

## Pattern of Contraception use among Women attending Family Planning Centers in Erbil City

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### ABSTRACT

**Background and Objectives:** Family planning program is one of the successful maternal and child health programs. This study aimed to find out the percentage of usage of different types of contraceptive methods among women attending family planning centers to know the most preferable method among them .

**Methods:** A Cross sectional study was carried out on 400 women attending family planning unit (FPU) in Erbil city ( from 1<sup>st</sup> of July 2008 to the 30<sup>th</sup> of September 2008. The variables included were, age, occupation , address, educational state, religion, socio-economic state, different contraceptive methods; Combined oral pill (COCP), intrauterine contraceptive device( IUCD), Depo-Provera injection, condom, the reason for choosing such methods, the different complications with uses of these methods, the number of live children.

**Results:** Among 400 women who attended ( FPU) 269( 67.25%) of them were at age (21 -34), most of them prefer the use IUCD, condom, CCP, and lastly injection in a rate of : (36.55%),( 29.25%), (27.25%) and 2.5% respectively,( 53.75%) of cases significantly have complications with contraceptive uses specially IUCD (71.95%) , the most common complication associated with different contraceptive use was infection, then abnormal vaginal bleeding in a rate (46.04%),and (29.76%) respectively.

**Conclusions:** The present study revealed that majority of women who attend Family planning units prefer to use IUCD, then condom, COCP, and lastly depo-provera injection, Most of study sample were exposed to infection, which indicated the need to promote health education in FP center through meeting session with them regularly.

**Key words:** (intrauterine contraceptive device) IUCD, (family planning) F.P, (combined oral contraceptive pill) COCP.

### INTRODUCTION:

International conference on population and development ( ICPD) endorsed the definition of reproductive health as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life<sup>1</sup>. Good reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Men and women should be informed about and have access to safe,

effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth. Human fertility is determined by many factors such as customs, morals and habits of social groups with regard to marital obligation of life<sup>2</sup>. Acceptance of family planning methods varies within and between societies. There are many factors which is responsible for such variation at community, family and individual level. Socioeconomic environment, culture and education are few of

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them that play a vital role<sup>3</sup> Family planning services have the potential to improve the quality of the lives of people and also their economic welfare.. A variety of different methods of contraception are available, which are generally extremely safe compared with the risks associated with pregnancy and childbirth. Not all methods are suitable for everyone<sup>4,5</sup>. Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Mass media also plays an important role in promotion and acceptability of contraception<sup>6,7</sup>. In the effort to reduce maternal deaths in developing nations, family planning can be an important and effective first step. Unmet need for contraception has been one of the most widely discussed family planning concepts in recent years. It is a disparity between woman's fertility preferences/needs and her family planning practices. It has been found that most of the women of reproductive age who do not want to have a child soon or ever are not using any contraception<sup>8</sup>. Regarding the Arab nation, Egypt was the first country to establish a F.P. association (1955), followed by Jordan (1963), Lebanon (1965), Sudan (1966) Tunisia (1968), then the Iraqi F.P association established in 1971 and accepted as member of the IPPF (international Planned Parenthood Federation) in the same year<sup>9</sup>. Low use of family planning methods may be the byproduct of, the fear of side effects, weak motivation for fertility control and societal/familial disapproval of family planning. The ideal contraceptive would be 100.0% effective, with no health risks or side effects, independent of intercourse, easily and completely reversible, easily administered and used independently of the medical profession. However such a method does not yet and may never exist. This could be the reason for the gap

between knowledge and practice. The non contraceptive health benefits of different methods (such as prevention of sexually transmitted diseases and HIV with use of condom, the reduction in menstrual dysfunction and ovarian, colorectal and endometrial cancer associated with the combined pill) have potentially enormous consequences for public health<sup>10</sup>. Family planning strategy changes from one society to another due to the cultural, social and economic differences, religious affiliations and political systems. Several studies have tried to look at this from different angles in Asia<sup>11-14</sup>, Afrika<sup>15-17</sup>, America<sup>18-20</sup>, and Europe even in recent years<sup>(21-22)</sup>.

