

# Certain Determinants Affecting the Current Choice of Family Planning Methods Used by Women Attending Some Family Planning Clinics in Baghdad City

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## Abstract

Family Planning methods have indeed found wide acceptance in many parts of the world and their use has had a major impact on women's and children's health around the world.

There are certain determinants (factors) which affect women's current family planning method choice.

The study was conducted on a convenient sample including (400) women who attended 3 family planning clinics in Baghdad.

An interview was conducted by the investigator on determinants of the current choice of family planning method, the reasons for this choice and persons who participated in choosing the method. This study showed that the oral contraceptive pills were the most preferable (65.3 %) followed by intrauterine device (19.8 %), then hormone injection (10.8 %), then condom (4.3 %).

The study found that the main determinants of oral contraceptive pills choice were duration of marriage < 15 years, age of the last child  $\geq 2$  years old and number of living children  $\geq 4$ . While the choice of injectable was determined by husbands marriage aged  $\geq 25$  years,

the choice of intrauterine devices was determined by husbands aged  $\geq 35$  years old, unemployment of the wife, absence of stillbirths and the age of last child  $\geq 2$  years old, and lastly the main determinant of choice of condom is the absence of female offspring.

The main reason which determines women's choice is the harmlessness of the method.

The study found that the doctor was the main person who participates in determining the current family planning method choice.

The study recommends to increase knowledge of both partners to choose appropriate and suitable methods for them through increasing the role of mass media and preparing family doctors to offer family planning services, and to involve husbands in family planning counselling sessions after communication with their wives to decide the suitable method for them.

**Key words:** Certain determinants ,Current Choice, Family Planning methods

## Introduction

The Alma Ata declaration identified family planning (F.P.) as an essential component of health for all by the year 2000. [1]

A call to reduce infant and maternal mortality rates by half was part of the platform of action of the international conference on population and development held in Cairo in 1994. [2]

This was reaffirmed at the fourth world conference on women held in Beijing in 1995. [3]

No other technologic advance has so profoundly affected women as the ability to control fertility by using effective contraception. [4]

There are many factors determining the choice of F.P. methods by women including factors related to acceptability such as cost, mechanism of action and characteristics of the methods and factors related to safety and social aspects. [4]

Other factors influence individual contraceptive expectation and choices such as their own knowledge, the information they are given, their current life style, religion, ethnicity, their own perception and the perception of others. Also there are clients' characteristics such as age, number and sex of children and frequency of intercourse. [5]

### Aims of the study :

1. To investigate the use of contraceptives in a convenient sample of Iraqi women.
2. To know some demographic, socioeconomic and fertility related factors which determine women's current choice of F.P. methods.
3. To know reasons and persons behind women's current choices of F.P. methods.

## Patients and Methods

### Sample size :

A convenient sample of 400 eligible ever married women aged 15 - 50 years were selected in three FP clinics in Baghdad City (FP clinic Baghdad Medical City Teaching Hospital, FP clinic of Al - Kadhimiya Teaching Hospital and FP clinic of Al - Habibiya Teaching Hospital). It is a cross sectional survey of the studied sample. The selection of the subjects was as 1 - 2 days a week excluding Friday (which is the weekend in Iraq), from November 2003 to July 2004.

**Inclusion criteria :** We limited our sample to women who are exposed to conception, those who are married, aged between 15 - 50 years and fertile women.

### Exclusion criteria :

Single, infertile and pregnant women (as possible).

### 3.4 Method of data collection :

Method of data collection was by an exit interview for women attending FP clinics, using a questionnaire form (appendix) designed by the researcher.

The study was of two parts, the first part included 224 women and the second part included 176 women; the questionnaire was modified to reflect the gender of the offspring of the respondents.

### Statistical analysis :

Data were entered, compiled, coded, tabulated, statistically analyzed and presented as percentage distribution with examination of the determinants of FP methods choice by using the (EP16) computer program and Statistical Package for Social Science (SPSS) computer program for doing these tasks.

A level of 0.05 was used to determine statistical significance. [6]

In the analysis of data, the dependent variable was contraceptive method which was used at the time of survey.

