

PREVALENCE AND CAUSES OF RELUCTANCE TO FAMILY PLANNING OF MARRIED WOMEN IN MOSUL CITY

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ABSTRACT

Family planning is a program to regulate the number and spacing of pregnancies in a family through the practice of contraception methods and treatment of infertility. The aim of the study is to evaluate the prevalence and reasons behind married women's reluctance to family planning in Mosul city. The study's goals were accomplished by using a cross-sectional study design performed from 1st of January/2023 to the end of June/2023. The study included six hundred married reproductive women between the age of (15-55) years old attending Al_Qadesia primary health care center (P.H.C.C.), Al_Arabi P.H.C.C., Al_Hadbaa P.H.C.C., and 17_Tamuz P.H.C.C. in Mosul city and who were selected randomly. A questionnaire form was specially prepared by the researcher and approved by the supervisor in order to collect the relevant information related to the study. The result of the study revealed 364 (60.7%) of married women included in this study were using the family planning methods and the remainder 236 (39.3%) were reluctant to family planning. 46.6% of the reluctant group were at age (20-29) years old, and 38(16.1%) of the reluctant group don't know the meaning of family planning. However, the study revealed that the husband's desire and the social habits caused them to have more children with 32(13.6%), 52(22.0%) respectively. The study concluded that there is a large proportion of married women who are reluctant to family planning and the most important causes were Arabic race, illiterate women, age, social habits, do not know what family planning mean and husband desire respectively. The recommendations are to increase the knowledge and the importance of family planning by multimedia educating programs, and putting solutions to overcome the causes of reluctance.

KEYWORDS: Family planning, reluctance, causes.

INTRODUCTION

Family planning is the ability of individuals and couples to plan for and achieve the number of children they want, as well as the spacing and timing of their births. It is accomplished by treating infertility and using contraceptive measures. It is important in the prevention of unwanted pregnancies so helps to lower maternal ill-health as well as the number of pregnancy-related deaths. It also reduces the spread of sexually transmitted diseases and this will help in the lowering of infertility rates.^[1] In 2015, roughly 64% of childbearing age women in the world utilized contraception methods,^[2] Arab countries have some of the highest rates of fertility in the world due to the low use of family planning.^[3] A survey conducted in Mosul city in 2019 on 1,302 young mothers revealed that over half of them (53.5%) thought family planning is beneficial. This idea is strongly linked to a two-fold increase in the likelihood of using

contraception methods.^[4] In some countries there has been a surge in efforts to lower obstacles to family planning, expand the range of methods and services accessible, and to satisfy the growing need for modern contraception. Better family planning education, broader availability of long-term methods, longer, dependable operation hours, uniform supplies, and increased counseling would all help contraceptive uptake and continuation as tried in Eastern Nepal.^[5] **Aim of the study:** To assess the prevalence and causes of the reluctance to family planning of married women in Mosul city.

PATIENTS AND METHODS

Study Setting and design

This cross sectional study was carried out in Al_Qadesia primary health care center (P.H.C.C.), Al_Arabi P.H.C.C., Al_Hadbaa P.H.C.C., and 17_Tamuz P.H.C.C.

in Mosul. Data collection was chosen randomly during 6 months period starting from 1st of January/2023 to 30 of June/2023.

Inclusion criteria

Married Women in reproductive age between 15_55 years old attending primary health care centers of any nationality and religion.

Exclusion criteria

Unmarried, widow, divorced and married women who had hysterectomy or tubal ligation.

2.8 Data collection tools

The data was collected after regular visits to the selected primary health care centers and from the answers of the studied sample to the checklist questionnaires during the interviews.

The quationnaires was constructed to include the prevalence and the most important causes of reluctance to family planning of married women. The data collection tool consisted of two parts: Part one include sociodemographic factors:

- Age
- Age at marriage
- Race
- Educational level
- Occupation
- Residence
- Contraceptive use status

Part two include the causes of the reluctance to family planning:

- Do not know what family planning mean
- Do not have enough time
- Social habits
- Wife desire
- Husband desire
- Low parity
- Newly married
- Wanting a special child gender
- Religious causes
- Economic factors

Table (3.1): Distribution Of The Study Sample According to Reluctance or Use of Family Planning.

