Mother Awareness Regarding Oral Contraceptive Pills in Family Planning Center in Kirkuk City

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ABSTRACT

Background and aim: The family planning involves choosing if and when to have children. It includes contraception, the prevention of pregnancy as well as methods to achieve pregnancy this method used by couples having difficulty attaining pregnancy. In addition, using contraceptives has been shown to promote a woman's sense of autonomy and increase her ability to make decisions in other areas of her life This study aims at identifying mother's awareness regarding to oral contraceptive pills in Kirkuk city, as well as to find a relationship between women's knowledge and attitude with some socio- demographic characteristics such as (mother's age, level of education, occupation, number of children, socioeconomic status, medical data, miscarriage and parity).

Materials and method: A descriptive study Probability (Purposive sample) consists of 500 women who attended the typical primary health care centers in Kirkuk city, for a period from November, 1st , 2013 to October, 1st, 2014. Constructed questionnaire designed to questioned women's about oral contraceptive pills, The data were collected through the use of the interview. They were analyzed through the application of descriptive statistical analysis (frequency and percentage) and inferential statistical data analysis (ANOVA).

Results: The findings of the study indicated that (37%) were in the age group (35 and above), and (37.7%) of the sample were graduating from primary school, (78.2%) of them were a housewife, (59.2%) of the sample had barely sufficient monthly income. The study indicated that (41%) have (1-3) children, and (59.6%) had no history of chronic disease.

Conclusion: Further studies include samples from rural areas and compare their awareness to the urban women regarding family planning methods.

Recommendations: the study found a high awareness regarding to oral contraceptive pills among women. In addition, a significant relationship was found between level of education, number of children and awareness regarding to oral contraceptive pills.

Keywords: Awareness, Contraceptive pills Ectopic pregnancy, Family Planning, Mini pill, miscarriage.

INTRODUCTION

The family planning is one of several avenues for reducing population growth and demographic pressure. Reduced population sizes mean decreased burden on national expenditures for education, health, and other social services, as less strain on the environment and natural resources. Family planning also directly contributes to improved health in terms of reduced infant and maternal mortality and morbidity. Repositioning family planning as a key component of multispectral poverty-reduction programs not only increases support for family planning, but makes it logistically more feasible and more affordable for countries to achieve poverty reduction and related goals (Usha *et. al.*, 2004; Stefano, 2013). The health impact of family planning occurs through the avoidance of unwanted pregnancies, limiting the number of births, particularly the first and last in relation to the age of the mother (Jaypee, 2008). Family planning allows individuals and couples to determine and ascertain the desired number of children as well as the spacing of their pregnancies. Contraceptive methods and the treatment of involuntary infertility are used to achieve the purpose. Spacing and limiting pregnancies have a direct impact on women's health and well-being as well as to the outcome of each pregnancy. Short birth spacing has significant health effects on both mothers and children. Low birth weight, premature birth and small for gestational age are among its consequences to babies. To women, they are more likely to suffer from third trimester bleeding, premature rupture of membrane and anemia (Conde *et. al*., 2000; Shafei *et. al.*, 2012)

The mass media also play an important role in the promotion and acceptability of contraception (A.I. Mahadeen; and Hamdan, 2012). Oral contraceptives or birth control pills ("the pill") are used by women to prevent

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pregnancy, to regulate the cycle and to provide hormone replacement therapy. Birth control pills have two basic types first. Combination pills, which contain the hormones estrogen and progestin, and second types progestin only pills, Combined birth control pills work mainly by stopping ovulation if there is no egg to meet with sperm, pregnancy cannot occur. Reversible effects on the cervical mucus and uterine lining also discourage pregnancy. Under ideal conditions, oral contraceptive have an effective rate of over 99.5% (Berkeley, 2009; Motant, 2008).

