Factors affecting on contraceptive use in a sample of married women attending primary Health care centers in Mosul city

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Abstract
Background: Family planning, enhancing mother and child health outcomes, and promoting sustainable development objectives all depend heavily on the use of contraceptives.
Objectives: This study investigates the factors affecting contraceptive use among married women attending primary health care centers in Mosul city.
Methods: A sample of 204 participants was selected, with data collected through face-to-face interviews to ensure unbiased responses.
Results: The demographic analysis revealed that the majority of participants were aged 30-39 years (49.5%) and had attained higher education, with 53.4% being university graduates. The findings indicated that 51.0% of the women reported using contraceptives. The study emphasizes the critical role of family planning in preventing unintended pregnancies, promoting women's health, and reducing maternal and newborn mortality.
Conclusions: By identifying the socio-demographic characteristics associated with contraceptive use, this research aims to inform public health strategies and improve access to reproductive health services in the region. The results align with existing literature on the importance of education and socio-economic status in influencing contraceptive practices, highlighting the need for targeted interventions to enhance family planning services in Mosul and similar contexts.

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Keywords: Child health outcomes, Reproductive health, Contraceptive methods, Public health interventions

Introduction

Contraceptive use plays a critical role in family planning, improving maternal and child health outcomes, and fostering sustainable development goals (SDGs). Understanding the factors influencing contraceptive use is essential for designing effective public health interventions tailored to the needs of specific populations, Family planning methods, including modern and traditional contraceptives, empower women to manage their reproductive health and achieve their desired family size. Despite the availability of these methods, the prevalence and patterns of contraceptive use vary significantly across regions, often influenced by cultural, social, economic, and health system related [1].

Almost 350,000 women worldwide pass away each year, and an additional 50 million are unwell and disabled because of pregnancy and delivery-related issues [2].

Family planning has a direct impact on women's, children's, and families' health globally, particularly in poor nations. Contraceptives help avoid an estimated 2.7 million newborn deaths and 60 million healthy life losses annually on a global scale [3]. Promoting family planning can save 32% of all maternal fatalities and over 10% of pediatric deaths, as well as alleviate poverty and hunger in nations with high birth rates. Long-term environmental sustainability, universal primary education, and women's empowerment would all benefit greatly from it. The rate of contraceptive use has increased from less than 10% to 60%

in recent decades, and family planning initiatives have significantly decreased fertility in poor nations from six to about three births per woman [4].

By lowering unintended pregnancies and decreasing high-risk pregnancies and abortions, family planning has enhanced the wellbeing of families. But family planning initiatives haven't always been as successful in different nations [5].

With the use of several forms of contraception, family planning enables parents to have as many children as they want and to better regulate the spacing of pregnancies. Six Despite numerous discussions concerning the benefits and drawbacks of using contraceptives in various civilizations around the globe, it is widely acknowledged that family planning is essential for preventing unwanted pregnancies, ensuring women's physical and mental well-being, and lowering maternal and infant mortality [6]. Modern contraceptive techniques are also seen to be risky, which has resulted in a number of negative side effects, including discomfort, bleeding, mood swings, and changes in weight [7].

Several studies have highlighted the importance of education in promoting contraceptive use, demonstrating that educated women are more likely to understand and adopt family planning methods [8]**.** Economic empowerment also plays a critical role, as women with financial independence are often better positioned to negotiate contraceptive use with their. Additionally, the availability of healthcare services and the quality of counseling provided by healthcare providers significantly influence women's contraceptive choices and adherence [9].

Material and Methods

The design: In order to assess factors affecting on contraceptive use in Mosul City, this study used a cross-sectional design from 8 May 2024 to 30 August 2024.

The Sample: A convenience sampling method was used to choose married women (aged 18-41 years) from primary Health center in Mosul city; the number of samples was (***204***). The research design for this study was a simple randomized.

Study tool: The questionnaire was developed by the researchers and provided for married women to assess factors affecting on contraceptive use in Mosul city. The study instruments comprised (2) Parts, including the following.

