

---

## A Study on Pattern of Contraception Practice in –Altimimia Community among Married women(15-49 Years)

Amani Abdul Ma'abod\*  
DCM

Eman A.Al-Kamil\*\*  
PhD

---

### Abstract:

**Objectives:** to study the pattern of contraception practice among married women (15-49year).

**Methodology:** This is a cross-sectional household survey carried out in one area in Basrah Governorate namely AL- Timimia .A cluster sample was chosen randomly for the purpose of study. The study involved two hundred married women at the age group of 15-49year who were interviewed by one of the investigators by using special questionform designed for the purpose of the study. Results: The study showed that the overall prevalence of contraception was 87%, 74.5% of women were using contraception at the time of the study, 13% hadn't use contraception at all, and the remaining 12.5% stopped using contraception to achieve pregnancy or because of economic reasons. The use rate of contraception was higher among women at the age group 25-34 year, having 4 children or more and among working women. Oral Contraceptive Pills(OCP) was the most commonly used method followed by intrauterine contraceptive device (IUCD) and injection. Younger women having less than 4 children preferred OCP and the reverse was true for IUCD. Majority of women was using contraception for spacing births.

**Recommendations:** The study recommended a continuous health education in the field of family planning, counseling, provision and increase availability of different method in primary health care centers is necessary.

**Key words:** Contraception Practice in –Altimimia

---

### Introduction

**F**amily planning is essential component of any broad based development strategy that seeks to improve the quality of life and health of countries and it is essential and integral part of economic and social development depending on local condition. It is also regarded as lead component of a primary health care program.<sup>[1]</sup>

There are various reasons why individuals may need family planning services. Some people may wish to delay the birth of their first child, while others may want to space the birth of their children, and yet others may want to ensure that only a desired number of children are born.<sup>[2]</sup>

Demographic surveys indicate that at least 120 million couples like to limit their family size but are not currently using any form of contraception because they are lacking the information and means to do so in manners which they regarded as satisfactory to their needs.<sup>[3]</sup>

In the woman who receives efficacious contraception will be far less likely to have an unintended pregnancy. She may influences her friends, relatives, and colleagues to use effective contraception.<sup>[1]</sup>

There are many factors which might affect the use of contraception such as women's age, level of education (wives and their husband) parity, occupation, family attitude and motivation, availability, acceptability of contraception and cost.<sup>[4]</sup> The cost of contraceptive methods represent only part

of the medical care. A study carried out in Jamaica in 1998 showed that cost of methods was an issue for some women for discontinuation of contraceptive, long clinical waiting times discourage women from attending family clinic.<sup>[5]</sup>

In Turkey in 1998 a study showed that the main factors which might affect the use of contraception are misconception and concerns about health related risks, having a child younger than 14 years, working outside the home to contribute to the household income, religious opposition, a gap between the desired and actual number of sons and number of previous death of child.<sup>[6]</sup>

Knowledge and use of contraceptive are the indicators most frequently used by national and international organization to assess family planning.<sup>[7,8]</sup>

The prevalence of contraceptive use varies according to cultural factors, age, parity, education and occupation (of wives and their husband), family attitude, motivation, availability and acceptability of contraception.<sup>[8,9]</sup>

In USA in 1995 a study showed that 60.2 million women at reproductive age 15-44 year (64%) were using some method of contraception. Among the 36% (21.6 million) who were not currently using a method, only one seventh were at risk of pregnancy.<sup>[1]</sup>

In developing countries the proportion of couples using some contraception method vary between 20-60%. In Saudi Arabia a study was carried out in (1999), it showed that the prevalence of contraception

in Saudi Arabia was varied between 26%- 39% of married women.<sup>[8,9]</sup> In Jordan three national survey were carried out in 1983, 1990, 1997, which found that the prevalence of contraceptive was higher among urban, educated woman who had 3 children or more.<sup>[10]</sup>

In Iraq, the Iraqi Family Planning Association (IFPA) emerged as a pioneer voluntary organization which seriously carried the reproductive health message and put it into action in a multi- sector path distinguished for intermesh and harmonized direction. In Baghdad, a study was carried in 1999 in 3 family planning centers, showed that the mean age of contraception users was 29.78 + 6.32, the mean duration of using current family planning method was 1.85 year + 2.44, and the mean parity was 3.81 + 2.69.<sup>[11]</sup>

In Basrah, a study was carried out in 2001 to study the knowledge, practice and attitude toward family planning methods among married woman between 15-49 years. It showed that 83.5% had used contraception at any time previously, and 30.85% were using contraception at the time of the study.<sup>[12]</sup>

**Objective:**

This study is carried out to study the pattern of contraception among women aged 15-49 years in Al-Timimia, in Basrah.

