

Reasons Beyond Contraceptive-Disuse in Mosul, Iraq

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Abstract

Introduction: Millions of wives are disuse them for various reasons.

Aim: The study aimed at estimating prevalence of contraceptive disuse among wives in Mosul and determining reasons beyond such behaviour as stated by their own terms.

Subjects and Method: It was a cross-sectional study on health-institutions base and followed a multi-stage stratified sampling. Data collection started from April, 1st 2011 till the end of Jan, 2012. Verbal consents were obtained from each participant. Prevalence of contraceptive disuse was estimated. As well, reasons beyond such behaviour were reported by using wives' own words. The association of contraceptive disuse with the socio-demographic features studied by applying chi2 test.

Result: The study interviewed 1302 wives in child-bearing age. Prevalence of contraceptive disuse was 47.8%. It was significantly higher among Muslims ($p=0.000$), in peri-urban and rural areas ($p=0.000$), among young couples' age ($p=0.000$) and with low educational level ($p=0.000$).

Social reasons induced 52.0% of wives to disuse contraceptives, followed by health fears (33.9%).

Conclusion: Almost half of wives in Mosul disuse contraceptives and they usually justified their behavior by a social reasons and health fears.

Recommendation: it is suggested that health education should focus on the acceptability of contraceptives within the frames of local norms.

Keywords

Prevalence, Contraceptive, Wives, Social, Health

I. Introduction

Since 1990s, maternal mortality has declined in some regions, including East Asia, South-East Asia, Latin America and the Caribbean and North Africa. Among the shared attributes of these regions, as reported by WHO, are the increased use of contraception to regulate childbearing; besides better access to and use of high quality health-care services; and broader social changes, such as increased education and enhanced status for women [1].

Contraceptives utilization can prevent maternal mortality in three primary ways. First, they decrease the total number of pregnancies, each one of which puts women at risk. Second, they prevent unwanted pregnancies, thus reducing reliance on unsafe abortion. Finally, they reduce high-risk births due to short timing between births [2]. According to WHO [3] on 2008 estimation, there are about 30 million unwanted pregnancies each year in developing countries and about 19 million unsafe abortions take place worldwide each year.

Although contraceptive use has markedly increased in most developing countries during the recent years, millions of women are still considered to have an unmet need for family planning [4-5] The concept of unmet need points to the gap between a women's reproductive intentions and their contraceptive behaviours. It is often translated into a heavy health burden for mothers, families and governorate levels [7-8]

The present study aimed at finding out prevalence of contraceptive disuse among wives in Mosul, at north of Iraq; as well as determining reasons beyond such behaviour as stated by their own terms.

II. Subjects and methods

Administrative agreement was obtained from Nineveh Health Directorate in Mosul to achieve a cross-sectional study on health-institutions base.

A multi-stage stratified sampling was methodized in the present study to divided Mosul into four geographical residences: North East, North West, South East and South West. The eligible wives were selected on a consecutive base during their visits to the included twenty PHCCs (that represented 70% of all centers in study setting). Eligibility of mother was standardized according to the prescribed inclusion criteria: wives in child-bearing age. Ethical approvals and verbal consents were obtained from each participant to ascertain ethical standards related to the discussion of such issue.

A special form of questionnaire was build out to collect the required data about prevalence; reasons of contraceptive disuse were reported as stated by the studied wives using their own words. It also inquired about the socio-demographic characteristics of contraceptive disusers. Data collection last for almost ten months (from April, 1st 2011 till the end of Jan, 2012).

The present study applied statistical equations to find out prevalence rate of contraceptive-disuse and estimate its association with the socio-demographic features by applying chi2 test. P-value was considered as significant when it was equal or less than 0.05 throughout the analysis. Magnitude of the association was quantified by estimating odds ratio (OR) and it 95% confidence interval (95%CI) [9].