Contraceptive methods include OCPs, IUDs, injectable and condoms. Other methods such as diaphragms, sponges, implants and chemical sterilizers were not included because they were not available at time of survey.

The independent variables include :

#### 1. Demographic variables.

- a. Age of women and that of their husbands. The variable of women's age and her husband was grouped by six age groups : < 20, 21-25, 26-30, 31-35, 36-40, and 40 years or older.
- b. Age of marriage of both women and their husbands. These variables are constructed with seven groups : < 15, 15-19, 20-24, 25-29, 30-34, 35-39, and > 40 years.
- c. Duration of marriage : this is replaced by 5 groups : < 5, 6-10, 11-15, 16-20, and > 21.
- d. Wife and husband's education : we measured it by five categories : illiterate, primary, intermediate, secondary, college.
- e. Wife and husband's occupation : is constructed as two groups : employed and unemployed.

#### 2. Fertility related variables :

- a. Number of pregnancies : was categorized into four groups : 1-2, 3-4, 5-6, and 7 or more.
- b. Age of last child was categorized into five groups : < 1, 1-2, 3-4, 5-6, 7 or more.
- c. Number of living children was categorized into five groups : 0, 1-2, 3-4, 5-6, 7 or more.
- d. Number of dead children : was categorized into six groups : 0, 1, 2, 3, 4, 5 or more.
- e. Number of male and female offspring. Each one was categorized into five groups : 0, 1-2, 3-4, 5-6, 7 or more.
- f. Types of previous contraceptive method use was categorized into two groups as users and non-users.

## Results

### The characteristics of the sample :

The studied sample size was 400 and analysis was done on 400 questionnaires, (Table 1).

Women were distributed according to certain demographic factors such as women's age, marriage age, educational level, employment status and age of her husband, his marriage age, educational level, occupation and according to duration of their marriage, (Table 1).

#### 1.1 Women's age:

Women at age below or equal to 20 years were the least group (2.3%) and the largest group were between 31-35 years (26.3%), (Table 1).

#### 1.2 Educational level of women:

A large number of women had finished primary school (56%) while a small percentage of women were illiterate (4.8%), and (6.8%) had finished institute or were college graduates, (Table 1).

#### 1.3 Women's marriage age:

A large percentage were married at age 15-19 year old (40.5%) followed by (33.3%) of women who were married at age between 20-24 years old. The lowest percentage of women were married at age equal or more than 40 (0.3%) followed by (1.3%) of them were married at age 35-39 years, (Table 1).

#### 1.4 Occupation of the women :

94.2% of the women were housewives and only 5.8% of them were working. (Table 1).

#### 1.5 Age of husbands :

The largest percentage of husbands was aged equal to or more than 41 years old (37.8%) and husbands at age < 20 years were the least (0.3%). On the other hand, husbands at age between 21-25 years old were also low (3.8%), (Table 1).

#### 1.6 Husbands' education :

The largest number of husbands finished primary school 38.5% and only 14.8% of them finished higher education and 2.3% of them were illiterate, (Table 1).

#### 1.7 Husbands' marriage age :

The largest percentage of husbands were married between 25-29 years old (34.5%) with nearly equal percentage of them married between 20-24 years old (34.3%) and the least percentage of them were married below 15 years and those who married at  $\geq 40$  years were also low (2.3%), (Table 1).

#### 1.8 Husbands' occupation :

The largest percentage of husbands was working husbands (88%) and those who were unemployed were (12%), (Table 1).

### 1.9 Duration of marriage :

The largest percentage of women's marriage duration was between 6-15 years (56%); this was followed by 16% of the women had duration of marriage less than or equal to 5 years, (Table 1).

The distribution of women according to their fertility status :

The number of pregnancies, age of last child, number of living children, number of dead children, number of still births, number of abortions and sex of live offspring, (Table 2).