Family Planning	Frequency	Percentage
Women reluctant to family planning	236	39.3
Women used family planning	364	60.7
Total	600	100.0
Reluctant: Used ratio	0.65:1	

Distribution of the reluctant study sample according to age groups is demonstrated in figure (3.1) which shows that the most frequent age group was 20-29 years that

- Poor knowledge about the presence of regional family planning services
- Unavailable regional family planning services
- Difficult access to family planning services
- Limited or no contraceptive methods available
- Infertile
- Fear of side effects
- No family support
- Having a chronic illness or any other medical contraindications Having bad past medical history with some methods.

2.9 Data analysis

Data have been analyzed using SPSS version excel computer program, and the prevalence has been calculated as follows:

Number of reluctant women to family planning / total number of women within the study. Percentage of each reluctant factor has also been calculated: number of women of each factor / total number of reluctant women.

RESULTS

The sample included in this study consisted of 600 married women; 236 women out of them (39.3%) were found to be reluctant to family planning while the remaining 364 (60.7%) were using different types of family planning with a ratio of 0.65: 1 as shown in table (3.1).

included 110 (46.6%) women while the least frequent age group was 20 (8.5%) in 40-49 years age group.

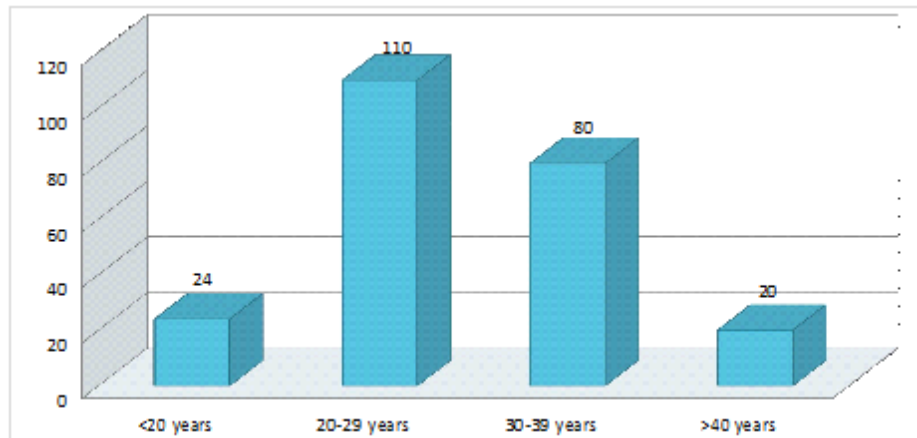


Figure (3.1): Distribution of reluctant study sample according to age groups.

Distribution of the study sample according to race is illustrated in figure (3.2) which demonstrates that most of the reluctant study sample is of arabic origin

representing 94.5% while Turkish and Kurdish found in 3.0% and 2.5% respectively.