The most commonly used forms of oral contraceptives (OC) are a combination of ethinyl estradiol and a progestin. They work by blocking ovulation and changing the cervical mucus and the lining of the uterus (Susan, 2006) .There is no conclusive evidence that the pill causes cancer. Recent data have shown a lower incidence of uterine and ovarian cancer in women who have taken the pill. More research needs to be done regarding the pill's relationship to breast and cervical cancer. Possible befits of taking the pill include a decreased incidence of ovarian cysts, benign changes, iron deficiency anemia, pelvic infections, ectopic pregnancy, acne, menstrual cramps and long, heavy menstrual flow (Berkeley, 2009). Some women experience a variety of minor discomforts when starting the pill. Some of these symptoms may be nausea, breakthrough bleeding, breast enlargement or tenderness, slight weight gain, mood changes, and changes in Libido. Most of these symptoms will disappear within the first three cycles of the pill. Acne, though often improved in the long run, may worsen for a couple of months when you first start the pill (Berkeley, 2009; Motant, 2008). In my country the most popular method is the pill which is used by 15 percent of married women in Iraq, the next most popular method is the IUD, which accounts for 12 percent of married women, eight and seven percent of women reported use of the withdrawal method and the lactational amenorrhea method (LAM) respectively. Between two and three percent of women reported use of female sterilization,periodic abstinence and injectables, condom use is very rare; only one percent of married women reported using it as a method of contraception (Kurdistan regional statistics office, 2006).

MATERIALS AND METHOD

A descriptive study was carried out from 1st November 2013 to 1st October 2014 in order to achieve the objectives of the present study. The present study was conducted in four typical Primary Health Care center (PHC) at Kirkuk City, which is located in the northern region of Iraq. Probability (purposive)sample consists of (500) women who were attending the typical primary health care center to receive contraceptive pills at Kirkuk city. Kirkuk health directorate classified Kirkuk city into two sectors, first sector includes (17) PHCCs and the second sector includes (13) PHCCs. The researcher chose only four of the typical PHCCs which includes the family planning center. For the purpose of the current study, a questionnaire format was constructed to identify the mothers' awareness regarding to oral contraceptive pills at the family planning centers in Kirkuk city .The questionnaire format was based on the review of literatures and related previous studies. The study instrument was comprised of five parts. Part one: demographic data sheet was developed by the researcher in order to collect additional information about the participants in this study. The process of data collection was conducted during a period of four months, extending from January, 1st , 2014 to April, 10th , 2014. Data was analyzed by Statistical Package SPSS (version 19.0).

RESULTS

Table (1): Demonstrates Socio-demographic characteristics of the Whole Study Sample

Variables		Frequency (*f*)	Percentage (%)
Age	15-19 year	3	0.6
	20-24 year	38	7.6 5
	25-29 year	94	18.8
	30-34 year	180	36
	35 years and above	185	37
Total		**500**	**100**
Mean ± SD = 30-34±0.958			
Occupation of women	Employee	78	15.6

	Housewife	391	78.2
	Student	31	6.2
Total		**500**	**100**
Occupation of husband	Employee	183	36.6
	Free work	287	57.4
	Jobless	16	3.2
	Retired	14	2.8
Total		**500**	**100**
Level of Education for the women	Not Read and not write	29	5.8
	Read and write	32	6.4
	Primary School	188	37.7
	Intermediate School	97	19.4
	Secondary School	77	15.4
	Institutes	58	11.6
	College and above	19	3.8
Total		**500**	**100**
Level of education for the husband	Not Read and not write	18	3.6
	Read and write	30	6
	Primary School	107	21.4
	Intermediate School	93	18.6
	Secondary School	99	19.8
	Institute	104	20.8
	College and above	49	9.8
Total		**500**	**100**
Number of Children	1-3 43	205	41
	4-6	202	40.4
	7 and above	93	18.6
Total		**500**	**100**
Socio-Economic Status	Sufficient	69	13.8
	Barely Sufficient	296	59.2
	Insufficient	135	27
Total		**500**	**100**
Type of the Family	Nuclear	403	80.6
	Extended	97	19.4
Total **120**		**500**	**100**

