

Prevalence of Different Family Planning Methods and Their Determinant Factors in Women Attending PHCC in Baghdad

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ABSTRACT

Background: Family planning encompasses all those practices that enable individuals or couples to avoid unwanted pregnancies and to decide when to have children and how many. Ensuring access for all people to their preferred family planning method protects several human rights including the right to life and liberty, the right to work and education.

Objectives: To determine the prevalence of different methods of family planning among women attending PHCC in Baghdad and find out the most prevalent one.

Methods: A cross-sectional study was conducted during the period from February to May 2016 in six family medicine model centers in Baghdad, three in Al Karkh, and three in Al-Rusafa. The study included 400 married women, aged (15-49) years who were currently using contraceptive methods. Data were collected via direct face-to-face interview between the researcher and the participant, by using a pre-constructed questionnaire form. Data were analysed using Statistical Package for Social Sciences (SPSS) version 20, P-value less than 0.05 considered significant level indicator.

Results: The study found that withdrawal was the most prevalent method (45.5%), and the main reason for choosing current family planning method was because it had no side effects. There was a significant association between withdrawal and age of women.

Conclusions: Withdrawal was the most frequently used family planning method, and the use of a family planning method with no side effects was preferred by 57.5%.

Keywords: Family planning, Contraceptive methods, Unintended pregnancies, Withdrawal.

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A rapid population growth is a burden on the resources of many developing countries. Therefore, limiting population growth is considered by many countries to improve living standards⁽¹⁾. Every year, while 123 million women experience pregnancy as harbinger of happiness, many of the remaining 87 million face it with dismay. Many of those who become pregnant unintentionally are at risk of death, disability and lower educational and employment potentials, for that reason, reducing the number of unintended pregnancies could avert 60% of maternal deaths and 57% of the child deaths⁽²⁾. Hence, family planning is the most cost effective health and development investment available for governments⁽³⁾.

Ensuring access for all people to their preferred family planning method protects several human rights including the right to life and liberty, the right to work and education⁽⁴⁾. Family planning encompasses all those practices that enable individuals or couples to avoid unwanted pregnancies and to decide when to have children and how many⁽⁵⁾.

There are several methods of family planning available, the methods include combined oral contraceptives, combined patch, combined vaginal ring, combined injectable contraceptives, progestogen-only pills, depot medroxyprogesterone acetate, norethisterone enanthate, levonorgestrel and etonogestrel implants, emergency contraceptive pills, copper-bearing intrauterine devices, levonorgestrel-releasing IUDs, progesterone-releasing vaginal ring, barrier methods, fertility

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awareness-based methods, lactational amenorrhoea method, coitus interruptus, and female and male sterilization⁽⁶⁾.

The aim of this study is to determine the prevalence of different methods of family planning among women attending PHCC in Baghdad and find out the most prevalent one.

Methods

A cross-sectional study was carried out during a period from February to May 2016 in six family medicine model centers in Baghdad, three in Al Karkh (AL Mansour, AL Salam, and AL A'adl), and three in Al-Rusafa (Al Dhubat, Al Mustansiriya and Bab-il-Mua'adham).

A convenient sample of 400 married women; aged (15-49) years who were currently using contraceptive methods were selected.

Data were collected via direct face-to-face interview between the researcher and the participant, using a pre-constructed questionnaire which was assessed and approved by one of the professors at the department of community and family medicine in Baghdad university. It included socio-demographic characteristics of the participant (age, duration of marriage, age of marriage, occupation and education), family planning method currently used and the reason for choosing the current method.

The women enrolled in the study were asked verbally to answer the questionnaire with the administration of visual aids represented by samples and images of market available contraceptive methods to help them to give a precise answer about the type of method they currently use.

The data were analysed using Statistical Package for Social Sciences (SPSS) version 20, P-value less than 0.05 considered significant level indicator.

Results

Table 1 shows women's distribution according to certain demographic factors, as their age, marriage duration, age of

marriage, occupation, and educational level.

The mean age of the studied group was (29.9 ± 7.5) (range 16-49) years, women at age below 20 were the least group (5.8%) and the largest group were between 20-29 years (45.2%).

The mean duration of marriage was (9.8 ± 7.2) (range 1-36) years, most were married for (5 - < 15) years (47.5%).

