

Knowledge, Attitude, and Perceptions of Modern Contraception Use among a Sample of Women in Erbil City.

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Abstract

Background and Objectives

Contraception or birth control generally refers to any method used to alter the body's natural state of fertility, thereby reducing the probability of pregnancy without abstaining from sexual intercourse. Contraception aims to prevent sexual intercourse from causing pregnancy. The aim of this study was to assess the knowledge, attitude, and perception of married women regarding the use of various contraceptive methods.

Methods

An observational cross sectional survey was carried out among 250 married women attending primary health care centers and private clinics in Erbil city during October 2016. Questionnaire designed for this purpose which included socio-demographic characteristics, knowledge, attitude and the use of contraception. The questionnaire was randomly distributed on all the attendants and at time of data collection we explained each question for the women.

Results

Among 250 studied women, 127 women from primary health care centers and 123 from private clinics, most of them were between 21-30 years old. Majority of women (96%) had knowledge about contraceptive methods, and (58%) of women used contraceptives. The most commonly used contraceptive method was Intrauterine device (IUD) which represent (46.90%). The degree of education had no significant effect on the use of contraceptives. Residence was significantly associated with the number of children women have, with rural women have more children.

Conclusion

Most of Erbil women have knowledge about contraception, and the majority of them preferred to use Intrauterine Device. Most of them were middle aged and urban residents. Educational level had no significant effect on the use of contraception.

Keywords: Contraception, Knowledge, Women, Erbil

Introduction

Contraception (birth control) is the use of any practices, methods, or devices to prevent pregnancy from occurring in sexually active women.¹ The use of contraceptives is also essential in preventing unsafe abortion, and abortion related complication that expose the adolescence to health related risks such as infertility and sometimes death.² There are different kinds of birth control that act at different points in the process; preventing sperm cells from reaching the eggs. Types include condoms, diaphragms, cervical caps, and contraceptive sponges, keeping the woman's ovaries from releasing eggs that could be fertilized. Types include birth control pills, patches, shots, vaginal rings, and emergency contraceptive pills, Intrauterine devices which are implanted into the uterus and can be kept in place for several years, and sterilization, which perpetually prevents a woman from getting pregnant or a man from being able to get a woman pregnant.³

The health of mothers and children remain a subject of global concern. Studies have shown that prenatal, neonatal and under five as well as maternal mortality rates remains high in most developing countries.⁴ Too many or too closely spaced pregnancies, and pregnancies of a women at too young or too old in age give rise to health risks for mothers and the infant. Strategies have been employed by various governments in improving these indices amongst which is the use of family planning.⁵ For a large and rapidly growing population an effective family planning program is needed.⁶ Contraceptive methods play major role in achievement of family planning in which they are a key component of health services. The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children.⁷ The global diffusion of contraception has been a marked feature of the late 20th Century.⁸ Worldwide the fertility rate have fallen largely due to the wide spread and increasing use of modern methods of contraception. Ability of a woman to control her own fertility is one of her fundamental and important rights.⁵

Contraceptive choice is in part dependent of effectiveness of contraceptive method preventing unplanned pregnancy, the effectiveness of birth control methods is critically important for reducing the risk of unintended pregnancy.⁹ Knowing about contraceptives is suspected to be a first step in stimulating the desire for its use. Assessment of knowledge about contraceptives therefore does not only determine the extent of awareness and sensitization but also provides the background for which use of the service is further evaluated.¹⁰⁻¹¹

As there are not more studies conducted on contraception, in Erbil city, we realized the importance of doing this piece of research to come up with some baseline data on the prevalence of contraceptives use among married women in Erbil city.

This study aimed at assessing the knowledge, attitude, and perception of married women regarding the use of various contraceptive methods. More specifically, it aimed at assess knowledge level about different contraceptive methods, assess the prevalence of using contraceptive methods among women in stable marital relation attending health facilities and private clinics, determining the types of different contraceptive methods used among these women, and examine the association between women's educational level and the use of contraceptives.

Methods

A cross sectional study was carried in Erbil city on five Primary Health Care Centers (Mala fandy, Kurdistan, Brayati, and NazdarBamerny, Tayrawa health centers), in addition to six private clinics (Santamaria private clinic, Sal private clinic, Zhyan private clinic, and the private clinics of Dr. Serwa, Dr. Zahida and Dr. Nasik).

The study period was from 27th Sep – 30th Oct 2016. The study subjects were selected from six private clinics and four primary health care centers. 250 women, at reproductive age, were enrolled in this study. Out of these women, 123 were from private clinics and the remaining 127 were from primary health care centers. The women attending the above mentioned settings were randomly selected by the group during our visits. Married women from different nationalities and socioeconomic backgrounds were included in this study.