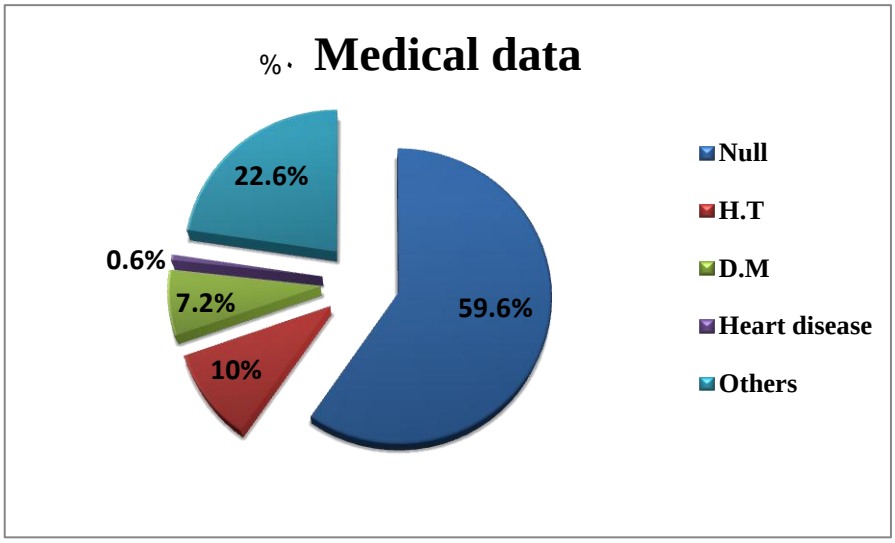

Figure (1): Distribution percentage of medical data in the whole study.

Table (2): Distribution of the study Sample according to reproductive history (N=500)

Variables	Frequency(*f*)	Percentage (%)
Years of marriage		
Less than 5 years	29	5.8
5-9 years	96	19.2
10-14 years	151	30.2
15 years and above	224	44.8
Total	**500**	**100**
Mean ± SD = 10-14± 0.924		
Age of menarche		
10-11 years	76	15.2
12-13 years	312	62.4
14-15 years	104	20.8
16 years and above	8	1.6
Total	**500**	**100**
Period of menstrual cycle		
Less than 3 days	116	23.2
4-6 days	304	60.8
7-9 days	78	15.6
10 days and above	2	0.4
Total	**500**	**100**
Menstrual cycle		
Regular	338	67.6
Irregular	162	32.4
Total	**500**	**100**
Pain during menstruation		
Mild	43	8.6
Moderate	280	56
Severe	177	35.4
Total	**500**	**100**
Quantity of menstruation		
Little	122	24.4
Normal	331	66.2
Heavy	47	9.4
Total	**500**	**100**
Variables	**Frequency (*f*)**	**Percentage (%)**
Number of gravida		
1-3	166	33.2
4-6	265	53
7 and above	69	13.8
Total	**500**	**100**
Number of parity		
1-3	197	39.4
4-6	257	51.4
7 and above	46	9.2
Total	**500**	**100**
Number of miscarriage/abortion		
Null	315	63
1-3	121	24.2
4-6	53	10.6
7 and above	11	2.2
Total	**500**	**100**
When did you start using the contraceptive pills?		

1-3 years	196	39.2
4-6 years	171	34.2
7 years and above	133	26.6
Total	**500**	**100**
From where did you get contraceptive pills		
Family planning centers	254	50.8
Direct pharmacy	1	0.2
Primary center and pharmacy	245	49
Total	**500**	**100**
Type of family planning used previously		
Pills	221	44.2
Injection	37	7.4
Condom	1	0.2
IUCD	99	19.8
Condom and pills	142	28.4
Total	**500**	**100**

Table (3): Grand Mean of Score and Assessment of Mother Awareness and Attitudes Regarding to Oral Contraceptive Pills

NO.	Mothers' Knowledge and attitude category	GMS	Assessment
3.	General information about oral contraceptive pills	2.78	**Adequate**
4.	Complications of oral contraceptive pills	2.84	**Adequate**
5.	Benefits of oral contraceptive pills	2.84	**Adequate**
6.	Mothers attitude regarding to oral contraceptive pills	2.86	**Adequate**
Total		**2.83 ~2.8**	

Table (4): Association of the women knowledge and attitudes regarding to oral contraceptive pills and their level of education