The mean age of marriage was (19.9 ± 4.3) (range 10-33) years, the largest percentage were married at age (18 - <24) years (47.5%), followed by (33.25%) were married at age <18 years, (17.25%) were married at age (24-30) years, and the lowest percentage of women were married at age > 30 years (2%).

The distribution of occupations revealed that unemployed women represented the majority of studied group (85%), while only (15%) were employed.

Regarding the level of education, most of women were at secondary level (36%), followed by primary level (28.7%), university & higher level (27.8%), and illiterate (7.5%).

Table 2 shows family planning parameters of the studied group, including: family planning methods currently used and the reason for choosing this method.

Withdrawal was the most frequently used with a high percentage of (45.5%), followed by combined oral contraceptives (COC) (23.8%), intrauterine contraceptive device (IUCD) (13%), condom (5%), injection (2.5%), female sterilization (2.5%), progestin only pills (1.8%), lactational amenorrhoea (1%), and fertility awareness method (0.5%), (Table 2).

The majority of the women mentioned the reason for choosing the current family planning method used was its lack of side effects (57.5%), and (18.5%) chose it for its effectiveness. The specific cause for choosing each method is elaborated in table 3.

Table 4 shows that the use of IUCD was significantly associated with age, P value <

0.01, its use was more in women's age ≥ 40 years. While the use of withdrawal was significantly associated with age, P value

<0.05 , its practice was more in women's age (20 – 29) years.

Table 1: Socio-demographic characteristics of studied women

Variables	No.=400	%
Age groups		
<20 years	23	5.8
20 - 29 years	181	45.2
30 - 39 years	142	35.5
≥ 40 years	54	13.5
Mean \pm stand. Dev. (range) = 29.9 \pm 7.5 (16 - 49) years		
Marriage duration		
<5 years	114	28.5
5 - <15 years	190	47.5
≥ 15 years	96	24.0
Mean \pm stand. Dev. (range) = 9.8 \pm 7.2 (1 - 36) years		
Age of marriage groups		
<18 years	133	33.25
18 - <24 years	190	47.50
24 - 30 years	69	17.25
>30 years	8	2.00
Mean \pm stand. Dev. (range) = 19.9 \pm 4.3 (10 - 33) years		
Occupation		
Unemployed	340	85.0
Employed	60	15.0
Education		
Illiterate	30	7.5
Primary	115	28.7
Secondary	144	36.0
University & higher degree	111	27.8

Table 2: Family planning parameters of the studied sample

Variables	No.	%
Family planning method currently used		
Withdrawal	182	45.5
Combined Oral Contraceptive pills (COC)	95	23.8
Intrauterine contraceptive device (IUCD)	52	13.0
Condom	20	5.0
Injection	10	2.5
Female sterilization	10	2.5
Progestin only pills	7	1.8
Lactation amenorrhea	4	1.0
Fertility awareness methods	2	0.5
Spermicide	0	0.0
More than one method	18	4.5
Reason for choosing this method		
No Side effects	230	57.5
Effectiveness	74	18.5
Easy to use	33	8.2
Cheap	21	5.2
Available	11	2.8
Others	31	7.8

Table 3: Reasons for choosing current family planning method.

Family planning method currently used	Reason for choosing this method						Total
	Available	Easy to use	No side effects	Effectiveness	Cheap	Others	
COC	7	10	29	32	11	6	95
Progestin only pill	0	2	1	0	0	4	7
Injection	0	3	3	2	0	2	10
IUCD	0	4	22	25	0	1	52
Condom	0	1	11	4	1	3	20
Fertility awareness methods	0	0	2	0	0	0	2
Withdrawal	2	11	143	5	9	12	182
Lactational amenorrhea	1	1	2	0	0	0	4
Female sterilization	0	0	5	5	0	0	10
More than one method	1	1	12	1	0	3	18
Total	11	33	230	74	21	31	400

Table 4: Relation between family planning methods and age of the female.

