	No.	(%)		No.	(%)	No.	(%)	
	(n =224)		(n =56)			(n =216)		(n =64)		
History of abortion	76	33.9	20	35.7	0.859	68	31.4	14	21.8	0.13
Have a child who died	88	39.3	14	25	0.04	80	37	22	34.3	0.6
Husband in favor of FP	130	58	8	14.3	0.00	122	56.4	16	25	0.00
Think it is right for married couple to decide how many children to have according to their economic situation	130	58.3	10	17.9	0.00	124	57.4	16	25	0.00
Discuss the choice of contraceptive method with husband	168	75	22	39.3	0.00	170	78.7	20	31.2	0.00

Fig (2) represents the types of contraceptives used by women in the study sample. For those who practicing contraception, modern methods as contraceptive pills (22.2%) and IUCD (17.8%) were more popular than natural methods like breast feeding

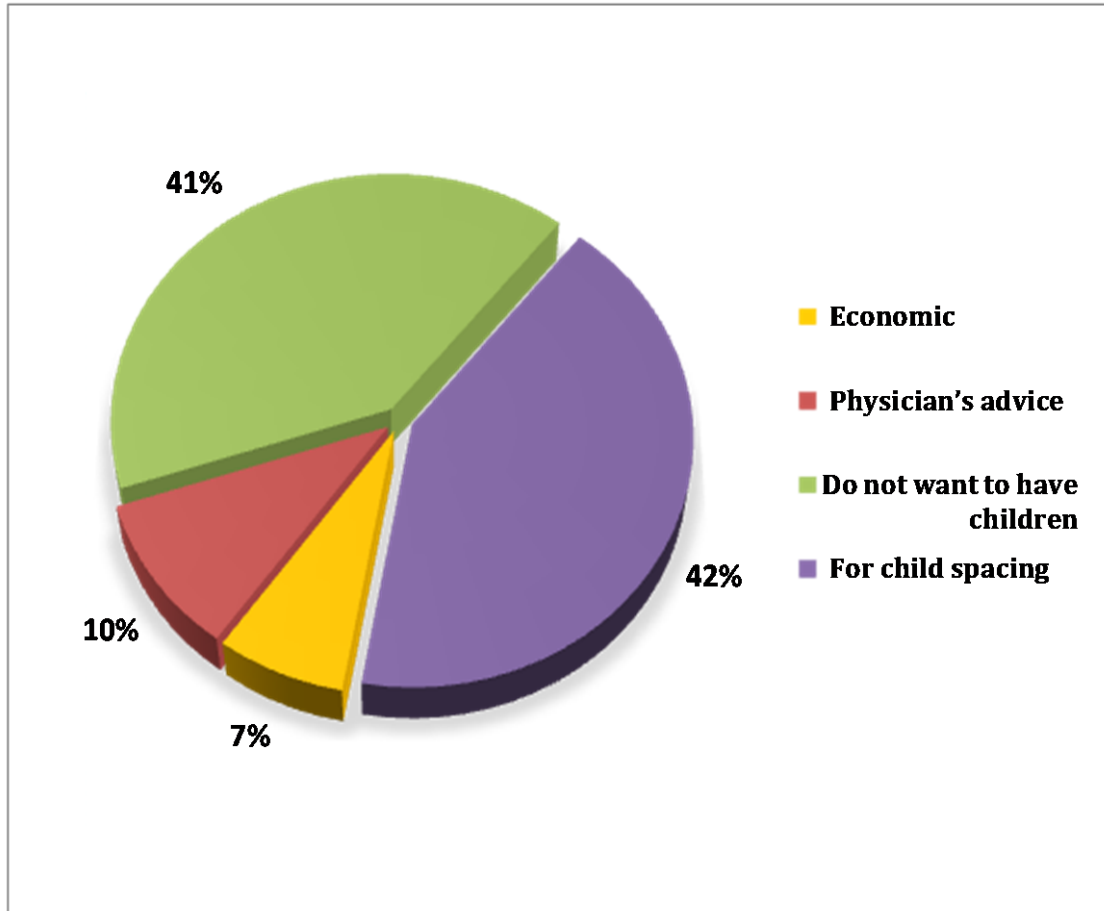
(12.2%) and withdrawal(10.7%). (14.3%) of them used more than one modern method compared with (12.8%) of them used more than one natural method. The least method was tubal ligation as only (2.2%) of them used it.



