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Original Research

Barriers to Contraceptive Use among Women in Mosul City / Iraq

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Abstract:

Background: Many cultural and social factors of the family may discourage the use of modern approaches of family planning. The study aims to explore the barriers of contraceptive use among women in Mosul city/ Iraq.

Methodology: A cross-sectional study was conducted among (200) women in primary health care centers at Mosul city. Random sampling technique was take-on in the study. A detailed questionnaire and interview method was used to obtain basic data which consisted of two parts. The first: socio-demographic data, and second part: six items barriers of contraceptives using(Demographic, Cultural, Psycho-social and physical , Medical, Barriers related to the method itself and Administrative Barriers).

Results: Mean age was (26.43 ± 0.713) and majority (33.5%) were had, bachelor and above, and a high percentage (63%) were housewife, (71%) were non-user of family planning. The main barriers were barriers related to method itself and, demographic barriers. There are statistically significant between socio-demographic and barriers of using contraceptives at p-value<0.05; while non- significant with Psycho-social and physical barriers.

Conclusions: The study concluded that the highest barriers were related to the method itself and demographic barriers. Statistically significant association between socio-demographical characteristics and barriers of contraceptives.

Recommendation: The current study recommended, that these barriers should to addressed by giving promotional messages and counseling to females and provide to setting educational program about family planning.

Keywords: Barriers, Contraception, Women, Mosul, Iraq.

Introduction:

Supposed facilities of family planning are to be accessible in primary health care centers and public, hospitals care free. or greatly funded (Hardee et al., 2014). In general, the use of type of contraceptives; which indicate the extent of a state's development and give awareness into behaviors of popular with regard to the health, shows the amount of sentient strength of mind that pairs use for the determination of regulatory copy. (Sen et al., 2017). On the other hand, supplies of FP are from time to time not available or are non-accepted from the public, sector to the private sector; which done a lot of females have to rest on at private pharmacies and health center to obtaining contraception in greatest regions of the, nation (Ebrahim, & Muhammed, 2011). The choice to use or not utilize birth control methods is primarily influenced by a variety of hurdles arising from administrative, cultural, mental abilities and psychological variables, as well as physical, barriers and method-related restrictions (Abdel-Salam et al., 2020). All over the world, trends showed the rise in the agreement of contraceptive, nevertheless; Numerous females about one in three abandon their method throughout one year (Ali et al.,2012; Hassan et al.,2021). Factors that may affect contraceptives use include: ease of access, cost and willingness of both spouses to have intercourse; by any means, is pervasive use of contraceptives, versatility, degree of unsuccessful tests, fewer advantages, side effects and spousal adoption for medical workers (Parmley et al., 2019). Education and other barriers around correct use are insufficient and still require improvement: Various women at Mosul city have shown that, they don't recognize by what method to use contraceptives for instance a cause why their family planning needs are not being met (Al-Asad, 2011). In addition, about twenty percentage of pregnancies women was remained unwanted who unsuccessful to consumption contraceptives and about 50% of users talk about side-effects such as bleeding, weight gain in Mosul(Al-Jawadi & Al-Bakri, 2010) and Dohuk (Agha and Rashid, 2007). Prevalence of family planning use in Iraq was (45%) modern and traditional methods (15%), that was subordinate than the international normal 63%, and also lower than other nations like Jordan and Tunisia (Alrawi, 2021).

Methodology:

A descriptive, cross-sectional study design, purposive sample was achieving the objectives among (200) eligible women attending primary health centers in Mosul (Al-Quds primary health center, Al-Sheekhan, Al-Zahra primary health center and Bartella primary health center). Inclusion criteria of the Study Sample: Women who had stopped using FP methods (discontinued)), Women who had never used any FP method. Exclusion criteria of the Study Sample: Women who had a hysterectomy and women who were pregnant. The data was collected for the period from 20th of December 2022 till 10th of September 2023. A detailed questionnaire was used by the researchers during face to face interviews with the participants. The tool comprises of two parts, the first part concerned with women's socio-characteristics (age, education of level, residence, occupation, number of children and contraceptive pattern.). The second part was designed by the researchers from the literature review (Alrawi, 2021; Al Kindi & Al Sumri, 2019; Kanwal et al., 2017), and consists of six items of barriers to using contraceptives among women: Demographic barriers, Cultural barriers, Psychosocial and physical barriers, Medical barriers, Barriers related to the method itself, and related to reproductive and Administrative barriers. The Statistical Package for the Social Sciences Version 26) was used for data analysis and management. Descriptive analysis was carried out by calculating the frequencies and percentages for, variables. The prevalence was reported as a percentage with 95% confidence intervals (CIs). Pearson's Coefficient Correlation for adequately reliable of questionnaire format. Analysis was conducted to investigate the factors of barriers of contraceptive use. $P < 0.05$ was considered to indicate statistical significance. Prior to data collection, official permission was obtaining from the Ministry of Health/ Department of Planning and Health Research committee. Ethical issue was obtaining from all women only who are agree to participate in the study.