Most of the women in the sample had 3-4 pregnancies (31.3%) and the minority of them had 1-2 pregnancies (15.3%), 10.8% of the attendants had the age of their last child less than 1 year, 40.3% of them had 3-4 living children. The majority of attendants had no dead children (82.5%) and no still birth (92.5%) and no abortions (61.8%), (Table 2 - page 31).

### The distribution of women according to the gender of offspring (males & females) :

Among 176 women 89.8% of them had 1-4 male children and 82.4% of them had 1-4 female offspring, (Table 3 - page 32).

### The distribution of women according to the previous contraceptive methods choice either modern (OCPs, IUD, injectable and condom) or traditional methods (coitus interruptus, safe period and lactational amenorrhoea) :

Most of the women in the study had previous old methods choice of IUDs (39%); also 26.5% of them had previous choice with injectables as modern methods, 15.8% of them previously chose coitus interruptus as traditional methods, (Table 4 - page 32).

### The distribution of women according to the person who mostly participates in her current method choice :

The largest percentage of women in the sample (31.8%) chose the current FP methods with the aid of the doctors but still their own personal experience affects their choice as 29.3% chose their methods without other help, (Table 5 - page 32).

### The distribution of women according to their current family planning method use and the duration of its use :

The largest percentage of women use OCPs (65.3%) and the least current method use is condom (4.3%) and the largest number of the women used the current method for less than one year (56.8%) and 35% of the women used the current method for 1-5 years, (Table 6).

### The association of the current family planning method choice with certain demographic and fertility related variables :

The choice of OCPs is associated significantly with marriage duration < 15 years ( $P < 0.05$ ) age of last child

Table 1 : Distribution of the study group by certain demographic variables  
(PART 1)

Variable	N = 400	%
Current Wives' age		
≤ 20 years	9	2.2
21-25 years	48	12
26-30 years	93	23.2
31-35 years	105	26.3
36-40 years	97	24.3
≥ 41	48	12
Wives' education		
Illiterate	19	4.7
Primary	224	56
Intermediate	89	22.2
Secondary	41	10.3
College	27	6.8
Wives' marriage age		
< 15 years	30	7.5
15-19 years	162	40.5
20-24 years	133	33.3
25-29 years	56	14
30-34 years	13	3.2
35-39 years	5	1.2
≥ 40	1	0.3
Wives' occupation		
Housewife	377	94.2
Working	23	5.8
Current Husbands' age		
≤ 20 years	1	0.3
21-25 years	15	3.7
26-30 years	46	11.5
31-35 years	90	22.5
36-40 years	97	24.3
≥ 41	151	37.7
Husbands' education		

**Table 1 : Distribution of the study group by certain demographic variables (PART 2)**

Husbands' marriage age		
< 15 years	3	0.8
15-19 years	38	9.5
20-24 years	137	34.2
25-29 years	138	34.5
30-34 years	62	15.5
35-39 years	13	3.2
≥ 40	9	2.3
Husbands' occupation		
Unemployed	48	12
Employed	352	88
Duration of marriage		
≤ 5 years	64	16
6-10 years	104	26
11-15 years	120	30
16-20 years	58	14.5
> 20 years	54	13.5

( $P < 0.05$ ) and number of living children  $\geq 4$  children ( $P < 0.05$ ), while the choice of injectable is associated significantly with husbands' marriage age  $< 25$  years old ( $P < 0.05$ ). The choice of IUDs is significantly associated with many determinants : wife unemployed ( $P < 0.05$ ), age of last children  $> 2$  years old ( $P < 0.05$ ) and absence of stillbirths ( $P < 0.05$ ). While condom choice in this study is significantly associated only with absence of female offspring ( $P < 0.05$ ), (Table 7).

#### **The distribution of women according to the reasons for current family planning methods choice :**

The main reason for the current family planning choice of the women is that it is a harmless method (61.3%). This is followed by the fear of complications (15.8%) by the women then by previous use of the current family planning method and was suitable (14.8%) and the least reason was about its price and its availability (0.3%), (Table 8).

#### **Distribution of women according to discomfort of the family planning methods used previously :**

The method with a high percentage of discomfort was injectable (69.1%) then in equal percentages are IUDs and condoms (65.1%) and the traditional method which is associated with a high level of discomfort is coitus interruptus (74.6%), (Table 9).

