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Knowledge and Practice of Using Contraception among Iraqi Child Bearing Age Females

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Abstract

This study aims to explore the level of knowledge and practice of Iraqi women using contraceptives. A representative sample of 100 Iraqi married women aged 18-40 years used at least one contraception method was considered for this study. Data were collected from Al-Karkh Hospital for Childbirth in Baghdad by using structured questionnaire. Majority of the respondents had knowledge and awareness regarding pills. Fort-two women were using oral pills, while 32 were using intrauterine device. No one of the participants had knowledge about female sterilization. The vast majority of women got contraceptives from community pharmacies. Sixty-seven women had knowledge regarding missed dose of oral pills. Half of the respondents decided the number of children with their husband. Most of women (n=72) suffered from contraception side effect; the most common side effect was irregular bleeding. Finally, efforts should be made to educate the public on how to get the safe, convenient, long term reversible methods of contraception.

1. Introduction

Fertility is the actual bearing of children by the fertile women during their reproductive life [1]. Fertility rate of Iraqi women have shown a decrease in current decades, in spite of remaining comparatively high. In general, fertility rate was decreased from 7.30 children per women in 1950-1955 to 4.86 children per women in 2005-2010. Factors affecting fertility include marriage, migration, age structure, mortality, education, profession, religion, wars [2]. Family planning is emerging widely in the twenty first century in the developing and developed countries. World health organization (WHO) defined family planning as "a way of thinking and living that is adopted voluntarily, upon the basis of understanding, attitudes and responsible decisions by persons and couples, in order to encourage the health and welfare of the family and contribute effectively to social development of the country. In a simple definition of family planning is to bring about a healthy baby at a proper time, in proper numbers and with proper spacing [3].

Despite good knowledge about family planning methods in Nepal [4], Nigeria [5], Pakistan including rural areas [6, 7], with positive attitudes in Pakistan [8] and Ethiopia [9], there is also poor practice of these methods. Poor practice or non-users either due to illiteracy and desire for more children [10], side effects, single women, not being sexually active and religious beliefs [11]. A woman's reproductive period starts roughly from 15 and ends at 49 years. It depends on several factors as age at marriage, duration of marital life, education, socio-economic status, and social prestige of woman in both rural and urban areas, religious factors and spacing of children [1].

The most important variables that were found, in urban areas in the Kingdom of Saudi Arabia (KSA) and Gulf region, to be significantly related with birth spacing were maternal age, age at marriage, parity, order of birth, stage of education, family size and type of infant feeding [12, 13]. Moreover, type of contraception used, regular attending at a family planning clinics and parity in Babol, northern Iran [14] as well as child surviving and child sex (boys only or both boys and girls) in the family in both southern Jordan [15] and Turkey [16] were shown to be significantly correlated with birth spacing.

Many women, during the reproductive period, are aware about family planning using different methods in the form of Oral Contraceptive Pills (OCP), intrauterine devices (IUDs), safe periods or other methods [3, 17, 18].

Oral Contraceptive pills (OCP) are a widely used method of family planning in majority of the developing and developed countries. In 2006, the percentage of Iraqi married women using contraception had raised to 49.8% who aged between 15 years and 49 years [19]. The use of contraception is more frequent in urban regions (53%) than in rural region (44%) and the level of its use raise with the educational level of married women. There is also a linear relation between contraceptive use and the age of married women: the older mothers, the more likely they are to use modern contraceptive methods. the percentage of use also raise in relation to children number in the family, with a contraceptive use rate of 34% amongst families with one child, as opposite to 65% in families with four children [20]. In the United State, 11 million women (15-44 years of age) used contraceptive pills [21]. A few women demonstrated high level of confidence in knowledge about risks, benefits and side effects of OCP use in Australia [22]. Contrastingly, literacy was not associated with oral contraceptive use, knowledge or adherence in Louisiana [23]. It was interesting to survey the knowledge and use of contraceptives among Iraqi women; therefore this study aim to explore the level of knowledge, experience and practice of Iraqi females using contraceptives.

2. Materials and Methods

The study utilized a prospective, cross sectional design to gather information related to use, knowledge and attitudes toward contraceptive methods among rural and urban women in Baghdad (n= 100). Data were collected using structured interviews. Two lecturers holding a postgraduate degree in clinical pharmacy were engaged in the content and face validation. Those professionals determined at face value the appropriateness of the instrument in extracting the intended answers on the women's knowledge and practice. Data was collected from AL-Karkh Hospital for Childbirth Baghdad, Iraq. Prior to data collection, ethical approval of study obtained from AL-Rasheed University College of Pharmacy Department. The inclusion criteria were ever-married women aged 18-40 years and used at least one contraception method

or has any practice of contraceptive. Exclusion criteria were married women under 18 years and above 40 years old.