**Methodology:**

This is a cross-sectional household survey carried out in AL-Timimia in north- east Basrah city. Cluster sample was chosen for the purpose of the study, and one of the investigators visited all the households in the chosen cluster. The study involved households with at least one married woman at the age group 15-49 years. The investigator interviewed two hundred women by using a special questionform designed for the purpose of the study.

**Results**

Out of 200 married women between 15-49 years of age interviewed, 174 (87.0%) had used contraception at any time, out of these, 149 (74.5%) were currently using contraception, 25 (12.5%) had used contraception previously. The remaining 26 (13.0%) had not used contraception at all.

About half of the studied sample was at the age group 25- 34 year. The use rate of contraception was increasing with age, with highest use rate at the age 40 years and above (98.8%) and the mean age of users was 31.8 yrs. Table (1). The majority of the studied women (35.5%) had primary education and intermediate education (27.5%). The use rates of contraception were high at different levels of education with the highest use rate was among women having high education (89.3%). Table (2).

**Table (1) Distribution of the Studied Sample and Contraception Users by Age**

Age (years)	Studied Sample		Users	
	No	%	No	Use rate
<20	5	2.5	3	60.0
20-24	30	15.0	20	66.7
25-29	57	28.5	51	89.5
30-34	46	23.0	41	89.1
35-39	44	22.0	42	95.5
40+	18	9.0	17	98.8
Total	200	100.0	174	
X+SD	31.2+7.0		31.8+6.2	

**Table (2) Distribution of Studied Sample and Contraceptive Users By Education**

Education	Studied Sample		Users	
	No.	%	No	Use rate
<b>Illiterate or just literate</b>	24	12.0	21	87.5
<b>Primary</b>	71	35.5	61	85.9
<b>Intermediate</b>	55	27.5	49	89.1
<b>Secondary</b>	21	10.5	18	85.7
<b>High education</b>	28	14.5	25	89.3
<b>Total</b>	200	100.0	174	

Husbands had better education than their wives, where only 8.5% were illiterate and 24.0% had high education compared to 12.0% and 14.0% of women's education respectively. Also it showed that the use

rate of contraception was higher among wives of educated husbands (87.5%) than the use rate of wives of illiterate husbands (76.5%). Table (3) .

**Table (3) Distribution of the Studied Sample And Contraceptive Users By Husbands Education**

Education	Studied Sample		Users	
	No	%	No	Use rate
Illiterate or just literate	17	8.5	13	76.5
Primary	68	34.0	58	85.3
Intermediate	48	24.0	45	93.7
Secondary	19	9.5	16	84.2
High education	48	24.0	42	87.5
Total	200	100.0	174	

The majority of the studied women (90.0%) were housewives and only 10.0% were working. The use rate of contraception was higher among working women (90.0%) than housewives (86.7%) as shown in table (4).

Nearly one third of the studied women (31.0%)

had five children or more, with a mean parity of nearly 3 children. The use rate of contraception was increasing with the increase in the number of children, where all women having five children or more were using contraception. Table (5)

**Table (4) Distribution of the Studied Sample and Contraceptive Users by Occupation**

Occupation	Studied Sample		Users	
	No	%	No	Use rate %
Housewives	180	90.0	156	86.7
Working	20	10.0	18	90.0
<b>Total</b>	200	100.0	174	

**Table (5) Distribution of the Studied Sample and Contraception Users by Parity**

Parity		Studied Sample		Users	
		No.	%	No.	Use rate %
<b>1</b>	29	14.5	14	48.8	
<b>2</b>	44	22.0	39	88.7	
<b>3</b>	41	20.5	37	90.2	
<b>4</b>	24	12.0	22	91.7	
<b>5+</b>	62	31.0	62	100.0	
<b>Total</b>	200	100.0	174		

X+SD

3.1+ 1.5

3.45+1.37

The majority of users preferred OCP as a contraceptive method (75.3%), followed by injection (9.81%). Table (6). Nearly half of the contraception users used contraception for spacing births (48.9%), more than one third (35.6%) didn't want more

children, and 6.3% used contraception because of financial hardship & 9.2% was for medical causes (cardiovascular, diabetes mellitus, asthmatic bronchitis or anemia). Table (7).

**Table (6) Distribution of Contraceptive Users by Method of Contraception**

Contraceptive Method	Use	
	No	%
O.CP	131	75.3
Injection	17	9.7
IUCD	5	2.9
Condom	5	2.9
Others(safeperiod abstinence)	16	9.2
<b>Total</b>	174	100.0

**Table (7) Causes of Using Contraception**

	Use	
	No	%
Spacing of births	85	48.9
No more children	62	35.6
Medical causes	16	9.2
Economic causes	11	6.3
<b>Total</b>	174	100.0

The majority of users (46.8%) had used contraception for two years and only 8.0% was for five years or more with a mean duration of 1.7 + 1.1 years. Table (8). Among those who have stopped using contraception (25), 9 (36.0%) stopped using

contraceptives to achieve pregnancy, 5 (20%) for financial reasons, further 5 (20%) of complications, and 24% was attributed their discontinuation to the unavailability of the preferred methods,. Table (9).