An anonymous questionnaire was used to collect data. The questionnaire was designed to have simple and clear questions and was provided in English with verbal translation by the researchers. The questionnaire included 40 questions that covered some socio-demographic data, in addition to those on knowledge, attitude and usage of contraception among women in Erbil. Questions were provided with multiple answer options and some with opportunity of alternative answers if the options provided were not suitable. The questionnaires were given to attendants on entry to the establishment, to fill in when convenient.

Microsoft Excel 2007 and SPSS were used for data summarization and data analysis purposes. Mainly Chi square test was used and a P-value of ≤ 0.05 was considered significant.

Permission was granted from each single clinic and from each case in the primary health care centers and private clinics. A thorough explanation of the nature and aim of the study to each participant was given. Attendants were reassured about confidentiality and anonymity. Informed consent was obtained from all study participants.

Results

This study included 250 married women in Erbil city, 127 from primary health care centers and the other 123 from private clinics. Their ages ranged from (15-49 years), in which most of them (41.6%) were between (21-30 years), about (90%) were urban, with an average (72.40%)

economic state, around (40%) of them had an educational degree of primary/secondary, followed by illiterate/read and write (35%), closely similar to the educational degree of their partners, as shown in table 1:

Table 1: Socio-demographic characteristic of studied population

Variable	Frequency	Percentage
Setting		
Private clinic	123	(49.20)
Primary care center	127	(50.80)
Age		
≤ 20	19	(6.60)
21-30	104	(41.6)
31-40	87	(34.8)
> 40	40	(16.0)
Residence		
Urban	220	(88.0)
Rural	30	(12.0)
Education		
Illiterate/read & write	88	(35.2)
Primary/secondary	99	(39.6)
Institute/college	50	(20.0)
Higher degree	13	(5.20)
Partner's education		
Illiterate/read & write	74	(29.6)
Primary/secondary	101	(40.4)
Institute/college	62	(24.8)
Higher degree	13	(5.20)
Economic state		
Poor	41	(16.4)
Average	181	(72.4)
Good	28	(11.2)

As it's shown in the table below, (31.20%) of women in the sample were married less than 5 years, and most of them (53.60%) has equal to or less than 3 pregnancies including number of children, we also observed that most of the couples (76%) are deciding the number of the children together. Although (27.20%) of women were married equal to or more than 16 years, the number of pregnancies of (53%) of women is equal to or less than 3, as shown in table 2:

Table 2: family size of studied population

Variable	Frequency	Percentage
Years of marriage		
≤ 5	78	(31.2)
6-16	67	(26.8)
11-15	37	(14.8)
≥ 16	68	(27.2)
No. of pregnancies		
≤ 3	134	(53.6)
4-6	87	(34.8)
≥ 7	29	(11.6)
No. of children		
≤ 3	169	(67.6)
4-6	64	(25.6)
≥ 7	17	(6.8)
Who decide on no. of children		
Women	30	(12.0)
Partner	28	(11.2)
Both	190	(76.0)
Other	2	(0.80)

The study revealed that 96% of the studied women had knowledge about contraception, and that 58% of them have used them. Intrauterine devices were the main types used by women (46.9%) followed by contraceptive pills (36.59%). Women thought that the main advantages of using contraceptives is preventing pregnancy (60.6%) followed by decrease bleeding (76%), while the main disadvantage was irregular menstruation (51.08%). More than half of women get contraceptives from the hospitals, while 36.55% get them from pharmacies, as shown in table 3:

Table (3): Knowledge about contraception and related factors:

Variable	Frequency	Percentage
Knowledge of contracep.		
Yes	240	(96.0)
No	10	(4.0)
Use of contraception		
Yes	145	(58.0)
No	105	(42.0)
Contracep. method used		
Pills	71	(36.59)
Intrauterine devices	97	(46.9)
Injections	7	(3.6)
Condom	25	(12.88)
Contracep. advantages		
Prevent pregnancy	60	(60.6)
Decrease abortion	31	(31.31)
Decrease bleeding	7	(76.0)
Decrease pelvic pain	1	(0.80)
Contracep. disadvantage		
Irregular menstruation	47	(51.08)
Weight gain	9	(9.78)
Infertility	6	(6.52)
Other	30	(32.6)
Sources of contraception		
Hospital	78	(53.79)
Pharmacy	53	(36.55)
Private clinic	11	(7.58)
Shops	3	(2.06)
Why not use contracep.		
Fear from side effects	38	(36.19)
Use traditional methods	26	(24.76)
Want more children	25	(23.80)
Partner's disagreement	5	(4.76)
Others	11	(10.47)
Cost of contraception		
Cheap	115	(79.31)
Average	28	(19.31)
Expensive	2	(1.37)

Although statistically insignificant, contraceptive methods use increases with increasing level of education, 53.8% among higher degrees holders compared to 23.9% among illiterate/read and write women, as its shown in Table 4.