## **Discussion**

This study found the majority of the attendants to the family planning clinics were between 31 to 40 years old (50.6%). This finding agrees with the finding of a study in Nairobi which showed the highest percentage of attendants of the sample were aged 30-39 years old [7], and the finding of this study disagrees with the finding in Jordan which found that 50% of women were aged between 20-40 years old with only 5-6% below 20 years old of age and 25% aged above 40 years old. [8]

Also the finding of a study in Sweden showed a large percentage of attendants aged over 40 years old.[9] The study found that women still receive less education than men at secondary and post-secondary level (10.3% vs. 16.5%) for secondary and (6.8% vs. 14.8%) for post-secondary and these findings agree with the findings in Baghdad. [10]

The study showed also unemployment in women was very high, 94.3% of the women of the sample were unemployed and only 5.8% were employed and these findings disagree with a study in Baghdad which showed that 27.7% of urban women were employed. [11]

It was found that 12% of husbands of the attendants were without any kind of work. This is may be due to loss of their jobs which was done by the occupation forces of Iraq. This finding disagrees with a study in Baghdad in



Variable	N = 400	%
Number of pregnancies		
1-2	61	15.3
3-4	125	31.2
5-6	110	27.5
≥ 7	104	26
Age of last baby		
< 1 year	43	10.8
1-2	177	44.2
3-4	84	21
5-6	41	10.2
≥ 7	55	13.8
Number of alive children		
0	1	0.3
1-2	95	23.7
3-4	162	40.5
5-6	91	22.8
≥ 7	51	12.7
Number of dead children		
0	330	82.5
1	53	13.2
2	13	3.2
3	2	0.5
4	1	0.3
≥ 5	1	0.3
Number of stillbirths		
0	370	92.5
1	26	6.5
2	2	0.5
3	0	0
≥ 4	2	0.5
Number of abortions		
0	247	61.8
1	82	20.5
2	38	9.5
3	17	4.2
4	10	2.5
5	4	1
≥ 6	2	0.5

Table 2 : Distribution of the study group by number of pregnancies. Age of last delivery, number of alive children , number of dead children , number of stillbirth and number of abortions (N=400)

Table 3 : Distribution of the mothers according to the sex of the offspring (n=176)

Variable	N = 176	%
Number of male offspring		
0	13	7.4
1-2	102	58
3-4	56	31.8
5-6	5	2.8
≥ 7	0	0
Number of female offspring		
0	22	12.5
1-2	98	55.7
3-4	47	26.7
5-6	7	4
≥ 7	2	1.1

(n=176) after modification of the questionnaire

Table 4 : Distribution of the women by the previous methods choice (N=400)

Previous modern contraceptive method choice				
Method	Number of users	%	Number of non users	%
OCPs	97	24.2	303	75.8
IUDs	156	39	244	61
Injectables	106	26.5	294	73.5
Condoms	49	12.3	351	87.8
Previous traditional method choice				
Method	Number of users	%	Number of non users	%
Coitus interruptus	63	15.8	377	84.2
Safe period	16	4	384	96
Lactational amenorrhoea	21	5.2	379	94.8

Table 5 : Distribution of women according to the person or source mostly affected in their current family planning method choice

Variable	N = 400	%
Participates in women's current family planning method choice		
Husband	63	15.7
Doctor	127	31.8
Relatives	57	14.3
Friends, neighbours	36	9
Personal experience	117	29.2
Mass media	0	0
Nurses	0	0

Table 6 : Distribution of women according to the current family planning method use and its duration of use

Variable	N = 400	%
<b>Current family planning method choice</b>		
OCPs	261	65.2
IUDs	79	19.7
Injectable	43	10.8
Condom=s	17	4.3
<b>Duration of current family planning method use</b>		
< 1 year	227	56.7
1-5 years	140	35
> 5 years	33	8.3

which all husbands of urban women were employed or self employed. [11]