III. Results

The present study interviewed 1302 wives who met the clarified inclusion criteria in urban residence (52.4%) and in peri-urban or rural areas (47.6%). Their mean age was 30.0 ± 7.7 years. Most of them (70.3%) were in their 2nd or 3rd decades. The rest 7.4% and 12.3% were younger or older respectively. Regarding husbands of the concerned mothers, just 0.8% were teenagers, almost a quarter (23.7%) were in their twenties, 41.4% were in their thirties and 34.1% were older. Their mean age was 36.0 ± 9.3 years with a range of 19-81 years.

Most of the studied families (93.9%) were Muslims. Christian families represented just 6.1%. Urbanization i.e. shifting from rural to urban area during the last ten years, was reported in 14.9% of the studied families. More than half of the studied families (54.3%) showed extended structure. Illiteracy was found among 48.8% and 29.3% of concerned wives and husbands in same order. Fraction of working wives among the studied sample was 7.6%.

The present study reported that a little lower than half of studied wives (47.8%) disused contraceptives at the time of data collection. (Fig. 1).

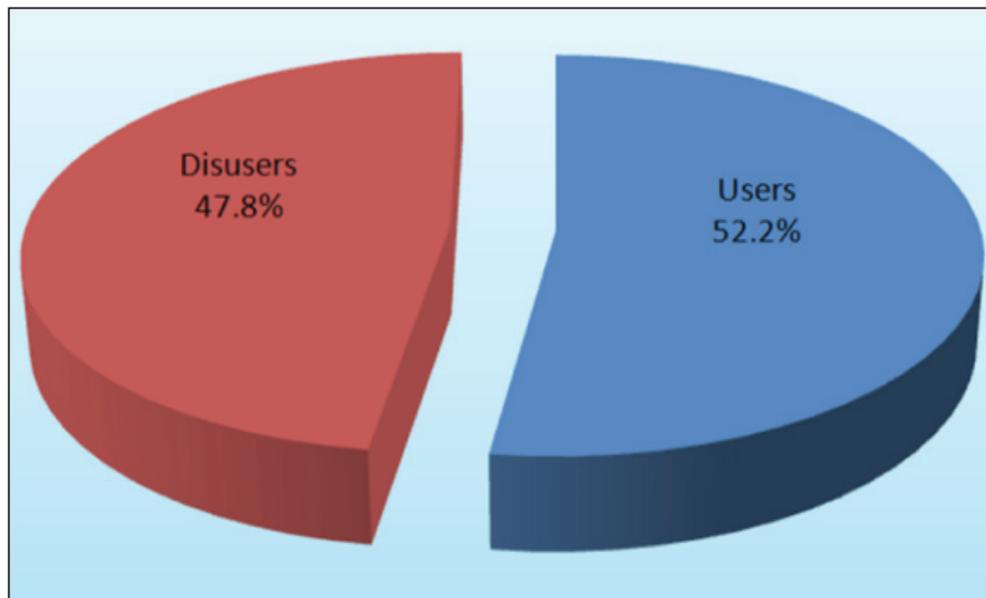


Fig. 1: Contraceptive Utilization by Studied Wives

Table 1 shows the association of contraceptive utilization with socio-demographic features of the studied sample. It indicates that Muslims wives were significantly six times more likely to disuse contraceptives (50%, OR=6.2, 95%CI=3.1-12.5, p=0.000). The event of contraceptive disuse was less frequent among urban wives

(43.0%) and nuclear family structure (39.4%) when compared with peri-urban and rural wives (53.2%) and extended families (53.9%) ((OR=0.7, 95%CI=0.5-0.8, p=0.000) and (OR=0.6, 95%CI=0.4-0.7, p=0.000) respectively.