Variables	COC No. (%)		IUCD No. (%)		Withdrawal No. (%)	
	Users	Use other methods	Users	Use other methods	Users	Use other methods
Age groups (years)						
<20	5(21.7)	18(78.3)	2(8.7)	21(91.3)	11(47.8)	12(52.2)
20-29	47(26)	134(74)	14(7.7)	167(92.3)	96(53)	85(47)
30-39	34(23.9)	108(76.1)	26(18.3)	116(81.7)	55(38.7)	87(61.3)
≥40	9(16.7)	45(83.3)	10(18.5)	44(81.5)	20(37)	34(63)
	$\chi^2= 2.04, DF= 3, P>0.05$		$\chi^2= 9.81, DF= 3, P<0.01^{**}$		$\chi^2= 8.38, DF= 3, P<0.05^*$	

Discussion

This study found that the majority of the women were (20-29) years old, this might be because in the third world community, most women tend to marry, and start childbearing at a young age, and tend to reach their desired family size and need family planning to stop having children sooner in life, or might be because women have a greater need for family planning for spacing births in the early years of marriage. This finding is similar to that reported in Iraq^(1, 7-9).

Regarding the educational level of women, most were at secondary level, this disagrees with a study in Erbil in 2010 (Zangana JM) in which most of the women were at primary level of education⁽⁸⁾, but agrees with Abrha H, Kidanu K, and Kassa M study in Ethiopia in 2015 in which most of

family planning users were at secondary level and above, this might be due to more information to family planning through education⁽¹⁰⁾.

Withdrawal is one of the most widely used temporary contraception method in the world⁽¹¹⁾. This study revealed that withdrawal was the main used family planning method (45.5%), followed by COC 23.8%, IUCD 13%, male condom 5%, injection 2.5%, female sterilization 2.5%, progestin only pills 1.8%, lactational amenorrhea 1%, and fertility awareness methods 0.5%. In 34 of 96 countries, one method of contraception accounted for more than one half of all use and in many more nations, two methods accounted for most use, this is just as apparent in industrialized states as in the developing world⁽¹²⁾. In Jordan, the method mix has shifted towards less effective methods such

as withdrawal and condoms as withdrawal use increased from 9.3% to 14.3% between 2002 and 2012, whereas more effective methods such as IUD decreased from 23.6% to 21.3%⁽¹⁶⁾. This high percentage of withdrawal might be because of women's concerns about medical safety and convenience of other methods, many women fear the side effects of contraceptive methods, having heard rumors or experienced some side effects themselves. Hence, fostering a better understanding of contraception through high-quality counseling is needed to improve perceptions and thereby to encourage rational, effective, and efficient contraceptive use⁽¹⁷⁾. This finding goes with Erfani A. study in Iran and Turkey, 2010 in which withdrawal was the most frequently used method by birth limiters in Turkey at 33%⁽¹¹⁾ and disagrees with Ebrahim SM and Muhammed NK study in Basrah in 2011, in which the oral contraceptive pill was the most popular method of contraception and next more popular method was the withdrawal method⁽⁷⁾. Also disagrees with the Population Reference Bureau (PRB) report in 2012 which stated that 16% of married women ages 15-49 using contraception in Marocco 2011 were using traditional methods while 72% were using oral contraceptive pill and 6% used IUD, and in Jordan in 2009, IUD was the most prevalent (38%), followed by traditional methods (32%) and OCP 14%⁽¹³⁾.

The high prevalence of withdrawal in certain Eastern European and Asian countries remains a concern for stakeholders in the field of public health, reproductive health, and population policy, as the high failure rates of withdrawal lead to a large number of unintended pregnancies and induced abortions⁽¹¹⁾.

The major reason for choosing the current method of family planning was because it had no side effects (57.5%), similar results have been found in Al-Kaissi SJ study in Baghdad 2005 in which 61% chose the method because it is harmless⁽¹⁴⁾.

The current study showed that there was a significant association between

withdrawal and age of women, most of them were young, aged (20-29) years, and this might be because they aimed for a temporary method with safest profile as possible for the purpose of delaying (spacing) births, or it is a more convenient method for women whose husbands' work demand them to be away from home for long periods, as in military or working in another province. There is a study in Iran in 2007 (Aghajanian A, Mehryar AH, Delavar B, Kazemipour S, and Zinab HE) stated that older women report a lower rate of using withdrawal⁽¹⁵⁾. But there is a study in Basrah in 2011 (Ebrahim SM and Muhammed NK) revealed a significant association between the use of traditional methods of contraceptives and older age⁽⁷⁾. In addition, Demographic and Health Surveys (DHS) based research in 2010 disagrees to the finding of this study, showing that old age (40-49) years were more likely to use withdrawal, compared with younger women in Iran and Turkey⁽¹¹⁾.

In conclusions; Withdrawal was the most frequently used family planning method, and the least used method was fertility awareness. The use of a family planning method with no side effects was preferred by 57.5%.

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