The study showed that 56% of the attendants in the sample had duration of marriage between 6-15 years. This disagrees with a study in Baghdad which showed 61.7% of the urban women in Baghdad had less than 9 years of marriage. [11]

More than half of the women attending FP clinics had 3-6 children (63.3%). While in a study done in Baghdad found 75.2% of the women had up to 4 children. [10]

The study showed that 20.5% of the women had one abortion and 13.3% of them had one dead baby. This finding mildly differs from the study in Baghdad which showed 21.3% of the urban women had one abortion and 3% of them had one dead baby. [11]

The study showed that 7.4% of the attendants were without male offspring and 12.5% of them were without female offspring. This disagrees with a study in Baghdad which found that 12% of the attendants were without male offspring and 16% of them without female offspring. [10]

The study showed that OCPs are the most common modern type of contraception which is used currently (65.3%) and the least type of contraception which is used currently is condom (4.3%). This finding disagrees with a study in Iraq which found that condom was the commonest contraceptive method used by the attendants (55%) and IUDs the least used method(0.01%),[12] and the finding of this study agrees with a study in Baghdad which found that 70% of the attendants chose OCPs and the smallest percentage of them chose condoms (3%). [10]

The determinants of current FP methods choice in this study were : duration of marriage, age of husbands, age of last child, number of living children, husband's marriage age, wife's occupation, number of stillbirths and the number of female offspring. This finding agrees with

findings of the study in Zigon (Myanmar) which showed the number of living children and the age of children were effective factors on women's choice[13], while this result disagrees with the findings of a study in Turkey which showed that education of both spouses and mainly the education of wives were associated with women's current FP method choice. [14]

The study showed that the choice of OCPs was determined by marriage duration < 15 years, age of last child > 2 years old and number of living children > 4 children. This finding disagrees with a study in Great Britain and Germany which found a significant association between OCP choice and educational level of mothers (as low educational level is associated with low OCPs use and choice). [15]

The study found that choice of injectable method is determined by husband's marriage age < 25 years as decrease use of injectable with increase in husband marriage age. This finding disagrees with a study in Nigeria which found that parity is the main determinants of injectable choice.[16]

The study found that the main determinants of IUDs choice is husband age > 35 years old, wife unemployment, absence of stillbirths and age of last child > 2 years old. This finding disagrees with the finding of the study in Norway which found the main determinant of IUD choice was the age of the mother and number of children. [17]

The study found the main determinant of choice of condom is absence of female offspring and this finding disagrees with the finding of study in Nigeria which found that the main determinant of choice of condom was the age of wives). [16]

The study showed that doctor in 31.8% was the main person who participates in the women's current choice of FP method. This agrees with a study in Panama. [18]



Table 7: Association of current Family Planning method choice with certain demographic and fertility related variables (N=400)  
(PART 1)