Table 1: Association of Contraceptive Utilization with Socio-demographic Features of the Studied Families

Socio-demographic features	Contraceptive utilization						P-value	OR (95% CI)
	Disusers (n=623)		Users (n=679)		Total (N=1302)			
	No.	(%)	No.	(%)	No.	(%)		
Religion								
Muslim	612	(50.0)	611	(50.0)	1223	(93.9)	0.000	6.2 (3.1-12.5)
Others	11	(13.9)	68	(86.1)	79	(6.1)		
Residence								
Urban	293	(43.0)	389	(57.0)	682	(52.4)	0.000	0.7 (0.5-0.8)
Peri-urban	330	(53.2)	290	(46.8)	620	(47.6)		
Urbanization								
Absent	532	(48.1)	575	(51.9)	1107	(85.1)	0.7	1.1 (0.8-1.5)
Present	91	(46.7)	104	(53.3)	195	(14.9)		
Family structure								
Nuclear	213	(39.4)	328	(60.6)	541	(45.7)	0.000	0.6 (0.4-0.7)
Extended	410	(53.9)	351	(46.1)	761	(54.3)		
Social class								
<3rd class	289	(46.1)	338	(53.9)	627	(48.2)	0.2	0.9 (0.7-1.1)
≥3rd class	334	(49.5)	341	(50.5)	675	(51.8)		

Table 2 displays the association of contraceptive utilization with personal characteristics of the spouses. Contraceptive disuse was significantly reported more commonly among wives younger than thirty years (67.0%) with low educational level (50.1%) and housewives (49.6%) (OR=6.9, 95%CI=5.3-8.8, p=0.000, OR=6.0, 95%CI=3.1-11.7, p=0.000 and OR=2.8, 95%CI=1.7-

4.5, p=0.000) respectively. Similarly, husbands' age younger than 30 years and low educational level associated significantly with higher prevalence rate of contraceptive disuse (70.9% and 4.3% in order) (OR=3.6, 95%CI=2.7-4.8, p=0.000) and (OR=1.3, 95%CI=1.0-1.8, p=0.04) respectively.

Table 2: Association of Contraceptive Utilization with Personal Characteristics of the Spouses

Maternal characteristic	Contraceptive utilization						P-value	OR (95% CI)
	Non-users (n=623)		Users (n=679)		Total (N=1302)			
	No. (%)	No. (%)	No. (%)	No. (%)				
Wives' Age								
< 30	454	(67.0)	191	(33.0)	645	(49.5)	0.000	6.9 (5.3-8.8)
≥ 30	169	(32.6)	488	(67.4)	657	(50.5)		
Wives' Education								
< 12 years	611	(50.1)	608	(49.9)	1219	(93.6)	0.000	6.0 (3.1-11.7)
≥ 12 years	12	(14.5)	71	(85.5)	83	(6.4)		
Wives' Occupation								
Housewives	597	(49.6)	606	(50.4)	1203	(92.4)	0.000	2.8 (1.7-4.5)
Working	26	(26.3)	73	(73.7)	99	(7.6)		
Husbands' Age								
< 30 years	227	(70.9)	93	(29.1)	320	(24.6)	0.000	3.6 (2.7-4.8)
≥ 30 years	396	(40.3)	586	(59.7)	982	(75.4)		
Husbands' Education								
< 12 years	515	(49.3)	530	(50.7)	1045	(80.3)	0.04	1.3 (1.0-1.8)
≥ 12 years	108	(42.0)	149	(58.0)	257	(19.7)		

Table 3 shows reasons that induced wives to disuse contraceptive methods as stated by their own words. Half of the studied wives (52.0%) accused social reasons and half of them (50.0%) did not use contraceptive methods because of their husbands' objections. Less than a fifth (18.2%) wished to have more children. Disagreement of mothers-in-law as well as gender preference were the reasons of contraceptives disuse among 13.8% and 11.6% respectively. Almost one third of the reasons of contraceptives disuse (33.9%) was attributed to health reasons. In urban families, history of primary infertility or sub-fertility was the most frequent cause

(45.8%) followed by the fear from adverse effects of contraceptives (31.8%) or actual occurrence of adverse effects (2.4%). However, the most frequent cause of contraceptives disuse in peri-urban and rural settings was the fear from the unpleasant effects of contraceptives that turned half of the wives (53.2%) away from using contraceptives.

Religious beliefs prevented 2.7% of studied wives from using any of contraceptive methods. Same proportion (2.7%) explained economic limits.