**Figure (2): Types of family planning methods used**

There are many predisposing factors for the usage of contraception as shown in fig(3). Birth spacing was the most common predisposing factor as (41%) of women find it the reason for

family planning followed by the satisfaction with the numbers of children(40%), physician advice(10%) while only (7%) of them found the economic factor was the reason

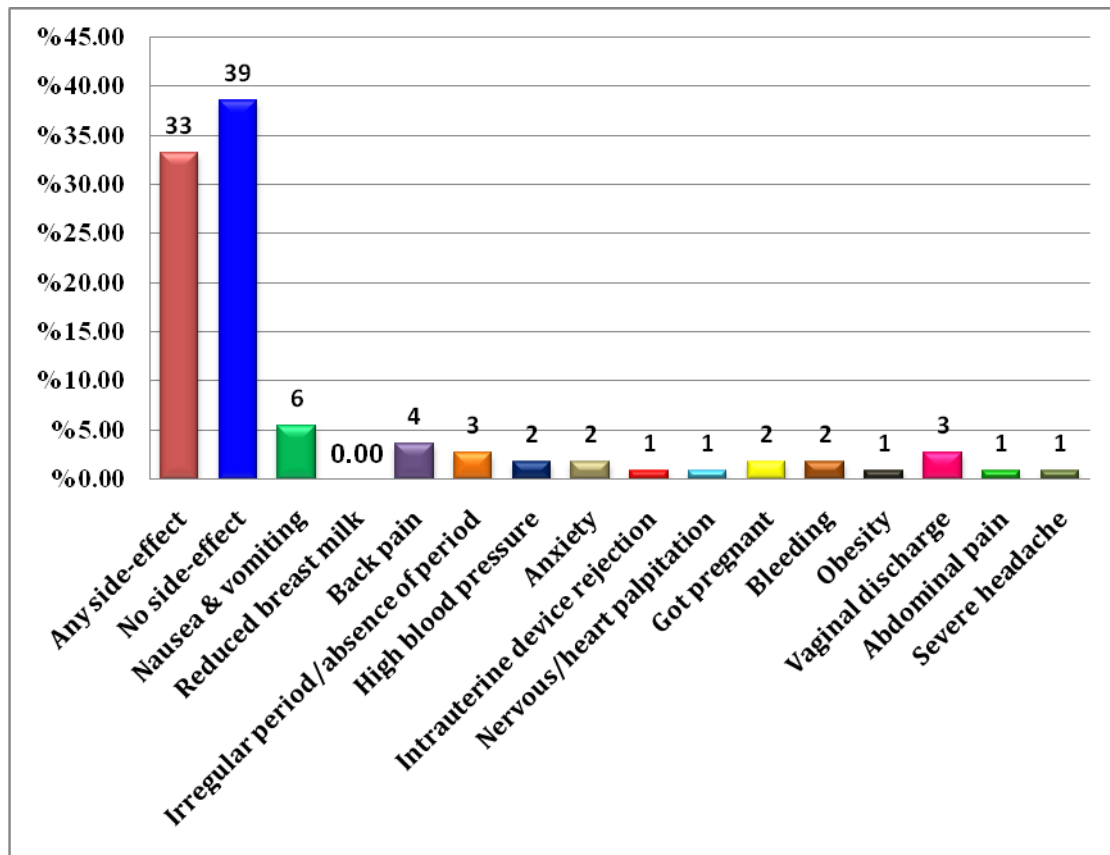


**Fig (3) Reasons for the current usage of family planning**

Surprisingly (39%) of women who practice family planning did not experience any side effect while (33%) of them experienced more than one side effect as shown in fig (4). Those who experience single

complication, nausea and vomiting was the most common(6%) followed by vaginal discharge(4%) while none of them experienced reduced breast milk discharge.