Categories		Sum of Squares	df	Mean Square	F.	Sig.
General Information	**Between Groups**	3725.695	6	620.949	125.080	0.000 **H.S**
	Within Groups	2447.447	493	4.964		
	Total	**6173.142**	499			
Complication	**Between Groups**	598.188	6	99.698	92.945	0.000 **H.S**
	Within Groups	528.820	493	1.073		
	Total	**1127.008**	499			
Benefits	**Between Groups**	1045.895	6	174.316	117.738	0.000 **H.S**
	Within Groups	729.905	493	1.481		
	Total	**1775.800**	499			
Attitude	**Between Groups**	1849.187	6	308.198	134.938	0.000 **H.S**
	Within Groups	1126.013	493	2.284		
	Total	**2975.200**	499			

Table (5): Association of the women knowledge and attitudes regarding to oral contraceptive pills and their occupation

Categories		Sum of Squares	df	Mean Square	F.	Sig.
General Information	Between Groups	318.626	2	159.313	13.524	0.000 S
	Within Groups	5854.516	497	11.780		
	Total	**6173.142**	499			
Complication	Between Groups	52.142	2	26.071	12.055	0.000 S
	Within Groups	1074.866	497	2.163		
	Total	**1127.008**	499			
Benefits	Between Groups	76.937	2	38.469	11.254	0.000 S
	Within Groups	1698.863	497	3.418		
	Total	**1775.800**	499			
Attitude	Between Groups	184.122	2	92.061	16.393	0.000 S
	Within Groups	2791.078	497	5.616		
	Total	**2975.200**	499			

Table (6): Association of the women knowledge and attitude regarding to oral contraceptive pills and number of children

Categories		Sum of Squares	df	Mean Square	F.	Sig.
General Information	Between Groups	136.970	2	68.485	5.639	0.004 S
	Within Groups	6036.172	497	12.145		
	Total	**6173.142**	499			
Complication	Between Groups	4.115	2	2.058	0.911	0.403 N.S
	Within Groups	1122.893	497	2.259		
	Total	**1127.008**	499			
Benefits	Between Groups	12.595	2	6.297	1.775	0.171 N.S
	Within Groups	1763.205	497	3.548		
	Total	**1775.800**	499			
Attitude	Between Groups	15.367	2	7.683	1.290	0.276 N.S
	Within Groups	2959.833	497	5.955		
	Total	**2975.200**	499			

DISCUSSION

Table (1) demonstrates the socio-demographic characteristics for the whole study sample. The table shows that the highest percentage of age group (36%) and (37%) was between (30-34) years and (35) years and above respectively. With regard to occupation of women, the table shows that the highest percentage (78.2%) of them were housewife. As for the occupation of husband, the majority of the subjects (57.4%) were free work. According to the level of education of women in the whole study, the primary school formed the highest percentage (37.6%). With relation to level of education of husband in the whole study, the highest percentage ranged between primary school level (21.4%) and institute (20.8%). Regarding to the number of children, the majority of the subject (41%), (40.4%) had between (1-3) and (4-6) child. While only (18.6%) of the women had seven and above child. With regard to socio-economic status, the table shows that the highest percentage (59.2%) of them were barely sufficient socio-economic status. Finally, for the type of family in the whole study, nuclear family formed the highest percentage (80.6%) while the extended family formed (19.4%) only. The present study showed

that more than one third of the current study samples were older in age 30 years and above, had a primary school education level with majority three quarters of them being house wife. According to the number of children, two fifth of the sample had children from (1-3) and (4-6) child, with majority of them being nuclear family and half of the sample living in a moderate socioeconomic status.