Table 3: Reasons of Contraceptive Disuse as Stated by the Studied Wives According to their Residence

Reasons of contraceptive disuse	Urban (n=293)		Peri-urban & Rural (n=330)		Total (N=623)	
	No.	(%)	No.	(%)	No.	(%)
Social Reasons	171	(58.4)	153	(46.4)	324	(52.0)
Husband disagreement	82	(48.0)	79	(51.6)	161	(50.0)
She wants more kids	25	(14.6)	34	(22.2)	59	(18.2)
Mother in-law disagreement	18	(10.5)	27	(17.7)	45	(13.8)
Gender Preference	29	(17.0)	9	(5.9)	38	(11.6)
Late marriage	17	(9.9)	4	(2.6)	21	(6.4)
Health Reasons	85	(29.0)	126	(38.2)	211	(33.9)
Fear of Adverse Effects	27	(31.8)	67	(53.2)	94	(44.5)
Sub-fertility	39	(45.8)	28	(22.2)	67	(31.8)
Occurrence of Adverse Effects	17	(20.0)	31	(24.6)	48	(22.7)
Obstetrician's Advice	2	(2.4)	--		2	(0.9)
Religious Reasons	10	(3.4)	7	(2.1)	17	(2.7)
Economic Reasons	6	(2.0)	11	(3.3)	17	(2.7)
Ignorance	21	(7.2)	33	(10.0)	54	(8.7)

IV. Discussion

The present study was carried out in Mosul, the second most populated city in Iraq and third biggest one. Mosul lies at the North of Iraq and it is usually described as pearl of the north [10]. This city is indicative of the mingling ethnic and religious cultures of Iraq. The majority of its people are Arab ethnicity who live mainly in urban areas, besides some thousands of Assyrians, Kurds, Turkmens, Shabaks and Armenians, make up the rest of Mosul's population. According to the recent provincial elections, [11] Arabs constitute 70% of the total population in the province and Kurds make up 25%. While, Assyrians and Turkmen make up 5% [12].

Sample composition of the present study is rather varied from the data of provincial elections possibly due to internal migration of some ethnic and religious groups as a result of the unstable security circumstances that Mosul witnesses since 2003. Yet, Mosul still maintained its multicultural and multi-religious mosaic which had a great role in drawing its cultural beliefs and norms that affect all aspects of human behaviours including contraceptive use.

The study under-hand adopted a cross-sectional design, which forms the general methodology of sociological and anthropological researches. Such design is helpful to ascertain the effects of social or economic factors on health and health events [13] beside having the advantage of being fairly quick, easy to perform and useful for estimating prevalence rates [14-15].

Regarding contraceptives disuse, topic under discussion, the current study has found that almost half of wives (47.8%) in Mosul at time of data collection were not using any of contraception methods. The bright aspect is that the other half of wives (52.2%) were currently contraceptive users. This rate seems to be higher than that reported by the Central Organization for Statistics and Information Technology and Kurdistan Regional Statistics Office (16) in 2007 which stated that 33% of Iraqi wives in general and 21.8% of wives in Mosul in particular were using family planning methods. The apparent raise in contraceptive use prevalence may be attributed to the different sample frame. The statistical office, unlike the current study, adopted a community-based data.

Al-Jawadi and Al-Sammak [17] in their cross-sectional study at 2010 reported that (50.4%) of wives at their child bearing age who attended the immunization units at PHCCs in Mosul were currently contraceptives-users. However, another community-based survey carried out by The survey for social and health indicators of Iraqi women (I-WISH) [18] in 2011, reported that contraception prevalence all over the country was 39.8% on average and 34.0% in Nineveh. So, there is an obvious improvement in contraceptive use in study's locality. Yet it still lagging beyond the international levels.

Contraceptive disuse, as showed by the current study, seems to be higher among Muslim communities (50.0%). The role of religion is broached by Iranian experience that witnessed one of the most successful family planning programs in the world merely by successful collaboration of technical experts and religious leaders. Vahidnia [19] in 2007 stated that Iran recorded a 64% decline in fertility rate together with 74% contraceptive use among married women between 1986 and 2000. Vahidnia affirmed that this trend had positive impact on women's health, education and human development, and will help preserve natural resources for future generations.