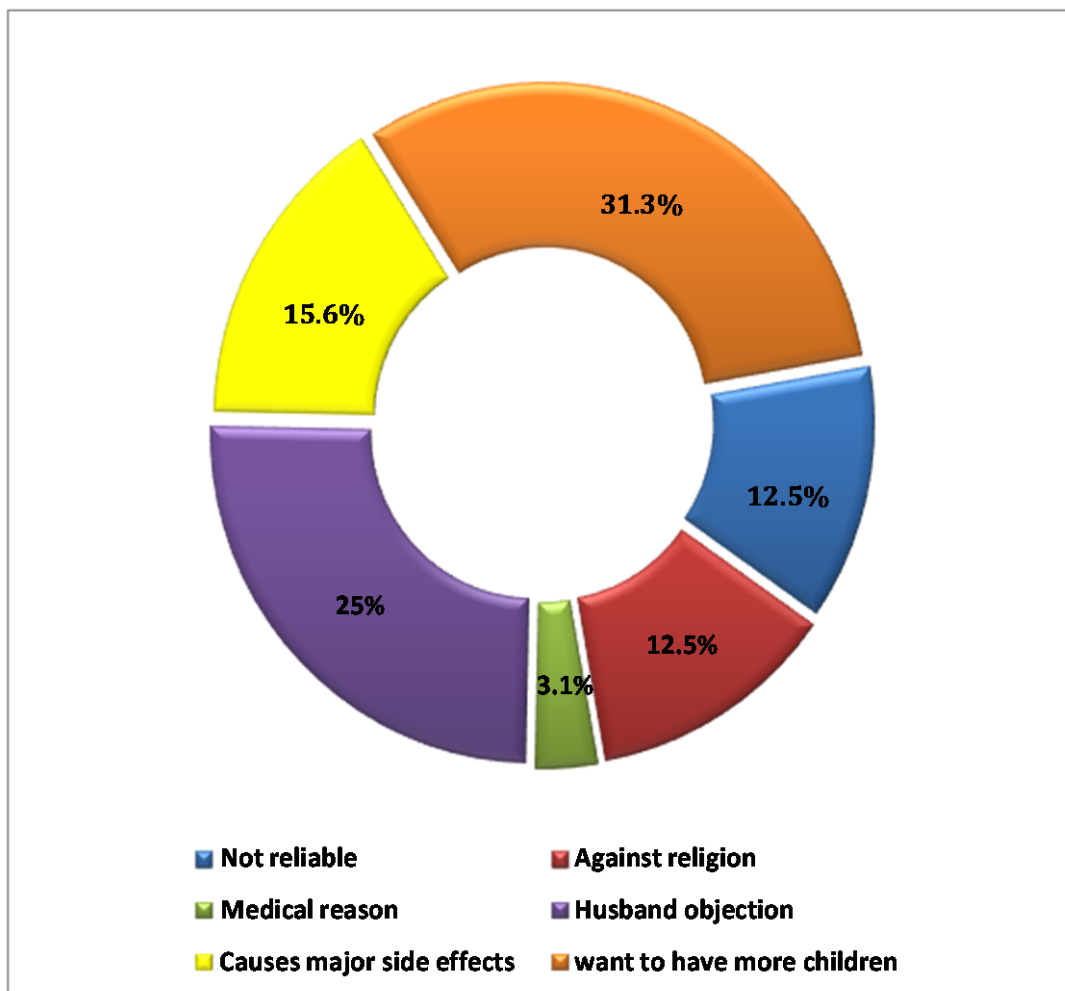




**Figure (4): Complications faced among women who practice family planning**

For those women who did not practice family planning, the incomplete family was the main factor as (31.3%) wanted to have more children. Husband opinion had a big effect on rejection of family planning as (25%) of them

avoid it due to husband objection. Other factors were the side effects (15.9%), against religion and not reliable (12.5%), and finally medical reasons (3.5%).



**Figure (5): Reasons for avoidance of family planning FP**

## **Discussion**

The prevalence of contraceptive use in this study was 77.1% which was higher than that of study done in Duhuk<sup>(9)</sup> in the north of Iraq, Qatar<sup>(10)</sup> and Mexico<sup>(11)</sup> and Kenya<sup>(12)</sup> and lower than that done in Turkey.<sup>(13)</sup> Many factors may predispose to such high number such as low economic status of the population as majority of the families lose their jobs after occupation which made the families cannot tolerate the cost of more children. Most of the females who practice and favor family planning were of less than 30years. This result was disagree with that done in Qatar<sup>(10)</sup>, and Kenya<sup>(12)</sup>. In our community, most of the women get married at younger age group (below 20) and complete their family earlier thus they prefer using family planning near the thirty. The majority of the women who practicing family planning were at primary level of education, while the other studies in Pakistan<sup>(14)</sup> and Northern Ghana<sup>(15)</sup> women who practice and favor family planning were secondary school education or college/university. The situation of the country have been changed after occupation and due to deactivation of obligatory learning, and poverty, most of the females did not accomplish their education which explain our result.