Table (2) shows the distribution of the study sample according to the reproductive history . According to the years of marriage, it was found that (44.8%) of the women were married for 15 years and above, while (5.8%) of them had less than 5 years of marriage, with a mean and SD (10-14 years) ± 0.924.Regardingto age of menarche **,** the table shows that (62.4%) of the women started their menarche at (12-13 years), while only (1.6%) of them started their menarche at age (16 andabove), with a mean and SD (12-13years) ± 0.646.(60.8%) of the women had a period of menstrual cycle from (4-6 days) and (0.4%) of them had (10days and above).According to the regularity of the menstrual cycle, the table shows that(67.6%) of the women had a regular menstrual cycle,while (32.49%) had irregular menstrual cycle. On the other hand, (56%) of the subject had moderate pain during menstruation and (35.4%) had severe pain, while only (8.6%) of them had mild pain during menstruation. In regard to the quantity of menstruation**,** (66.2%) of the women had a normal amount of menstruation,while (9.4 %) had heavy menstruation. According to gravidity, the result shows that (53%) of the sample had (4-6) pregnancies, and (33.2%) had from (1-3) pregnancies. While only (13.8%) of the sample had seven and above pregnancies, with a mean and SD (1-3) ± 0.658. The (63%) of the women had null miscarriage and abortion and only (2.2%) had seven and above miscarriage and abortion. Regarding parity, the highest percentage (51.4%) of the study sample had (4-6 deliveries), while the lowest percentage (9.2%) of them had (seven and above deliveries). (39.2.%) of the study sample started using the contraceptive pills from (1-3) years and (34.2%) of them started from (4-6) years .On the other hands (50.8.%) and (49%) of the women get the contraceptive pills from the family planning center and primary care and pharmacy. Regarding to the type of family planning used previously, (44.2%) of the women were using pills and (28.4%) used combined condom and pills, while (7.4 %) and (0.2%) used injection and condom respectively. Table (3) shows that the highest grand mean score is (2.86) for" mother's attitude regarding to oral contraceptive pill" and the lowest grand mean score (2.78) for" the general information about oral contraceptive pills". The result shows that the grand mean score for all mothers awareness and attitudes regarding to oral contraceptive pills are (2.83) ~2.8. While, the table (4) shows that there is a highly significant association between women knowledge and attitudes regarding to oral contraceptive pills and their level of education at P. value ≤ 0.05. Table (5) shows that there is a significant association between women knowledge and attitude regarding to oral contraceptive pills and their occupation at P. Value ≤ 0.05. This table shows that there is no significant association between women knowledge and attitudes regarding to oral contraceptive pills and number of children, at P. value ≤ 0.05, except for the "General information regarding to oral contraceptive pills" category is significant. The figure (1) shows that the highest percentage (59.6%) of the study sample had null chronic disease, (0.6%) had heart disease and (22.6%) had others which include; (arthritis (joint pain), hemorrhoids, irritable bowel syndrome, obstetric problems). Although some studies (Khan, 1976; Kumar *et. al*., 2005) stated that women do not practice family planning methods even though they had a good knowledge, for example the study by Sharma and Sharma (1991), which showed that (60.8%) had knowledge regarding family planning methods, while only (19%) were using the contraceptive irregularly, another reason for irregularity use was desire of both the women and the men to have more children. This result disagrees with my study findings as it showed a grand mean of score (2.78) for the women information which include general information, complication and benefits regarding to oral contraceptive pills. Shendge *et. al.* (2012) found a good knowledge of various methods of contraception for example, (99.7%) for sterilization of the women, (65%) for the men. About oral contraceptive pills (94.6%), while only (94%) was found for natural and other methods. Women in this study mostly preferred oral contraceptive (39.7%) followed by female sterilization (29%) for the condom users (15.7%). Another cross sectional study of hundred women to determine the frequency of knowledge, attitude and practice regarding contraception of parous women revealed that majority of the sample were educated housewives (78%), while (55%) of them were from lower middle class

(Shendge *et. al.,* 2011). Majority of the women (70%) received information from a health professional. Male condom was used by (57%), (43%) used injection and (33%) used oral contraceptive pills. Mahadeen and Hamdan (2012) found that women who had used family planning were asked what method they had ever used, showed that oral contraceptive pills and the IUD were the most used methods 31.1% and 24.6% respectively, 19.4% had ever used withdrawal method, while only 10.1% of them used injection.