The study started in December 2014 for 2 months. The researcher visit the ward of hospital (popular and private), explained to the women the purpose of the study and its significance. On receiving the signed consent form, the data were collected using structured questions. The interviews took 10 minutes to complete. The women were asked about what contraceptive methods they had ever used, their knowledge related to contraceptive use (7 items) and their type of contraceptive is usually accepted, from where obtained the contraceptive, knowledgeable about using each method (6 methods), if the women shift from one method to another and why, the criteria for choosing and experience of side effects and by which methods. In addition, the survey also collected information about the demographic characteristics of the women (age, residence, race, religion, woman's level of education, working status, husband's level of education and employment, monthly income, and numbers of live births). The data were analyzed by using IBM SPSS Statistics V 22.0.

3. Results

Sociodemographic variables are among important factors influencing individual's decision on contraception and fertility. Results from Table 1 indicate that majority of study participant (43%) aged between 18-25 years, all of them were Muslims and 96% are Arabic. Regarding the number of children, 70% of them have between 1-3 children. Most of the participants (88%) of them were educated. About 83% of women were house-wives. From the data, 94% of husbands were educated. Table 2 shows that 42% of participants were using pills, while no one practices on female sterilization. The collected data showed that 69 women obtained contraceptives from community pharmacy, while 13 and 18 of them obtained it from hospital and health center, respectively. Table 3 represents the knowledge of Iraqi women regarding oral pills, injections, male condom, IUCD, and safe period. The results showed that sixty two of the women didn't shift the type of contraceptive used, while the other 38% were shifting to other type due to different reasons. These reasons include safety, side effects, recommended by physicians, and husband preference (9%, 19%, 9%, and 1% respectively). Most of the women (n=67) had knowledge regarding missing dose of oral pills. The study also explained the criteria for choosing preferred method of contraceptives. Half of participants preferred the type they used because of safety and advised by health professional, while 24% because of husband preference. In the same way, about 9% and 4% of them preferred the type they used because of convenience and effectiveness, respectively. Only 1% because of there is no other choice, while 12% had no answer. The decision regarding children number in the family is taken by both husband and wife in about half of the couples (n=53). Types of contraceptives that cause side effect in this study are

explained in Table 4. Almost three quarters of the respondents (72%) experienced side effects. Figure 1 exhibits the most common three side effects which were irregular bleeding, nervous and anxiety, and headache (90%, 85.7%, and 48.5% respectively).

Table 1. Sociodemographic characteristics of respondents.

Variables	n (%)
Age (years)	
18-25	43 (43)
26-34	37 (37)
35-40	20 (20)
Residence	
Urban	94 (94)
Rural	6 (6)
Race	
Arabic	96 (96)
Kurdish	4 (4)
Number of children (parity)	
1-3	70 (70)
4-7	30 (30)
Wife education	
Uneducated	12 (12)
Primary	18 (18)
Secondary	49 (49)
University	21 (21)
Wife Occupation	
Employed	17 (17)
Unemployed	83 (83)
Husband Education	
Uneducated	6 (6)
Primary	15 (15)
Secondary	42 (42)
University	37 (37)
Husband Occupation	
Employed	100 (100)
Unemployed	0 (0)
Monthly income	
Poor	11 (11)
Medium	87 (87)
Rich	2 (2)

Table 2. Practice of contraception.

Variable	n (%)
Pills	42 (42)
Injection	4 (4)
Male condom	27 (27)
IUCD	32 (32)
Female sterilization	0 (0)
Safe period	7 (7)
Other (withdrawal)	17 (17)

Note: multiple answers were accepted thus percentages do not add up 100.4.
Discussion

Table 3. Knowledge about using contraceptive methods.

Variable	n (%)
Pills	
Yes	86 (86)
No	14 (14)
Injection	
Yes	40 (40)
No	60 (60)
Male condom	
Yes	80 (80)

Variable	n (%)
No	20 (20)
IUCD	
Yes	47 (47)
No	53 (53)
Safe period	
Yes	16 (16)
No	84 (84)

Table 4. Types of contraceptive that cause side effects.

Variable	n (%)
No side effect	28 (28)
Side effect	
IUCD	27 (27)
Injection	3 (3)
OC pills	40 (40)
Male condom	2 (2)

Table 5. Side effects caused by contraceptive.

Variable	n (%)
Headache	34 (48.5)
Irregular bleeding	63 (90)
Weight gain	6 (8.5)
Fatigue	14 (20)
Backache	26 (37.1)
Nausea	8 (11.4)
Abdominal pain	13 (18.5)
Vertigo	2 (2.8)
Increased heart beat	2 (2.8)
Pain in the whole body	18 (25.7)
Depression	5 (7.1)
Nervous and anxiety	60 (85.7)

(Note: the frequency of each side effect is for 70 of respondents).

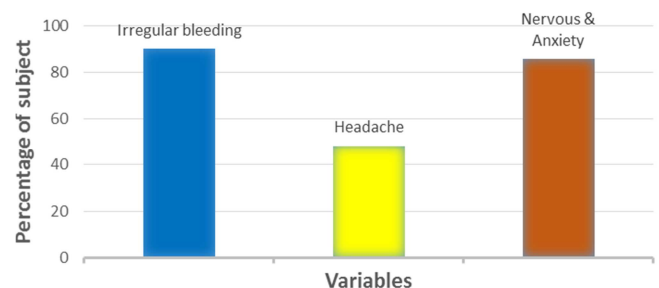


Figure 1. Most common side effects.