Many other factors influencing the usage of family planning like the husband age, years of marriage and the birth space, and in this study all of these factors were related to the practicing of family planning( $p < 0.05$ ) which is consistent with that done in Qatar.<sup>(10)</sup>

The relation between the preference and usage of family planning and bad

obstetrical history was negative( $p > 0.05$ ), this result come in line with that done in Qatar.<sup>(10)</sup> Another factors influenced the family planning procedure was the husbands as their opinion was mandatory. This study revealed that (50%) of women who prefer contraception, their husbands do so and (56.4%) of those women who practice it, also their husbands encourage them and most of them discuss the methods with their husband and the relation was positive( $p < 0.05$ ). Studies of Iran<sup>(16)</sup> had the same result as (89.8%) favor contraception. The same was true for Qatar<sup>(10)</sup> study (86.2%) but was not for that in Ethiopia<sup>(17)</sup> and Indian Muslim<sup>(18)</sup> as only (44.9%) of Ethiopian women discuss the methods with her partner and only (51.6%) of those partner favor while only (39.2%) of Indian Muslim husband favor it.

Many situation in our country have been changed since occupation like poverty and losing of the jobs by the heads of the families which make getting more children is too costly so most of the families prefer contraception and minimal number of children. In the same time, the insecurity environment and stressful lifestyle influence the capacity of the women to tolerate big families.

Modern methods of contraception were the most popular in this study (64.3%) than natural methods (35.7%). The same was true for the studies of Qatar<sup>(9)</sup> (67.7%) and Palestinian women at Nuzha in Jordan<sup>(19)</sup> (41.1%). Conversely Kurdish women<sup>(9)</sup> prefer traditional natural methods (34.1%) than modern methods (26.5%).

Pills was the most common method used by females in this study followed by IUCD which is come in line with study done in Pakistan,<sup>(14)</sup> Iran,<sup>(16)</sup> Sudan<sup>(20)</sup> and Jordan,<sup>(21)</sup> but disagree with that done in Qatar<sup>(10)</sup>, refugee camps in Nablus<sup>(22)</sup>, as the IUCD was the most popular method in these studies. Most of the women prefer modern methods as the failure rates of them was lower than that of the natural methods, and from these methods , pills was the superior as they are available with suitable cost and accessible for everyone. On the other hands, IUCD became too expensive and in the private clinics only as this service disappear in the major hospitals.

There were many factors predispose the practicing of family planning by the women in the study sample and satisfaction with the number of children was the commonest followed by birth spacing and doctor advice respectively. In Qatar,<sup>(9)</sup> (71%) of women use contraception for birth spacing. In Nablus refugee camp study,<sup>(22)</sup> health(23.6%) was the main reason for using of contraception. The attitude of the women change from place to other according to community, life circumstances and satisfactions and despite that the Arab communities shared the same ideas and thoughts, the circumstances of our country is too special. As we say, due to insecurity life , immigration and poverty all these conditions forced the families to have limited numbers of children which explain this result.

### **Conclusion:**

In this study, the prevalence of practicing family planning was high (71.1%) and many social and cultural

Despite the high prevalence of contraceptive practice in this study, surprisingly (39%) of women had no side effect. Pakistan's<sup>(23)</sup> study (48.7%) and Qatar's study<sup>(10)</sup> (15.9%) agree with this.

From those who experienced side effects, combination of side effect was the main issue(33%). In Qatar<sup>(10)</sup>, the same was true. However, when we concentrate on the single side effect, back pain was the main (4%) in our study while bleeding was the main side effect in Qatar's study (4%). In Nablus refugee camp study<sup>(22)</sup> stress was the main side effect (30.6%).

For those women who reject contraception, the desire to have more children was the first cause followed by husband objection. Duhuk <sup>(9)</sup> in the north of Iraq, Qatar<sup>(10)</sup> and Pakistan <sup>(23)</sup> studies had the same results. Cultural obstacle was the main in Nablus refugee camp<sup>(22)</sup> which is disagree with our study. Despite that most of those women who avoid contraception did not complete their families, the importance about family planning needed to be well explained to the families via active health education programs during prenatal and postnatal periods for both couples. Details explanation about the risks of unplanned pregnancies on the mothers and their babies is mandatory for the husbands as their opinion is essential.

factors influencing the contraceptives usage. Activation of family planning service in primary health centers is one

of our suggestions, in addition to magnifying the role of educational programs in educating the families

about the contraceptive use , benefits and side effects.