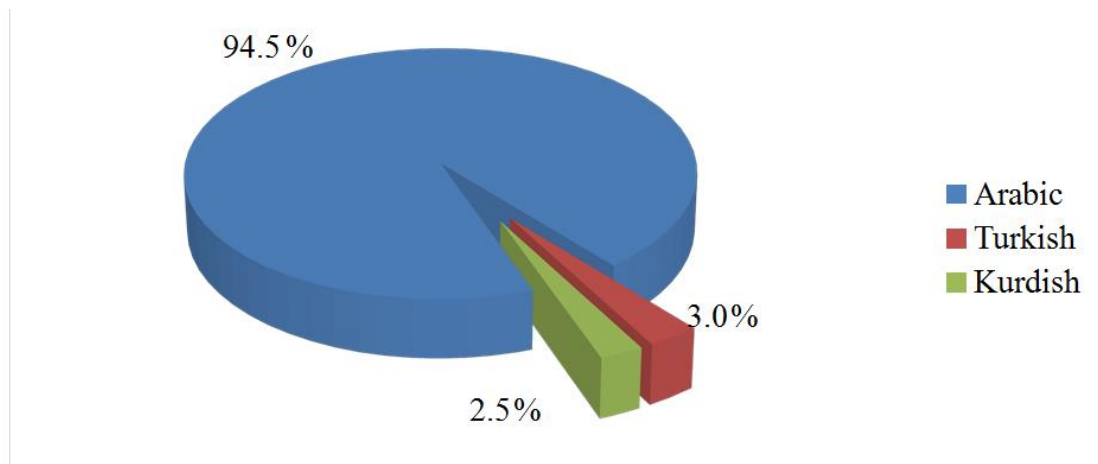


Figure (3.2): Distribution of reluctant study sample according to race.

Distribution of reluctant study sample according to educational levels demonstrated that 53.8% were

illiterates and only 6.4% were at university level of education as shown in figure (3.3).

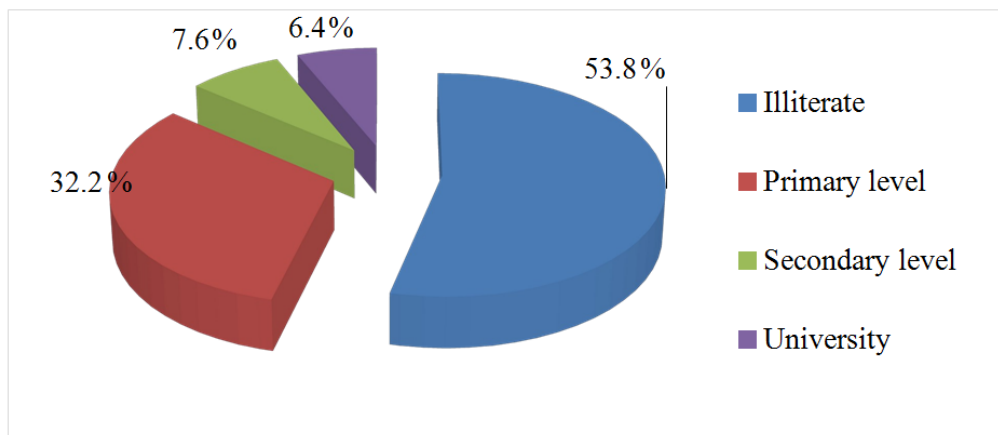


Figure (3.3): Distribution of reluctant study sample according to educational levels.

Distribution of reluctant study sample according to occupation is demonstrated in figure (3.4). The employed

women constituted only 9.3% while most of this sample is unemployed 90.7%.

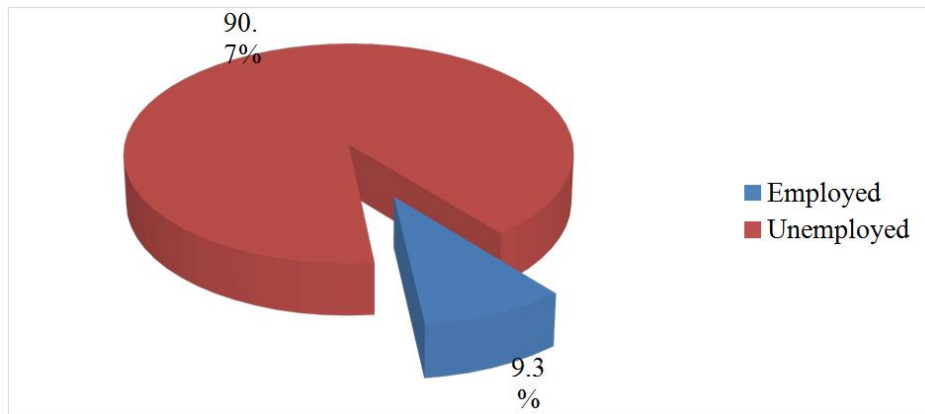


Figure (3.4): Distribution of reluctant study sample according to occupation.