**Table (8) Duration of Contraceptive Use**

Reason	No	%
< 1	51	29.3
1<2	80	46.0
2<3	21	12.1
3<4	8	4.6
5+	14	8.0
Total	174	100.0

X+SD = 1.7+1.1 year

**Table (9) Reasons for Stopping Contraceptive Use**

Reason	No.	%
Had complication	5	20
To achieve pregnancy	9	36
Cost	5	20
Unavailability	6	24
Total	25	100

**Discussion**

Family planning may or may not affect population growth significantly because it is one determinant of fertility and sterility, it is affected by many complex factors [13,14]. Many medical studies showed that a substantially higher incidence of infant mortality, maternal mortality, prematurity, mental retardation and congenital anomalies have occurred when the number of children recorded four or more, also perinatal mortality is closely related to maternal age and poverty.[15]

Fetal mortality is extremely high among very young mothers (under 17 years of age) and it is at its lowest between mothers aged 20-29 years and then begins to rise until it reaches as high as seven time

greater than the rate at age of 20 years [16].

Contraception is widely accepted and practiced as one way to limit family size. However there are marked differences between countries in the patterns of contraceptive use both in types and extent of use. These differences reflect the availability and accessibility as well as social and cultural attitudes toward fertility control [17,18].

The present study showed that the overall prevalence of contraception was 87.0% which is comparable to that found by Al-Kamil study (83.5%) in Basrah Governorate (2000)[12], but it is higher than that found in other countries i.e. in Saudi Arabia (26%-39%).[9] This difference may be attributed to

the economic hardship as a result of the economic sanction for the last decade, also it is higher than the prevalence in Nigeria (11%), the difference may be attributed to the limited availability and poor quality of services.<sup>[19]</sup> The rate is also higher than that found in Tehran (70%) and Jamaica (66%), which also reflect the economic hardship.<sup>[20,21]</sup> Also, it was found that the rate of current use of contraception was 74.5% which is higher than that found by AL- Kamil study, and this could be due to proximity of the family planning clinic to the houses in the chosen sample in this study.

The results of this study showed that the use rate of contraception increases with the increase in age, this finding is similar to other studies<sup>[12,17]</sup>, and this reflects changes in the need for contraception over the life cycle. A woman's need for contraception changes as she passes from her initial child bearing years, during which she may welcome a pregnancy into her 30's when she is still fertile but may wish to prevent or space additional pregnancies and then to her 40's when her fecundity declines and she has less need of contraception. This finding is similar to other studies, which showed that women at age group 30-40 used contraception more than younger women who probably prefer to have their children earlier. Older women have already large family size and they probably desire no more pregnancies.

This study showed that the majority of studied women were housewives, while use rate of contraceptive was higher among working women. This finding is comparable to the finding of other studies.<sup>[20]</sup> which may explain the need of working women to space their births or limit their family size.<sup>[12]</sup>

The majority of studied sample had low level of education compared to the education of their husband .The use rates of contraception were high among women having different levels of education which differ from the results of other studies, which showed that the use of contraception was higher among highly educated women.<sup>[12]</sup> This difference may be explained by the proximity of the family planning clinic to the households in the chosen sample, and the use of contraception regarded as contiguous i.e. one client can spread information to others regardless the educational level.<sup>[1]</sup>

The desire of Iraqi community for large family is clear in this study, where the majority of women had 5 or more children and large proportion of women stopped using contraception to achieve pregnancy. The use rate of contraception was increasing with the increase in the number of children which is similar to the findings of other studies,<sup>[12,20,22]</sup> with higher rate was among women having 4 children or more, but it contradict to the finding of the other studies in Latin

America, North Africa and some Asian countries where the use rate peaks among women with 2-3 children reflecting preference for smaller families.<sup>[4]</sup>

The preference of a particular type of contraception used by women varies from country to country. In this study, OCP was the most commonly used method, followed by injection and IUCD, similar to the findings of other studies,<sup>[9,12,23]</sup> but it differs from other studies which showed that women were attracted to IUCD as first method followed by pills,<sup>[10,24]</sup> this variation may be attributed to the difference in the educational level, age, parity, cultural factors, where younger women preferred OCP while older women preferred IUCD, also women having 4 or 5 children preferred IUCD and the reverse was true for OCP, which is comparable to other study.<sup>[12]</sup>