## References

1. Dharmalingam A, Morgan SP. Pervasive Muslim-Hindu fertility differences in India. *Demography*. 2004; 41:529–545.
2. Mustafa R, Afeen U, Hashmi HA. Contraceptive knowledge, attitude and practice among rural women. *Journal of the college of physicians and surgeons-Pakistan*. 2008; 18:242-545.
3. Fisher AA. Handbook for family planning operations research design; 2nd ed. New York: Population Council. 1991.
4. Leke RJI. Family planning in Africa south of the Sahara. Geneva Foundation for Medical Education and Research ([www.gfmer.ch/Books/Reproductive\\_health/Family\\_planning\\_Africa](http://www.gfmer.ch/Books/Reproductive_health/Family_planning_Africa)).
5. Moronkola OA, Ojadiran MM, Amosu A. Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planning clinics in Ibadan, Nigeria. *African Health Sciences*. 2006; 6:155–159.
6. UNICEF. Fertility and Contraceptive Use. (<http://unstats.un.org/unsd/demographic/products/Worldswomen/Gender%20statistics%20sources>).
7. Atighetchi D. The position of Islamic tradition on contraception. *Medicine and Law*. 1994; 13(7–8):717–725.
8. Petro-Nustas W. Men's knowledge of and attitudes toward birth spacing and contraceptive use in Jordan. *International FP perspective*. 1999; 25:181-185.
9. Agha S.Y, Rasheed B.O. Family planning and unmet need among Kurd. *EMHJ* . 2007;13(6): 1382.
10. Arbab A.A., Bener A. , Abdulmalik M. Prevalence, awareness and determinants of contraceptive use in Qatari women. *Eastern Mediterranean Health Journal*. 2011; 17(1): 11-15
11. Barber S.L. Family planning advice and postpartum contraceptive use among low-income women in Mexico.

- International Family Planning Perspectives. 2007; 33(1):6-12.
12. Timothy C. Okech, Nelson W. Wawire, Tom K. Mburu. Contraceptive Use among Women of Reproductive Age in Kenya's City Slums. *International Journal of Business and Social Science*. 2011; 2(1) : 23-36.
13. Bulut A. , Turan J. M. Postpartum family planning and health needs of women of low income in Istanbul. *Studies in Family Planning*. 1995; 26(2): 88–100.
14. Hakim A. Population Change and Development Prospects: Demographic Issue in Pakistan' in Pakistan's Population Issue in the 21st Century, Conference Proceedings, Oct. 24-26, 2000.
15. Bawah AA, Akweongo P, Simmons R, Phillips JF. Women's fears and men's anxieties: the impact of family planning on gender relations in northern Ghana. *Study Family Planning*. 1999; 30:54–66.
16. Masoumeh Bagheri, Bahram Nikbakhsh. Prevalence of Contraception Usage and Family Planning. *European Journal of Scientific Research*. 2010; 44(3): 457-465.
17. Nibret Alene. Determinants of family planning practice in Ethiopia. Addis Ababa university. 2010: 24-30
18. Shaikh Tayyaba K.R.A., Vijaya P. Khairkar. Obstetrics in the use of contraception among Muslims. *Researchers world*. 2011; 2(1): 158-164.
19. Madi H. Contraceptive practice among Palestinian refugee women using UNARWA MCH center at Nuzha , Jordan. *EMHJ*. 1998; 4(1): 27-34.
20. Ibnouf A.H. ,Van den Borne H. W.,Maarse J. A. M. Utilization of family planning services by married Sudanese women of reproductive age. *EMHJ*. 2007; 7(6):1372-1374.
21. Mahadeen A.I., Khalil A.O , Hamdan-Mansour A.M., Sato T., Imoto A. Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. *EMHJ*. 2012; 18(6): 567-570.
22. Alaqidi A. Walaa. Knowledge ,Attitude and Practice of Palestinian women in refugee

- camps in Nablus area toward family planning. An Najah national university. 2004: 32-34
23. Musarrat Jabeen, Fouzia Gul, Farmanullah Wazir, Nargis Javed. Knowledge, attitude , practices of contraception in women of reproductive age. Gomal Journal of Medical Sciences. 2011; 9(2):223-229.