Distribution of the study sample according to residence is shown in figure (3.5) which illustrates that 13.1% of this sample is of rural residence while 86.9% are urban.

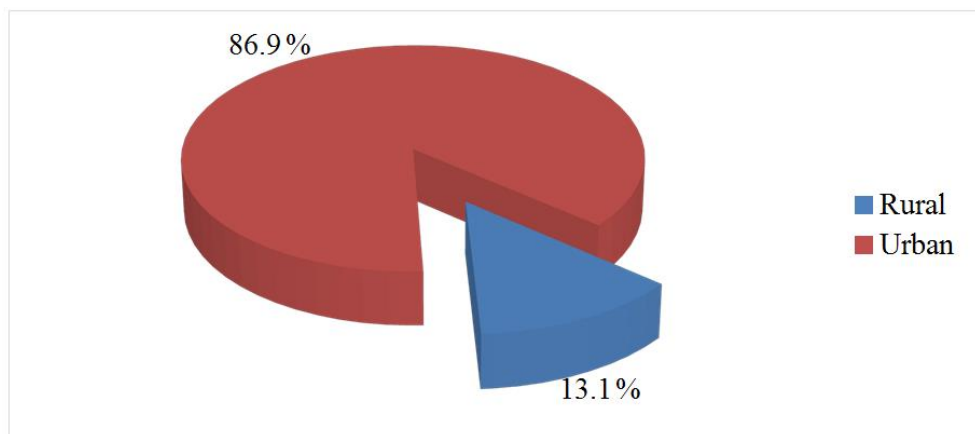


Figure (3.5): Distribution of reluctant study sample according to residence.

Distribution of the reluctant study sample according to knowledge, social habits, and religious causes is shown in table (3.2). This table elicited that 38(16.1%) of the reluctant sample don't know the meaning of family

planning. Social habit to have more children was found in 52(22.0%). The religious causes for reluctance are obvious in only five women (2.1%).

Table (3.2): Distribution of the reluctant study sample according to knowledge, social habits, and religious causes.

	Frequency	Percentage
Do not know what family planning mean		
Yes	38	16.1
No	198	83.9
Social habits to have more children		
Yes	52	22.0
No	184	88.0
Economic status		
Yes	6	2.5
No	230	97.5

Distribution of the reluctant study sample according to parent desire and economic status is demonstrated in table (3.3) and revealed that the husband desire to have more children is found in 32(13.6%), while the wives desire to have more children is found in only 3.0%. Poor

economical status is found in 6(2.5%) of the reluctant study sample.

Table (3.3): Distribution of the reluctant study sample according to parent desire and economic status.

	Frequency	Percentage
Husband desire to have more children		
Yes	32	13.6
No	204	86.4
Wife desire to have more children		
Yes	7	3.0
No	229	97.0
Religious causes		
Yes	5	2.1
No	231	97.9

DISCUSSION

Family planning program efforts are shown for the majority of developing nations. Some nations had already attained their ceilings. A few couples with extremely low reproduction rates purposefully weakened their programs, and other couples' programs degraded for unknown reasons. On the other hand, many nations with poor programs significantly increased their scores within the little overall climb.^[6]