#### **Aim of study:**

To find out the percentage of usage of various types of contraceptive methods among women, find out their main complication, and associate their uses with women variables which include( sociodemographical information , complication of contraceptive methods and number of a live child) .

#### **MATERIALS AND METHODS:**

Cross sectional study was carried out in Erbil city during the period between 1<sup>st</sup> of July 2008 to 30<sup>th</sup> of September 2008 .The study sample was composed 400 women as a convenient sample from those attending family planning unit in four main primary health centers which offer this service ( Nazdar bamerni, Azadi, Mala-fendi, Kurdistan) within reproductive age group (15-45year). Data were collected by visiting these centers and performing direct interview with women after taking their consent for asking them in taking information and filling the questionnaire form which include different variables of women like age, occupation, educational level, socioeconomic status which include (father and mother education, crowding index, possession of car type of housing, total cost of electrical machines), type of contraceptive method whi choosen , if there is any complication with using and number of a live child of women. The data

collected and entered Microsoft excel worksheet for studying the results and perform suitable statistical analyses for the collected data which is chi square and EPI6 Info program to obtain p value.

**RESULT:**

Table (1) shows that 67.25% of women attending F.P unit within age group (21-34), 85.75% of them were unemployed, 46.25% with primary education, 57.25% from moderate socioeconomic level. Table (2) Shows that around one third of women (32.7%) had irregular cycle. The highest proportion was among women using injection (60%), and those using I.U.C.D(37.2%) .Table (3) Shows that the majority of women in a proportion (41%) have chosen I.U.C.D due to its easy usage and unforgotten in (73.77%) of them , then the Condom, C.O.C.P , in a rate(29.25%),(27.25%) respectively. Table (4) Shows that more than half (53.7%) of users developed complication attributed to contraceptive methods. The highest rate of complication (72%)was among I.U.C.D users (p<0.05). Table (5) Shows that the highest rate of complication (41.75%)was infection and vaginal bleeding problems and most of them among IUCD users. Table(6) Shows

that three quarter (76.5%)of study sample had children number between one and two

**Table 1:** Sociodemographic distribution of the study sample

Age	Total	%
≤ 20 years	24	6
21-24 years	67	16.75
25-29 years	114	28.5
30-34 years	88	22
>35 years	107	26.75
Occupational state		
unemployed	343	85.75
employed	57	14.25
Educational level		
illiterate	95	23.75
Primary level	185	46.25
Secondary level	89	22.25
High level	31	7.75
Socioeconomic level		
Low	166	41.5
medium	229	57.25
high	5	1.25
<b>Grand Total</b>	<b>400</b>	<b>100</b>

**Table(2):** Distribution of study sample according to regularity of menstrual cycle and the type of contraceptive methods used.

Type of contra-ception method	Regular menstrual cycle		Irregular menstrual cycle		Grand Total	P value
	Count	%	Count	%		
CCP	81	74.31%	28	25.69%	109	0.057
IUCD	103	62.8%	61	37.2%	164	
Condom	81	69.23%	36	30.77%	117	
Injection	4	40%	6	60%	10	
<b>Grand Total</b>	<b>269</b>	<b>67.25%</b>	<b>131</b>	<b>32.75%</b>	<b>400</b>	

**Table 3:** Distribution of sample according to different reasons for choosing different contraceptive methods.

Type of contra-ception method.	Easy	Harm-less	With low rate of infection	With low rate of me-norrhgia	Not for-gotten	More than one rea-sons	Grand Total	%
CCP	50 45.87%	16 14.67%	17 15.6%	17 15.6%	8 7.34%	1 0.92%	109	27.25
IUCD	44 26.82%	26 15.85%	4 2.45%	7 4.28%	77 46.95%	6 3.65%	164	41
Condom	62 53%	41 35%	2 1.8%	1 0.8%	10 8.6%	1 0.8%	117	29.25
Injection	4 40%	1 10%	1 10%	1 10%	0 0%	3 30%	10	2.5

**Table 4:** Distribution of sample according to presence of complication with different types of contraception

Type of con-traception	Without complication		With complication		Total	P value
CCP	72	66%	37	34%	109	<0.05
IUCCD	46	28%	118	72%	164	
Condom	64	54.7%	53	45.3%	117	
Injection	3	30%	7	70%	10	
Grand Total	185	46.25%	215	53.75%	400	