Table 7: Association of current Family Planning method choice with certain demographic and fertility related variables(N=400)																		
Variable	OCPs				Injectable				IUDs				Condom				Total	
	Users		Non users		Users		Non users		Users		Non users		Users		Non users			
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Wife age																		
< 35 years	158	60.5	72	51.8	44	55.7	186	57.9	19	44.2	211	59.1	9	52.9	221	57.7	230	57.5
≥35 years	103	39.5	67	48.2	35	44.5	135	42.1	24	55.8	146	40.9	8	47.1	162	42.3	170	42.5
	$\chi^2=2.8$ Df=1 0.5>P>0.1				$\chi^2=0.1$ Df=1 P>0.5				$\chi^2=3.5$ Df= 1 0.1>P>0.05				$\chi^2=0.2$ Df=1 0.5>P>0.1				400	100
Wife education level																		
< Secondary	151	57.9	92	66.2	55	69.6	188	58.6	25	58.1	218	61.1	12	70.6	231	60.3	243	60.8
≥ Secondary	110	42.1	47	33.8	24	30.4	133	41.4	18	41.9	139	38.9	5	29.4	152	39.7	157	39.2
	$\chi^2=2.6$ Df= 1 0.5>P>0.1				$\chi^2=3.2$ Df= 1 0.1>P>0.05				$\chi^2=0.1$ Df= 1 P>0.5				$\chi^2=0.7$ Df= 1 0.5>P>0.1				400	100
Wife occupation																		
Housewife	247	94.6	130	93.5	77	97.5	300	93.5	37	86	340	95.2	16	94.1	361	94.3	377	94.2
Work	14	5.4	9	6.5	2	2.1	21	6.5	6	14	17	4.8	1	5.9	22	5.7	23	5.8
	$\chi^2=0.2$ Df= 1 P>0.5				$\chi^2=1.9$ Df= 1 0.5>P>0.1				$\chi^2=6$ Df= 1 P<0.05				$\chi^2=0.006$ Df= 1 P>0.5				400	100
Husbands age																		
< 35 years	95	36.4	42	30.2	28	35.4	109	34	7	16.3	130	36.4	7	41.2	130	33.9	137	34.2
≥ 35 years	166	63.6	97	69.8	51	64.6	212	66	36	83.7	227	63.6	10	58.5	253	66.1	263	65.8
	$\chi^2=1.5$ Df= 1 0.5>P>0.1				$\chi^2=0.1$ Df= 1 P>0.5				$\chi^2=6.9$ Df= 1 P<0.05				$\chi^2=0.4$ Df= 1 P>0.5				400	100
Husband education level																		
< Secondary	100	38.3	63	45.3	33	41.8	130	40.5	21	48.8	142	39.8	9	82.9	154	40.2	163	40.8
≥ Secondary	161	61.7	76	54.7	46	58.2	191	59.5	22	51.2	215	60.2	8	47.1	229	59.8	237	59.2
	$\chi^2=1.8$ Df=1 0.5>P>0.1				$\chi^2=0.04$ Df= 1 P>0.5				$\chi^2=1.3$ Df= 1 0.5>P>0.1				$\chi^2=1.1$ Df= 1 0.5>P>0.1				400	100
Husband occupation																		
Employed	231	88.5	121	81.1	66	83.5	286	89.1	40	93.1	312	87.4	15	88.2	337	88	352	12
Unemployed	30	11.5	18	12.9	13	16.4	35	10.9	3	7	45	12.6	2	11.8	46	12	48	88

Table 7: Association of current Family Planning method choice with certain demographic and fertility related variables (N=400)  
(PART 2)