Nearly, half of the contraception users were using contraception for spacing births for less than two years which is again reflecting the desire of Iraqi community for big family, and this finding is comparable to other study in Basrah,<sup>[12]</sup> but it differs from other studies which showed that most users use contraception to limit their family size, reflecting their desire of small family size.<sup>[2]</sup>

This study showed that women stopped contraception use because of unavailability or fluctuation in the availability of preferred methods, that means they have to cover their needs of contraception from other sources with a high cost, or some others can't offered it's prices so this will lead to discontinuation of use, this finding is similar to the finding of other studies which showed that lack of available method associated with a high risk of discontinuation because of the high cost.<sup>[5]</sup>

After the discussion of the results, the study recommended:

Health education is needed in the field of family planning primary health care centers.

Counseling and giving advice and information on the use of different methods of contraception.

Improve the organization of the present family planning clinic with respect to the number, distribution, and location to ensure accessibility and improve the services.

Continuous provision and availability of different methods to ensure continuation of supply.

## References

- 1-Kowal. D, Expanding Perspective on Reproductive Health, In: Hatcher. A, Trusselly J, Contraceptive Technology. 17th edition, New York, Ardent Media- INC; 1998: 1-8.
- 2- World Health Organization. The World Health Report 1998: 982.
- 3- World Health Organization. Reproductive health

- research: the new directions. Bienmal report 1996-1997, 25th anniversary issue.
- 4- World Health Organization. Population report, Series M, 1981 (50): M-163.
  - 5- Guillebaud J. Intra uterine contraception what now and what next? Eur- J- contraception Report- Health Care 2001 Jan; 6 (1): 11-4.
  - 6- Ertem M, Ergenekon P, Elmaci N. et al. Family planning in grand multiparous women in Digarbakin, Turkey 1998: the factors affecting contraception use and choice of method. Eur- J- Contraception- Report- Health- Care 2001 March; 6 (1): 1-8.
  - 7- World Health Organization. Reproductive health research: the new directions. Bienmal report 1996-1997, 25th anniversary issue.
  - 8- Al- Selcalt M. A. Prevalence of contraception used among Saudi Arabian women. Saudi Medical Journal 1999; 20 (9): 687-690.
  - 9- Ogbeide D. A. Profile of acceptors of contraception in a family practice clinic. Saudi Medical Journal 1999; 2(10): 817-818.
  - 10- Shakhathreh F.M. Contraception use in Jordan. Saudi Med. J 2001; 22(6): 513.
  - 11- Niazi AD, AL- Kubais W. Evaluating reproductive health and family planning centers in Baghdad and their effects on practices and ideas of attendants. J. of Bahrain Med. Society 2001;13 (4): 194-6.
  - 12- AL- Kamil EA. Study of knowledge, Attitude and Practice of Family Planning Methods among Women in Basrah. Medical Journal Basrah University 2000; 18 (2):49-55.
  - 13- Mansner, Kramer. Epidemiology an Introductory, second edition philadelphia; 1985: 239- 240.
  - 14- Lorimer. F, Osborn A, Dynamic of population, New York (USA): Macmillan; 1984: 74.
  - 15- Melanie mintzer, MD: Contraception In Philip D, Essentials of family medicine. Blatmore, Williams and Wilins; 1988: 175-176.
  - 16- Lucas A.O, Gilles HM. Family Health London; 1982, 25: 1-259.
  - 17- Lerido. H. Fertility and contraception in 12 developed countries. Family planning. 1981; 13: 93-102.
  - 18- Shah. I, Fertility and contraception in Europe; the case of low fertility in Europe, Eur- J- contraception Report Health Care 1997; 2:53-61.
  - 19- Adekunle A O, Otolorin EO. Evaluation of the Nigerian population policy- myth or reality? Afr- J- Med. – Med- SCI. 2001, 29 (3-4): 305-10.
  - 20- Tehrani F. R, Frarahni FK, Hashemi M. Factors influencing contraceptive use in Tehran. Fam- pract. 2001; 18 (2): 204-8.
  - 21- Imogen E. Family planning for health professionals. London IPPF Med. publication; 1997:2-3.
  - 22- Chacko E. Women's use of contraception in rural India. Health – Place 2001; 7(5): 197- 208.
  - 23- Maatook MAW. A study of Depo- medroxy Progesterone Acetate injection as a contraception method in Basrah. A dissertation to the Iraq commission for medical specialization in family medicine 2001.
  - 24- Ozumba BC, Ibekwe PC. Contraceptive use at the family planning clinic of the university of Nigeria Teaching Hospital, Enugu. Nigeria Public- Health 2001; 115 (1): 51-3.

---

\*MOH

\*\*From Comm. Med. Coll. of Med. Al-Basrah