**Table 5:** Distribution of sample according to different types of complication with different types of contraception

	46.25%		53.75%					
Type of complication	No complication	infection	Abnormal vaginal bleeding	forgotten	Failure of contraception	uncomfortable	More than one reason	Grand Total
CCP	75	0	5	9	6	1	13	109
IUCCD	46	50	56	0	0	0	12	164
Condom	61	48	0	0	0	2	6	117
Injection	3	1	3	0	0	2	1	10
Grand Total	185	99 24.75%	64 16%	9 2.25%	6 1.5%	5 1.25%	32 8%	400

\*Chi square is not applicable

**Table 6:** Distribution of study sample according to number of a live children and types of contraception.

Type of contraceptive	No. 1	%	No.2	%	No.3	%	No.4	%	Grand Total
CCP	41	37.62	38	34.86	22	20.18	8	7.34	109
IUCCD	50	30.49	77	46.95	28	17.07	9	5.49	164
Condom	59	50.43	36	30.77	19	16.24	3	2.56	117
Injection	1	10	4	40	2	20	3	30	10
Grand Total	151	37.75	155	38.75	71	17.75	23	5.75	400

\*Chi square is not applicable

**DISCUSSION:**

Family planning has improved millions of lives by helping people to decide for themselves whether and when to have children. Longer intervals between births benefit the health of mothers and their children, and smaller families can be more prosperous. The directorate of Health in Erbil City (DOH) has four centers for implementing family planning program at primary health centers, the place of the present study (Mala-Afendi, Kurdustan, Azadi, Nazdar Bamerni ). The important inference of this study is to find out distribution pattern of use of different types of artificial contraceptive methods among women and exposure to foreword complication of those methods. The majority of client of this study was

among age group 21-34 in about 66.25% which disagree with result of study in Nepal 32.5% <sup>22</sup>. In this study, the educational state was distributed between primary and secondary in about (68.5%), and 23.75% was illiterate) which agree with result in Delhi and Nepal <sup>22,23</sup> , and 85.75% were housewives that is disagree with result in Nepal study (23.8%) <sup>23</sup> , and 57.25% from moderate socioeconomic level, and this is attributed to that most of poor illitrat housewife women seeking for artificial family planning methods and probably they are not aware about natural contraception. This study showed higher percent of IUCCD (36.5%), while condom use (29.25%) than in Iran study<sup>24</sup> , (12.0%), (19.3%)and also than in Shiraze study<sup>25</sup> ,(17.3%), (17.8%) respectively but coincide with Al-Tawil

study in Iraq(35.1%)<sup>9</sup> for IUCD, This result probably reflect the acceptance of this method more in Iraqi culture and used as more suitable method of contraception than Iranian sample also may be due to socio-economic state of our sample. This study showed presence significant number of complication among all contraceptive users  $p < 0.05$  which present in most of them as vaginal infection and vaginal bleeding problem in a rate (40.75%) and majority of them among (IUCD, condom) user, this result was nearly similar to that of Nepal and India which were (72%) and this result may be attributed to liability of foreign material to infection and bleeding in unhygienic environment because most of women in the present study from low educational state and from poor to moderate socioeconomic level and they neglect proper follow up checking. Regarding regularity of the cycle this study shows that (60%) of Depo provera injection users had irregular cycle and this is explain the reason of avoidance from use it while (74.31%) of OCP users had regular cycle due its balance hormonal content which used as contraceptive and for regularity of cycle and this result similar to Shiraz study (62%), (72%) respectively<sup>25</sup>. This study showed more than three quarter of women attending family planning unit with a low parity (1,2) this finding may be due to poor income state or some of them have good knowledge and awareness from health education session at health center about family size limitation and its role in social and life welfare, a similar result was reported in studies done in Shiraz and Delhi<sup>25,26</sup>, while this result is disagree with result of Al-Tawil which showed that highest rate (76.1%) was found among women with 3-4 children<sup>9</sup>. This result may be due to increasing requirement of life style which lead our ladies to limiting family size and satisfy with lowest number of a live children.

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