	$\chi^2=0.2$ Df= 1 P>0.5				$\chi^2=1.9$ Df= 1 0.5>P>0.1				$\chi^2=1.2$ Df= 1 0.5> P> 0.1				$\chi^2=0.001$ Df= 1 P> 0.5				400	100
Wife marriage age																		
< 25 years	211	80.8	114	82	63	79.7	262	81.6	35	81.4	290	81.2	16	94.1	309	80.7	325	81.3
≥ 25 years	50	19.2	25	18	16	20.3	59	18.4	8	18.6	67	18.8	1	5.9	74	19.3	75	18.8
	$\chi^2=0.1$ Df= 1 P>0.5				$\chi^2=0.1$ Df= 1 P>0.5				$\chi^2=0.001$ Df= 1 P>0.5				$\chi^2=1.9$ Df= 1 0.5>P>0.1				400	100
Husband marriage age																		
< 25 years	110	42.1	68	48.9	43	54.4	135	42.1	15	34.9	163	45.7	10	58.8	168	43.9	178	44.5
≥ 25 years	151	57.9	71	51.1	36	45.6	186	57.9	28	65.1	194	54.3	7	41.2	215	56.1	222	55.5
	$\chi^2=1.7$ Df= 1 0.5>P>0.1				$\chi^2=3.9$ Df= 1 P<0.05				$\chi^2=1.8$ Df= 1 0.5> P> 0.1				$\chi^2=1.5$ Df= 1 0.5>P>0.1				400	100
Marriage duration																		
< 15 years	178	68.2	81	58.3	46	58.2	213	66.4	25	58.2	23	65.5	10	58.8	249	65	259	64.8
≥ 15 years	83	31.8	58	41.7	33	41.8	108	33.6	18	41.8	123	34.5	7	41.2	134	35	141	35.3
	$\chi^2=3.9$ Df= 1 P<0.05				$\chi^2=1.8$ Df= 1 0.5> P>0.1				$\chi^2=0.9$ Df= 1 0.5> P>0.1				$\chi^2=0.3$ Df= 1 P>0.5				400	100
Number of pregnancies																		
< 4 pregnancies	91	34.9	36	25.9	19	24.1	108	33.6	12	35.3	115	32.2	5	29.4	122	31.9	127	31.8
≥ 4 pregnancies	170	65.1	103	74.1	60	75.9	213	33.6	31	72.1	242	67.8	12	70.6	261	68.1	273	68.3
	$\chi^2=3.4$ Df= 1 0.1>P>0.05				$\chi^2=2.7$ Df= 1 0.1> P>0.05				$\chi^2=0.3$ Df= 1 P>0.5				$\chi^2=0.04$ Df= 1 P>0.5				400	100
Age of last child																		
< 2 years	83	31.8	58	42.7	33	41.8	108	33.6	21	48.8	120	33.6	4	23.5	137	35.8	141	35.3
≥ 2 years	178	68.2	81	58.3	46	58.2	213	66.4	22	51.2	237	66.4	13	79.5	246	64.2	259	64.8
	$\chi^2=3.9$ Df= 1 P<0.05				$\chi^2=1.8$ Df= 1 0.5> P>0.1				$\chi^2=3.9$ Df= 1 P< 0.05				$\chi^2=1.04$ Df= 1 0.5>P>0.1				400	100
Number of live children																		
< 4 children	122	46.7	45	32.4	26	32.9	141	43.9	12	27.9	155	43.4	7	41.2	160	41.8	167	41.8
≥ 4 children	139	53.3	94	67.6	53	67.1	180	56.1	31	72.1	202	56.6	10	58.5	223	58.2	233	58.3

Table 7: Association of current Family Planning method choice with certain demographic and fertility related variables (N=400)  
(PART 3)

	$\chi^2=7.7$ Df= 1 P<0.05				$\chi^2=3.2$ Df= 1 0.1>P>0.05				$\chi^2=3.8$ Df= 1 0.1>P>0.05				$\chi^2=0.002$ Df= 1 P>0.5				400	100
Number of died children																		
No died	221	84.7	109	78.4	61	77.2	269	83.8	34	79.4	296	82.9	14	82.4	316	86.8	370	92.5
1 or more	40	15.3	30	21.6	18	22.8	52	16.2	9	21	61	17.1	3	17.6	50	0.14	30	7.5
	$\chi^2=2.5$ Df= 1 0.5> P>0.1				$\chi^2=1.9$ Df= 1 0.5>P>0.1				$\chi^2=0.4$ Df= 1 P>0.5				$=0.2$ Df= 1 P>0.5				400	100
Number of stillbirths																		
No stillbirth	241	92.3	129	92.8	76	96.2	294	61.6	36	83.7	334	93.6	17	100	353	92.2	370	92.5
1 or more stillbirths	20	7.7	10	7.2	3	3.8	27	8.4	7	16.3	23	6.4	0	0	30	7.8	30	7.5
	$=0.01$ Df= 1 P>0.5				$=1.9$ Df= 1 0.5>P>0.1				$=5.4$ Df= 1 P<0.05				$=0.1$ Df= 1 P>0.5				400	100
Number of abortions																		
No abortion	160	21.5	87	62.6	50	63.3	197	61.4	29	67.4	218	61.1	8	47.1	239	62.4	247	61.8
1 or more abortions	101	38.7	52	37.4	29	36.6	134	38.6	14	32.6	139	30.9	9	52.9	144	37.6	153	30.2
	$=0.1$ Df= 1 P>0.5				$=0.1$ Df= 1 P>0.5				$=0.7$ Df= 1 0.5>P>0.1				$=1.6$ Df= 1 0.5>P>0.1				400	100
Number of male offspring																		
No male offspring	11	8.9	2	3.8	1	2.6	12	8.8	1	7.7	12	7.4	0	0	13	7.4	13	7.4
1 or more male offspring	112	91.1	51	1	38	97.4	125	91.5	12	92.3	151	92.6	1	100	162	92.6	163	92.7
	$=1.4$ Df= 1 0.5> P>0.1				$=1.7$ Df= 1 0.5>P>0.1				$=0.02$ Df= 1 P>0.5				$=0.4$ Df= 1 P>0.5				400	100
Number of female offspring																		
No female offspring	18	14.6	4	7.5	2	5.1	20	14.6	1	7.7	21	12.9	1	100	21	12	22	12.5
1 or more female offspring	105	85.4	49	92.5	37	94.8	117	85.4	12	92.3	142	87.1	0	0	154	88	154	87.5
	$=1.7$ Df= 1 0.5> P>0.1				$=2.5$ Df= 1 0.5>P>0.1				$=0.7$ Df= 1 0.5>P>0.1				$=6.7$ Df= 1 P<0.05				400	100