Results:

Table 1: Socio-Demographical characteristics of the study sample (No. = 200).

Variables		Number	%
Age	≤ 20	4	2.0
	20 – 30	127	63.5
	31 – 40	47	23.5
	41 – 50	22	11.0
	Mean ± S.D. = (26.43 ± 0.713)		
Level of Education	Unable to Read & Write	32	16.0
	Primary	45	22.5
	Secondary	56	28.0
	Bachelor & above	67	33.5
Residence	Rural	74	37.0
	Urban	126	63.0
Occupation	Housewife	121	60.5
	Employed	79	39.5
Number of Children	1 – 3	119	59.5
	≥ 4	81	40.5
Contraceptive Pattern	Non-Users of FP	142	71.0
	Discontinued Using FP	58	29.0

There mean age was (26.43 ± 0.713). A maturity of study sample was bachelor and above which constituted (33.5%), according to the residence more than1 half of women participates was living in urban area, and a highly percentage (60.5%) were housewife. As regard to number of children had from (1-3) children (59.5 %). Seventy – one of study the sample was non -user of family planning.

Table 2: Barriers to using contraceptives among women who attend primary health centers in Mosul city (No.= 200) (multiple response)

Barriers items		**Number**	**%.**
A-	**Demographic barriers**		
1	Desire to have other children due to lower parity	94	47.0
2-	Contraceptives should be used by elderly women who do not wish to become pregnant.	112	56.0
3-	Having difficulty getting pregnant	147	73.5
4-	It's expensive.	84	42.0
B-	**Cultural barriers**		
1-	Have low confidence about contraceptive methods, e.g. IUD may cross the threshold the uterus, (infertility may cause by Depo-IM	137	68.5
2-	Childbearing is easier at a younger age	133	66.5
3-	Contraceptives: Non- traditional methods may hurt woman health.	141	70.5
4-	Ideal Number of children is not known	96	48.0
5-	unwilling to discuss behavior and sexual problems with male doctors	125	62.5
6-	My husband does not want it	88	44.0
7-	It is embarrassing to obtain it	97	48.5
C-	**Psycho-social and physical Barriers.**		
1-	Somebody is obstructive women from using of FP.	73	36.5
2-	Faraway of primary health center from my household	65	32.5
3-	Busy at all times and elaborate in several responsibilities whole day.	132	66.0
D-	**Medical barriers**		
1-	Methods of hormonal contraceptives need women to be on her period.	132	66.0
2-	Asking women to come back more often than natural for checkups	104	52.0
3-	Spouse's personal consent for using of FP	138	69.0
E-	**Barriers related to the method itself, and related to reproductive**		
1-	Need to have a more real ways of family planning.	155	77.5
2-	Failure in using of contraceptive methods	131	65.5
3-	Encountered serious side effects(bleeding, weight gain, sever headache).	147	73.5
F-	**Administrative barriers**		
1-	We didn't join any informative program around FP.	131	65.5
2-	The bad quality of service	103	51.5
3-	Had a pad history experience	78	39.0
4-	Lack of privacy during the examination.	83	41.5
5-	Shortage of stock in family planning services	131	65.5

The main barriers for women participated were three barriers: firstly, related to the method itself. Secondly: demographic barriers, and thirdly was cultural barriers. Demographic barrier were prevalent as (73.5%) thought that having difficulty getting pregnant . Regarding cultural barriers(70.5%) reported that non-traditional method of contraceptive method can harm the women health, while (68.5%) reported have bad belief about contraceptives methods. Psychosocial and physical barriers were high percentage (66%) thought that Busy at all times and elaborate in several responsibilities whole day. As regard medical barriers, sixty nine in percentage said that spouses personal consent for using of contraceptive, while (52%) of participants said they asking women to come back more often than natural for checkups. In relation to barriers related to method itself, about (77.5%) reported that need to have a more real ways of family planning. Regarding Barriers of administrative, We didn't join any informative program around FP services, and shortage of stock in family planning services were reported by (65.5%)

Table 3: Correlation between Socio Demographic Characteristic and Barriers to using contraceptive

Items	Age	Level of Education	Residence	Occupation	Number of Children	Contraceptive Pattern	P-value
Administrative Barriers	0.033	-0.125	0.099	0.251	0.288	0.141	0.005
Demographic Barriers	0.093	-0.024	0.222	0.279	0.280	0.240	0.000
Cultural Barriers	-0.006	-0.157	0.206	0.182	0.367	0.287	0.002
Medical Barriers	-0.029	-0.073	0.301	0.021	0.289	0.302	0.001
Psychological, Social	0.014	0.024	0.194	0.249	0.365	0.231	0.043
Same Method and Related	-0.013	0.018	0.145	0.111	0.260	0.336	0.007

* Correlation1 is significant at the 0.05 level.