Islamic teaching encouraged a birth to pregnancy interval of 22-24 months in order to provide an opportunity for lactation. According to the advisory opinion of many of the Imams and Scholars, Islam allows contraception if it is not damage wrecked on the Islamic nation [20]. Tantawi, Sheikh Al-Azhar [21], clarified that sterilization is religiously forbidden. But, there is a difference between family planning and the sterilization, as they said, because family planning means allow couples to decide, according to their choice and abilities, to space pregnancies in order to be able to full care their children without difficulty. As well, Catholic Church encourages the couples to intelligently and freely decide how many children they can responsibly care for, taking into consideration very serious factors, such as: physical health, psychological health, economic ability and social condition [22].

However, just few (2.7%) who recorded religious beliefs prevented studied wives from using any of contraceptive methods, indicating that there were socio-cultural determinants other than religion that affect wives' decision regarding contraception. The current study found that 63.8% of wives did not use any type of contraception due to disagreement of their husbands and mother-in-law. The percent may even raise to 69.3% in peri-urban and rural families. Al-Jawadi and Al-Bakry [23] found that 20.2% of wives in Mosul in 2008 were prohibited from using contraceptives and described as having unmet needs. While, 40.2% of wives had met their needs (women are said to have met their needs for family planning when they use any method of contraception to delay or stop their next birth).

Al-Ridhwany and Al-Jawadi [24] stated that husbands and/or their parents are the main directors of reproductive decision-making in Mosul. In addition, having a large number of children is considered as socially and economically gain according to the cultural beliefs in the study's locality as expressed by 18.2% of the studied wives. As well, wives aspire to empower their social status within their new families by having a superior quantity of offspring especially sons [25].

The present study revealed that the lower the educational level of couples, the higher the probability of contraceptive-disuse (OR=6.0, p=0.000 for wives' education and OR=1.3, p=0.04 for husbands' education). Similar findings were recorded by UNFPA [26] in 2012 and stated that the desire and ability to practice family planning are affected by women's socio-economic characteristics and the key factor included the level of education of the woman and her husband.

World Bank in 2009 [27] stated that education directly influenced women health status and any restrictions on women's education will affect their ability to make informed choices regarding health practices, to access health care services, to interact with health care personnel and even to participate in treatment regimens. Furthermore, Ban Ki-moon, [28] the general secretary of UN in 2012 made it clear that women's education exposes them to information, empowers them, makes them more likely to be employed outside their home environment, and makes them more aware of their own health and the health of their children; all of which are negatively associated with the number of children a woman will have during her reproductive life. He added that educated women are more likely to postpone marriage, have smaller family size, and use contraception than uneducated women do.

Al Sheeha [29] when investigated awareness and the use of contraceptives among Saudi women in 2010 and found just 44.8% of married women were using or had used a contraceptive method continuously for at least one year. Non-users explained three main reasons: considering the value of children as being a blessing from

God (69.5%), the harmful effect of contraceptives (19.5%), and the negative effect on the marital life (11.0%).

Bagheri and Nikbakhsh [30] found that 83.8% of Iranian women in 2010 agreed to have small family size. However, there are still 10.1 % of women did not seek family planning services mostly because of their husband's attitude that was against family planning mostly among the low educated wives. The authors explained that religious beliefs as well as a general cultural notion of Iranian women, that is a wives' duty is to support family through large family specially boys, substantially affects a woman's decision about family planning methods. They added that anxieties about the possible risks to infertility may have prevented the use of the systemic methods of contraception.

V. Conclusion

Almost half of wives in Mosul diuse contraceptives specially in peri-urban and rural areas. The prevalance is significantly higher among young couple with low educational level. They usually justified their behaviour by a social reasons and health fears.

VI. Recommendation

In order to diminish contraceptive disuse, health education is suggested to focus on the acceptability of family planning program within the frames of religious teachings and local norms. Husbands beside their wives are needed to be included in health education program in order to enable women to share in decision-making process regareding the planned fertility behaviours.

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