Table 8 : Distribution of mothers by the reason of choice of current family planning methods (n=400)

Variable	N = 400	%
Reason for current family planning method choice		
It is a harmless method	245	61.2
It was previously used and was suitable	59	14.7
It is the most effective in preventing pregnancy	31	7.7
Because of fear of complications	63	15.8
It is the most available	1	0.3
It is a cheap method	1	0.3

Table 9 : Distribution of women`s according to discomfort of family planning methods used previously

Methods	Users	Users with discomfort	%
OCPs	358	95	26.5
Injectables	149	103	69.1
IUDs	235	153	65.1
Condoms	66	43	65.1
Coitus interruptus	63	47	74.6
Safe period	16	2	12.5
Lactation amenorrhoea	21	0	0

There was no role of mass media in women's choice. This disagrees with a study in Nigeria which showed that mass media was an important source of information for most women.[16]

The main reason of using the current FP methods as shown in this study is the harmlessness of the method and 77.1% of women complaining from the adverse effect of contraceptive methods which indicates that till now no method is satisfactory with no or very minimal adverse harmful effects.

The price and the availability of contraceptive methods were not important reasons as only 1% of women's choice was because the method was cheap and 1% of their choice because of the availability of the method.

The modern method with high percentage of discomfort is injectable (69.1%) then the condom (65.1%) and IUDs (65.1%) and the least one is OCPs (26.5%) while coitus interruptus was the traditional method with the highest percentage of discomfort (74.6%).

## Conclusions and Recommendations

### Conclusions :

1. The preference of oral contraceptive pills as FP method was higher (65.3%) than the preferences of other modern FP methods.
2. The factors that determine the choice of current FP

methods in the sample were : duration of marriage < 15 years, age of husband  $\geq$  35 years old, age of last child  $\geq$  2 years old, husband's marriage age < 25 years, number of living children  $\geq$  4, unemployment of wives, absence of stillbirths and the absence of female offspring.

3. There was no role of mass media in women's current choice of FP method.

4. The main person who affects women's current choice of FP method was doctor.

### Recommendations :

1. There is a need to increase awareness of the people regarding all aspects of family planning. This is achievable opportunistically by discussion and the choice of contraceptive methods must be the result of dialogue in which the totality of the individual is assessed and emphasis should be placed on developing and distribution of contraceptives that are devoid of side effects, cheap, easily available, effective and easily reversible.

2. It is recommended to change the knowledge in a short time through a wider use of mass media education and it is necessary to prepare family doctors to offer FP services to their patients and FP counsellors should help spouses make their choice and decisions freely and based on relevant information to ensure continuation.

3. The need for male sexual responsibility and the need for communication between spouses and husbands should be involved during FP counselling sessions.



4. A comprehensive and rigorous FP information program is crucial to address existing constraints on the choosing of appropriate contraceptive methods and continuous refresher training programs should be offered to counsellors.

5. There is a need for continuing collaboration between researcher and FP associations, Ministry of Health and policy makers to encourage the import of contraceptive methods that are safer, more effective and more widely acceptable than those available.

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