

Objectives of family planning in a sample of women attending Al-Sheikh Omar health center⁺

دراسة اهداف تنظيم الأسرة لدى عينة من مراجعات مراجعات مركز الشيخ عمر الصحي في بغداد

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Abstract:

This study was carried out to find out the characteristics of the attendants to the family planning clinics in regard to their reasons for attendance, their family size, and the type of contraception they preferred. Design of the study was cross section, conducted in Al-Sheikh Omar health center in Baghdad City. A sample size of 539 was selected by simple random sampling from attendants of the family planning clinic in the health center. Results of the study revealed a mean of age of 27 years, and 33.02% had been married for 8 years and has 2-4 live births. The last child of 30.28% of women was more than 3 years old. Attendance was for contraception in 99.25% of women, and 65.3% of them preferred oral contraceptive pills. The reason for refusing pregnancy was economic difficulty in 56.2% of women, and anemia was the most frequent medical reason for using contraception.

Key words: family planning, attendants, clinic

المستخلص:

اجريت هذه الدراسة لغرض ايجاد خصائص مراجعات عيادة تنظيم الأسرة فيما يخص سبب المراجعة، حجم الأسرة، و النوع المضل لمانع الحمل. كان نوع الدراسة مقطعيًا واجري في مركز الشيخ عمر الصحي ببغداد. كان حجم العينة ٥٣٩ امرأة ممن تم اختيارهن بالطريقة العشوائية البسيطة. اظهرت نتائج الدراسة ان متوسط عمر المراجعات هو ٢٧ سنة. و ٣٣,٠٢% منهن متزوجة منذ ٨ سنوات ولديها ٢-٤ طفل على قيد الحياة. كان عمر آخر طفل أكثر من ٣ سنوات لدى ٣٠,٢٨% من المراجعات وسبب المراجعة هو لغرض منع الحمل لدى ٩٩,٢٥% منهن ونوع مضاد الحمل المفضل لديهن هو الحبوب (٦٦,٣%) وسبب الامتناع عن الحمل هو ظروف اقتصادية لدى ٥٦,٢% من المراجعات وكان فقر الدم السبب الطبي الأكثر شيوعاً للامتناع عن الحمل.

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Introduction

Family planning is known as the conscious use of contraceptive methods in order to delay space or avoid pregnancy and/or to achieve the desired family size [1]. Family planning can reduce maternal mortality in several ways first, family planning can lead to a reduction in the number of births and since every pregnancy is associated with some risk, this in itself helps reduce maternal deaths, second, family planning can help to reduce mistimed pregnancy, and third, family planning can reduce maternal mortality by up to one third [2]. Women seeking to prevent pregnancy face a number of physical and psychological barriers to obtaining family planning services. These barriers may involve access concerns; they may also include sociocultural and attitudinal barriers (such as lack of knowledge about family planning methods and their availability, perceived risk of pregnancy, attitudes toward contraception [3]

The aim of this study is to find out the reasons for attending the family planning clinic and methods of contraceptives preferred by women.

Methods:

The study is cross sectional one conducted in Al-Sheikh Omar health center in Baghdad City. Data collection started from the first of March 2001 up to the end of July 2001. A sample of 539 women was collected by simple random sampling and was interviewed directly using a questionnaire designed especially for the study. Information collected included age, date of marriage, number of children, and reasons for attending the family planning clinic and type of contraception used.

Results and discussion:

Analysis of data revealed that the rate of women of age group 25-29 years was 27.9% which was the highest among the sample as shown in table 1. This age group represents the high reproductive period for women and is similar to results of researchers in England who found the highest age group attending the family planning clinic was 20-30 years [4]. In Panama the highest age group was 17-25 years [5].

Table 1: Distribution of sample according to age group

Age group	Frequency	%
15-19	40	7.5
20-24	107	19.8
25-29	150	27.9
30-34	116	21.6
35-39	96	17.7
40-45	30	5.5

Total	539	100
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Table 2 shows that 33% of women in the sample had been married for 6-10 years while those who had been married for less than 5 years constituted 29% of sample. Results show that attendants of family planning clinic are mostly those who have less years of marriage. The same result was obtained by other researchers in Bangladesh [6].