Table 3 show there are statistically significant correlation between socio-demographic and characteristic reported barrier at P-value 0.05 (Administrative, demographic, cultural, medical and method itself barriers), While there are non-significant correlation between socio-demographic and barriers of psychological, social.

Discussion:

Contraceptive methods: has extended more and more attention throughout the world as they keep together woman and offspring in contradiction of diverse mortalities and morbidities associated with frequent gestations composed with other benefits of socioeconomic (Chakraborty et al., 2021). The current study show different barriers regarding contraceptive use among woman were demographic, cultural, psychosocial & physical, medical, and barriers associated with methods itself, and smallest amount one stated barriers was administrative. This outcomes was in covenant with the study which done by (Farheen, 2013 & Abdel-Salam et al., 2020) who were studied barriers for using of contraceptives among women. Our study finding the majority participants reported barriers related, to method itself, and reproductive, greatest of them mentioned health reasons and side effects because of contraceptive

uses as bleeding, headache, obesity; the majority (77.5%) had the need to have more real methods of, contraceptive. This is might be because of failure in previous practice of FP technique or the presence of side effect. Our result has been reinforced by (Aktun, 2005) which done in Turkish who stated that female use of family planning, the vast of unplanned gestations happened as a product of inappropriate method use. Asia and Latin America the survey was done by Hasna, 2006 exposed that barriers of the reproductive stayed the second most recurrently mentioned cause that cut down below the title of wellbeing concerns, which evaluated deeply in these counties, while this result disagree with Saad Farrag, 2020. However, Barriers of demographic was 2nd most common described barriers in this study; having difficulty getting pregnant mentioning in present study which similarity by Jalu et al.,2019 who reported the women discontinues use of contraception method that difficulty become pregnant; while dissimilarity with Hassan Abdulkareem, 2021. This opinion is rational for females need to realize the wanted number of kids. Concerning to cultural barriers in present study, more than half of women participants said that non-traditional methods of family planning may impairment health woman. For the reason that of a deficiency of attentiveness of members about the medical advantage of a number of FP like as decrease the cancer of ovarian when use pills of combined oral contraceptive and controlling of irregular uterus blood loss, this consisted by Komasawa et al., 2020 was done in Jordan. However, other studies showed in Lebanon among Syrian refugee women by Cherri et al., 2017 indicated have bad belief about contraceptive methods, was stated cultural barrier among study sample. In additional, Sixty-six in percentage in the current study that related to psychosocial and physical barriers the women said that always busy. Studies conducted in Aljouf area in AL-Saudi by Abdel-Salam et al., 2020 showed that the women employ and hard work at home could be refuse contraception method using. Concerning medical barriers in our study, 36.5% who reported this option related to husband's approval or disapproval. Our findings are supported by Mahadeen et al., 2020 who reported that spouse's judgment is crucial to have a method of contraception use. On the other hand, this result disagreement with many studies reported by Chakraborty et al., 2021 exposed that females have the expert concerning their decisions of reproductive. The spouse's attitudes about FP also have an important part in birth control choices: several of the women polled in one research indicated they, couldn't use methods of contraception because of their husband's insistence. The husband's opinion influences women's choice of contraceptive technique. (Al-Asad, 2011(. The barriers of Administrative might lead to displeasure with the provision and unwillingness to use it and cessation. We didn't join any informative program about contraceptive methods, and shortage of stock in family planning services was the most reported in the present result. This result was agree in another study done by Ahmed, 2021; while disagreement with study was done by Al-Harazi et al., 2019. Our result present, there were statistically significant correlation between socio-demographic characteristic of sample study and reported barriers to using contraceptive. This study was similarity the study done by Cherri, 2017 & Paredes et al., 2021. In other hand, this result was dissimilarity with study done in Southwest Nigeria by Durowade et al., 2017 & in sub-Saharan Africa by Olakunde et al., 2019. The estimation of statistical provisions the documents of data that can be showing from above discussion.

Conclusions:

The present results concluded,, Main barriers were barriers related to method itself and demographic barriers .Making decision on family planning, mode to use, and children to want have, was together done by pair or prepared by the spouse. Whys and wherefores for termination, exactly on side effects of contraceptive, were affected by the partners. In addition, statistically significant relationship between socio-demographical characteristics and reported all barriers at P-value < 0.05; and non-significant with psychological and social barriers. Appropriate plans should be applied to increase population attentiveness for using methods of contraceptive and to dismiss

misunderstandings. The medical staff at antenatal care by the physicians and nurses provide to setting educational program about family planning

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