4. Discussion

This study addressed knowledge and practice of Iraqi's women in Baghdad areas and attempted to understand the experience of using contraceptives among married child bearing age females. All of the women (100%) in this study were familiar with the concept of contraceptive had ever heard to avoid pregnancy and the vast majority of them (96%) were currently using a contraceptive method. When women asked about types of contraceptive, all of them heard at least about one of contraceptive methods, also none of them reported not knowing about them. This indicates that the knowledge about birth control methods was associated with education level in which 88% of the women were educated. The number of birth in this study was (1-3) child, and this may relate to the medium

monthly income of most participants. The practice of contraceptives in this study was oral pills, IUCD and male condom (42%, 32%, and 27% respectively). Female sterilization method was never use, suggesting there is a possible lack of knowledge about this method. A study conducted in Jordan (2013) where 1571 Jordanian women were participated. Half of them were using oral pills as an effective contraceptive [24]. In Iraq, most women buy contraceptive (oral pills) from community pharmacies as over the counter drug (69%). Interestingly, about 86 women in this study had knowledge about the use of oral pills contraceptive. In a study conducted in KSA in 2012, the knowledge regarding contraceptive methods was poor in 68% Saudi women compared to 31.7% with good knowledge [1]. In another study conducted also in Saudi Arabia by Monira Al Sheeha (2010) showed that, half of participant had little knowledge regarding types of contraceptives. Oral contraceptive pills were known to all participants' women, IU device and male condom (67.8% and 46.8% respectively) [25]. Knowledge on what to do after missed a pill is important to decreasing unintended pregnancies resulting from woman non- adherence to oral contraceptive regimen. In this study, sixty seven women (67%) had knowledge regarding missing dose of oral pills. A cross-sectional survey was demonstrated at King Abdul-Aziz University Hospital, Jeddah, Saudi Arabia in 2014, a total of 357 women were enlisted. Of these, 57.7% knew what to do after missing one or two pills, while just 18.3% knew accurately what to do after missing more than two pills consecutively [26]. Thirty eight women were shifted from one type of birth control to another either because of their side effect, safety, or recommended by the physician. Most of participants choosing suitable contraceptive according to safety, advised by health professional, or husband prefer (25%, 25%, and 24% respectively). On the other hand, 9% and 4% due to convenience and effectiveness. Reasons for using current contraceptive methods were economic (6%), physician advice (10.8%), do not want to have children (17.6%) and child spacing (71%). These results obtained from a study conducted in Qatar in 2011 [27]. About half of participants (53%) shared the decision with their husband about the number of children they want to have. This express two reasons for this: first; the high level of education in both, and second; most women in this study were urban. Side effects of contraceptives are the most common reason why women discontinue them. About 72% of women suffering from side effect but we reported only 70% because two women reported side effect from the use of barrier method (male condom). In view of the fact that condoms are made from rubber latex, therefore; The American Academy of Allergy, Asthma and Immunology clarifies that some people experience an allergic reaction to the protein in the rubber, this side effect not reported in the result of this study. So, in this study the side effects that the participants experience due to contraceptives were as the following percentages: oral pills (40%), IUCD (27%), Injections (3%), and male condom (2%). Every method of birth control is different and everybody is different. Lots of women don't experience any side effects from birth control.

The most common side effects from birth control are: spotting or bleeding, headache, nausea, weight gain, breast tenderness, mood changes, and change in sex drive.

Most of the women in this study (n=65) suffer from mood changes such as nervous, anxiety, and depression. The most common types of contraceptives used in this study were OC Pills and IUCD; therefore irregular bleeding is a major side effect (90%). Headache, backache, pain in whole body, fatigue, and abdominal pain is also present as follow (48.5%, 37.1%, 25.7%, 20%, and 18.5% respectively). In addition to the above side effects, there are few other side effects that the participants suffer from but in a lower percent such as nausea (11.4%), weight gain (8.5%), vertigo (2.8%), and increased heart beat (2.8%). A prospective cross-sectional study conducted in 2011 in Qatar (n= 1130) indicate the percentages of contraceptive side effects such as anxiety (0.4%), bleeding (4.1%), severe headache (3.1%), back pain (0.2%), nausea and vomiting (1.4%), abdominal pain (2.3%), obesity (2%), and high blood pressure (0.2%) [27]. Jordanian study in 2013 showed that 75.1% of the study population experienced contraceptive side effects. Headache (41.2%), mood swings (35.5%), irritability (33.5%) and weight gain (28.7%) [24].

5. Conclusion

Women in this study showed positive attitude and knowledge about contraceptive use; a high percentage of women actually had practice of it. Although the number of the interviewed women is quite small, efforts should be made to educate the community (especially women) about the safety and convenience of modern, long term reversible methods of contraception among health care professionals and public.

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