My study investigated the type of family planning used previously found that 44.2% were using oral contraceptive, condom and pills were 28.4%, IUD were 19.8%, injection 7.4% and condom 0.2% respectively. It is clear from this that my study sample prefers using contraceptive pills rather than other methods and this may due to pills using is more simple and easy than other methods. There are many factors that affect using contraceptives for family planning, such as religion, type of family, socioeconomic status and fear from the side effects of using contraceptives, as well as educational level which is considered to exert most profound effect on family planning acceptance and fertility. In other words, education is the most dynamic and influential tool for inducing positive attitude among couples towards the methods and measures of family planning (Dingra *et. al*., 2010). Knowledge regarding family planning associated with educational level, it increases with the increasing of educational level. Arbab (2011) reported that knowledge regarding family planning increase with the increasing of educational level, women with secondary education or those with college/ university education were more likely to know about family planning compared with women with lower educational levels. Furthermore, younger women under 25 years were more likely to have lack of knowledge of family planning. In addition, fewer women with lower monthly household income knew about contraceptives than those with higher income. These results disagree with my study as the majority of my sample had a primary school level education, however, their knowledge was adequate for the whole categories. This can be explained as the educational sessions that were being conducted in the typical primary health care centers by the family planning center's staff as successful programs. A significant association was found for the women knowledge and attitudes regarding to oral contraceptive pills and educational level at ($p<0.0005$). Regarding to socioeconomic status, my results disagree with the above study, as my sample were living in moderate socioeconomic status, however there was no significant association for women knowledge and attitudes regarding to contraceptive pills and socioeconomic status at ($p<0.325$) and ($p<0.364$) respectively. In addition, non-significant association was found for the women knowledge and attitudes regarding to contraceptive pills and their age at a level (p. value < 0.0636) and (p. value <0.851) respectively.

Knowledge regarding family planning associated with occupation of women, it adequate knowledge, in my study the sample mostly being a housewife. The findings of this study agree with a study by (Hazim, 2000) on the nursing process in family planning, the result of the study reported that the majority of the women were housewives and constituted (95.00). The same result was found in (Samira *et. al*., 2011) of being the study sample housewife. In addition, non-significant association was found for the women knowledge and attitudes regarding to contraceptive pills and their occupation at level ($p<0.974$) and ($p<0.947$) respectively. According to the number of children, in my study of being mostly of the women were have (1-3) children and above, a study by (Kyla, 2011) on the knowledge, attitudes and practices regarding family planning in southern Rajasthan agree with my study. The data analysis revealed that there is a significant between women knowledge regarding to oral contraceptive oils and number of children, except for the "mothers attitude regarding to oral contraceptive pills "category. Regarding parity ,the highest percentage of the study sample had (4-6 deliveries), my result agree with the study by (on the knowledge, attitude and practices of contraception among married women, and my result disagree with the study by (Sanaa *et. al.,* 2014) on Certain Determinants Affecting the Current choice of family planning methods used by women Attending some family planning clinics in Baghdad city; In this study most of the women in the sample had (3-4 deliveries) and the minority of them had (1-2 deliveries). In addition, a non-significant association was found for the women knowledge and attitudes regarding to contraceptive pills and their parity at level (p. value <0.440) and (p. value <0.076) respectively.

CONCLUSION

The knowledge and attitudes of the women regarding to contraceptive pills were high. A

significant relationship between (level of education, number of children) and knowledge regarding to contraceptive pills were found. In addition, A significant relationship between level of education and attitude regarding to contraceptive pills were found.

RECOMMENDATIONS

Increase the community awareness regarding the use of family planning methods especially the oral contraceptive pills through; the mass media and providing them with scientific booklets, pamphlets and journals , Necessity of involving all primary health care centers in urban and rural areas regarding family planning programs , Activate the role of family planning centers at General Hospitals in Kirkuk city , Further studies to include sample from rural areas and compare their awareness with the urban women regarding family planning methods, in particular contraceptive pills, Health education at the first postnatal visit for the women should be done after a live birth to wait at least two years, but not more than five years before trying to become pregnant again and for miscarriage or induced abortion, women should wait at least six months before trying to become pregnant again. In addition, further research should focus on using larger samples in order to gain a more accurate picture of family planning in the general population.

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