Table 4: Association between the degree of education and current use of contraception

Variable	Current use of contraception			P value
	No (%)	Yes (%)	Total (%)	
Degree of education				0.088
Illiterate/read & write	76 (76.1)	21 (23.9)	79(100)	
Primary/secondary	65 (65.7)	34 (34.3)	99 (100)	
Institute/college	31 (62)	19 (38)	50 (100)	
Higher degree	6 (46.2)	7 (53.8)	13 (100)	

There was a significant association between number of children and residence. As shown in table 4 below 33.3% of rural women have 4-6 children compared to 24.5% for urban women, as shown in table 5.

Table 5: Residence and number of children

Variable	Number of children				P value
	≤3 No.(%)	4-6 No.(%)	≥7 No.(%)	Total (%)	
Residence					
Urban	154 (70)	54 (24.5)	12 (5.5)	220(100)	0.027
Rural	15 (50)	10 (33.3)	5 (16.7)	30 (100)	

Discussion

This research briefly provides information on contraceptive use by married women in Erbil city. The findings highlight several trends in this regard. It discusses the extent of use of contraceptive methods and factors that influence their use among women in stable marital relations attending health facilities in Erbil city. It helps to identify socio- demographic and socio- cultural and issues that are the causes to use and barriers in front of using contraceptive methods.

In our study, married women were asked about their knowledge regarding different types of contraceptive method, (96%) of omen heard about contraceptive methods, either from their

surroundings or they have asked for information about them, the remaining (4%) didn't know about contraception. Such knowledge does not necessarily mean that such persons have adequate exposure to the use of contraceptive because other decision making influences could determine its use or otherwise, comparing our study to a study conducted in Nigeria in 2014 most of the women (94.2%) were knowledgeable about contraception, which is approximately near to our findings.¹²

At any specific point in time, women of child bearing age are using or not using contraception depending on whether they are sexually active and their current plans, intention, and expectation for birth. The use of contraception provides a measure of cumulative experience of population with family planning. At any time, in our study, (58%) of all women reported ever using a method of contraception which is higher than women who do not use contraceptive (42%). This finding is almost similar compared to the percent distribution of women in the United States in 2006-2010, which showed that 63% were using contraception and 38% were not using contraception.¹³

In the current study it was observed that the use of contraceptive methods increased with the level of education, in which most women (53.8%) with high degree education use contraceptive methods compared to those with illiterate/read and write (23.9%). This also is supported in this study by using of contraceptives among women with institute/college education which is (38%) and it's more comparing with those women with primary/secondary education. These findings are consistent with other studies like the one in Uganda in 2011 which showed strong association between education level and contraceptive use.¹⁴

Regarding the current type of birth control used by the study sample, the study showed that most of the women preferred to use IUD (47%) followed by pills (36%) then condom (13%) and least was injection (3%). This finding of high prevalence of IUD use agree with that of Asian countries as Asia has the highest IUD use in comparison with other regions.¹⁵

One of the major causes of avoiding contraceptives was fear from its side effects (38%), they considered that using of contraception affects their health in a bad manner, a significant portion of them stressed that it has high effect on their health, and they thought there are better ways of controlling pregnancy including the traditional way (26%). Our finding is approximately near to

that of finding in 2014 of roughly (35%) of women in Latin America, (28%) of women in Africa, and (23%) of women in Asia are not using contraception because they are concerned about side effects and health risk of methods, or they find the methods inconvenient to use.¹⁶

Regarding the cost of contraceptives, the majority of women (79%) thought that the cost was cheap, compared to only 2% of them who thought that they are expensive. This might be justified by the fact that 54% of women get the contraceptives from hospitals, compared to 36% from the pharmacies and 4% from private clinics, and of course getting these contraceptives from private pharmacies and clinics will have its own financial implications.

Limitations of the study:

The major limitation in our study was the small sample size because of our limited time. Also male partners were not directly involved in the study.

Conclusions

Most of the women that participated in our research had knowledge and information about contraception, and more than half of them already used at least one contraceptive method. The majority of women preferred to use intra uterine device IUD rather than other methods. Women's educational level didn't have any significant effect on the use of contraception. The main contraceptives' disadvantage reported by women was irregular bleeding. The majority of women thought that the cost of contraceptives is cheap.

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