This study was conducted on selected P.H.C.C.s where focusing on contraception methods of family planning programs was the main part, so we also focused on this side only because most of infertile patients would prefer visiting the private clinics more than the P.H.C.C.s. In this study on 600 married women who were visiting the selected P.H.C.C.s. in Mosul city, about 364 (60.7%) of them were using the family planning methods, and the remaining 236 (39.3%) were reluctant to family planning. This result is similar to a study done on female students at Asella preparatory school in Ethiopia in 2015 with resulting 61% of sexually active female who were using the family planning methods.^[7] In this study the most reluctant age group was between (20-29) years with 110 reluctant women of 46.6% percentage, and the least one was above 40 years with 20 and 8.5% percentage. A study in Ethiopia in 2015 showed no significance for age.^[7] This difference could be due to the fact that the sample of this study was mainly within this age group. In this study distribution of the study sample according to race had demonstrated that most of the reluctant study sample was of arabic origin representing 94.5% while Turkish and Kurdish found in 3.0% and 2.5% respectively. Another study in United States in 2017 said that differences by race/ethnicity were not marked.⁽⁸⁾ These differences could be due to the fact that the sample of this study was mainly Arabic in origin and Arab population want lot of children. In this study the distribution of reluctant study sample according to educational levels demonstrated that 53.8% were neither writing nor reading, 32.2% were with primary education, 7.6% were with secondary education, and only 6.4% were at university level of education. This result agrees with a study in Lucknow in 2012 that found family planning utilization was heighest in women with educational level up to high school and above with 82.8%, followed by those who were secondary educated (71.1%), then primary educated (45.7%), and least

utilization was seen among the group of illiterate women (35.8%).^[9] In this study distribution of reluctant study sample according to occupation showed that employed women constituted only 9.3% while most of this sample was unemployed (90.7%). According to a 2011 survey of 880 Iranian women in Esfahan city who were chosen at random agreed with this study and found those with salaried occupations, temporary positions were 100% using F.P. while business, industrialists, and tiny trade shopkeepers did not apply the F.P. approach at all.^[10] In this study distribution of the reluctant sample according to residence illustrated that 13.1% of this sample were of rural residence while 86.9% of urban. A study in Lucknow in 2012 disagrees about difference and demonstrates residential area of women (urban or rural) had no statistically significant association with the use of family planning methods, urban women residents users were 52.8% and rural women residents users were 47.2%.^[9] The differences of the results could be due to the fact that this study done in urban centers only. In this study 38(16.1%) of the reluctant sample don't know the meaning of family planning. This agrees with a study at lake of Victoria in Uganda in 2020 where participants were more likely to use FP if they had adequate FP knowledge in comparison with those who did not have adequate knowledge.^[11] In this study social habit to have more children was found in 52(22.0%) of reluctant sample. A study at lake of Victoria in Uganda in 2020 agrees that one of the main reasons for FP nonuse were social habits (25% in Kigungu and 20% in Nsazi), The most common reasons for wanting more children were economic gains 10.5%, desire for big family sizes 77.8%, and gender preferences 11.5%.^[11] In this study poor economical status was found in 6 (2.5%) of the reluctant study sample. Another study at the lake of Victoria in Uganda in 2020 agrees with this study and had nearby result with 4(1%) of the participants did not used F.P. due to economic factors, and 1 (1%) also did not used FP in Nsazi due to the same cause.^[11] In this study the husband desire to have more children was found in 32(13.6%). This agree with a study among couples in Yemen in 2007 demonstrated that in Sana'a 12% of husband's did not approve about family planning.^[12] In this study the wives desire to have more children was found in only 3.0% agree with a study among couples in Yemen in 2007 found that 4% of wives did not approve about F.P. while the husband approved.^[12] In this study the religious causes for

reluctance was obvious in only five women (2.1%). This may disagree with a study in Lucknow in 2012 which found that religion has a significant association with utilization of family planning methods, with more use of FP was in Hindu (93.7%) as compared to Muslim (5.2%) women.^[9]

CONCLUSIONS

The following conclusions were obtained from the present study:

- There is a large proportion of married women who are reluctant to family planning.
- The most affected age group were 20_29 years old, with predominancy among Arabic, illiterate, unemployed and urban married women.
- The most important causes of reluctance to family planning in the studied married women were social habits, do not know what family planning mean and husband desire respectively, followed by the less important causes which were wife desire to have more children, poor economic status, religious believes respectively.

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