Table 2: Distribution of sample according to years of marriage

No. of years of marriage	Frequency	%
1-5	156	29
6-10	178	33
11-15	99	18.4
16-20	73	13.5
21-25	26	4.8
26+	7	103
Total	5329	100

Table 3 shows that 36.9% of women had 3-4 live births and 25.8% of them had 1-2 live births which indicates that attendants of family planning clinics are those who have less number of children or are keen to control their family size unlike others who have larger number of children and careless about family size. The same results were found by a group of researchers in Baghdad in 1973 during their study conducted prior to the establishment of the first family planning clinic in Baghdad [7]. This result also agrees with findings of researchers in Malawi [9].

Table 3 Distribution of sample according to number of live births

No. of live births	Frequency	%
1-2	193	35.8
3-4	199	36.9
5-6	104	19.3
7-8	32	6
9+	11	2
Total	539	100

Table 4 shows that 99.25% of women are attending the family planning clinic to get contraceptives which indicates ignorance of women about services introduced by the clinic other than contraception due to poor publicity and health education offered by the clinic

Table 4: Distribution of sample according to cause of attendance

Aim of attendance	Frequency	%
Infertility	4	0.75
Contraception	535	99.25
Total	539	100

Table 5 shows that the highest rate of women (50.1%) preferred to use oral contraceptive pills followed by intra-uterine users in a rate of 33.1%. Oral pills are easy to introduce and with less complication than intra-uterine device and therefore are preferred by attendants. The same choices are preferred by women in other parts of the world [9, 10].

Table 5: Distribution of sample according to type of contraception used

Type of contraceptive	Frequency	%
Oral pills	263	50.1
Intra-uterine device	177	33.1
Injectable hormones	11	2.1
Condoms for husband	69	12.8
Safe period	10	1.9
Total	539	100

Reasons for using contraceptives by women in the sample are shown in table 6 and they include mainly economic reasons in a rate of 56.6%, which reflects the results of sanction on Iraq that led to high prevalence of poverty among families. Economic difficulties were also the main reason for using contraceptives in Iraq in 1973 [7] and in Indonesia as well [11].

Table 6: Distribution of sample according to reasons for using contraception

Reason for using contraceptives	Frequency	%
Economic	305	56.6
Medical	146	27
Birth spacing	50	9.3
Decrease family size	38	7.1
Total	539	100

Table 7: shows that among the medical reasons for using contraception, anemia was the highest in a rate of 20.4% which is a reflection of poor nutrition and poverty, followed by hypertension in a rate of 4% while 7% women had no medical cause for using contraceptives.

Table 7: Distribution of sample according to medical cause for using contraceptives

Type of medical reason for using contraceptives	Frequency	%
Non	383	71
Hypertension	22	4
Diabetes	6	1.1
Anemia	110	20.4
Others	8	1.5
Total	539	100

Conclusion and recommendation:

Results of the study show that the main characteristics of women attending Al-Sheikh Omar family planning clinic are the followings:

Most attendants were of age group 25-29 years, and married for a period of 6-10 years. The main cause for attendance was for getting contraceptives and the reason for doing so was mainly economic difficulties. Oral contraceptives pills constituted the most commonly used method for contraception followed by intra-uterine device, and anemia was the main medical cause for seeking contraception

Therefore and based on the above findings researchers recommend the followings:

1. A major focus of family planning efforts should be health education. This must be directed towards proper nutritional habits and the best substitutes for animal protein
2. Education of mothers attending maternity units about the different activities of family planning clinic. As large number of them are unaware of these activities other than contraception.
3. There is need to re-evaluate the current integrated maternal and child health and family planning services so that actively and effectively cover all married ladies and also to accommodate their husbands.

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