Part One/Data includes the demographic information (Age, education, occupation,), Part Two/ factors affecting on contraceptive use,

Validity

(15) Experts on the panel determined the validity of the questionnaire instrument by defining the content's sufficiency, relevance, and clarity.

Reliability

To evaluate the reliability of the questionnaire from a statistical standpoint, a pilot study was conducted before starting work to collect data. The experimental sample included (15) samples selected from the health centers (this sample was excluded from the original study sample) through direct self-application of the questionnaire in order to evaluate the internal consistency of the questionnaire that examined the sample. Using Cronbach's alpha measurement, which was evaluated by the researcher, the result of its reliability for an experimental study was that Cronbach's alpha was (0.864).

Data collection

Data were collected by selecting a sample of participants and prompting them to respond with straightforward explanations, avoiding any answers or suggestions that could influence or bias the results. Each takes about 15 to 30 minutes. The researchers conducted face-to-face interviews with the participating married women to deliver the questionnaire.

Table 1: Distribution of sample according to socio- demographic data

Demographic Characteristics		Frequency	Percent
Age groups	<20	19	9.3
	20-29	62	30.4
	30-39	101	49.5
	>40	22	10.8
	Total	204	100.0
Education	Illiterate	16	7.8
	read &write	16	7.8
	primary school	24	11.8
	secondary school	39	19.1
	collage & above	109	53.4
	Total	204	100.0
Occupation	Housewife	60	29.4
	Workers	101	49.5
	Student	43	21.1
	Total	204	100.0

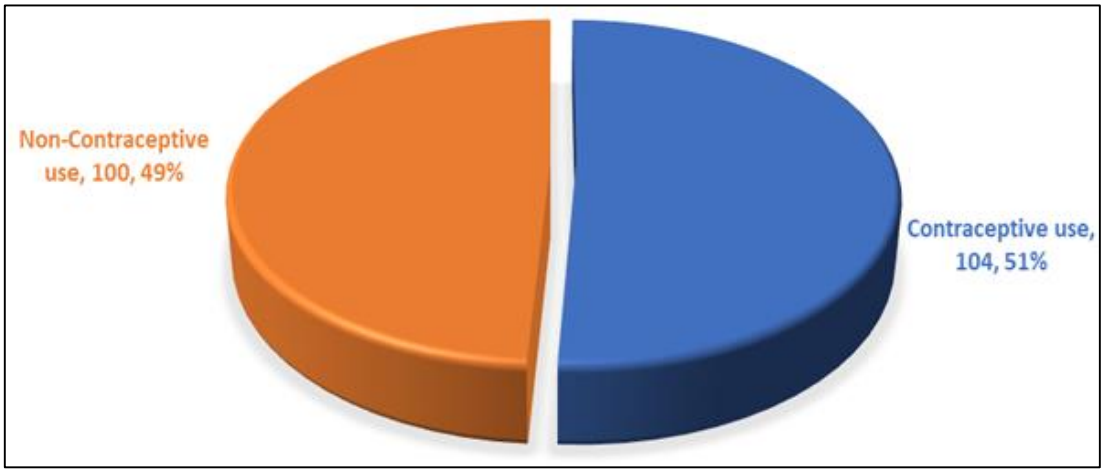

Fig 1: Distribution of sample according to contraceptive uses

Table 2: Distribution of sample according to type of contraceptive

Type of contraceptive uses	Frequency	Percent
birth control pills	45	43.3
Condoms	11	10.6
IUD	36	34.6
Injections	12	11.5
Total	104	100.0

Table 3: Distribution of sample according to reasons for current use of contraceptive

Reasons for current use of contraceptive	Frequency	Percent
To prevent ill	32	30.8
It's Economic	11	10.6
Ensure proper care of children	30	28.8
Prevent pregnancy/birth spacing	31	29.8
Total	104	100.0

Table 4: Distribution of sample according to Complications of contraceptive use

Complications of contraceptive uses	Frequency	Percent
Bleeding	13	12.5
Infection	24	23.1
Psychological Pain	15	14.4
Malaise	15	14.4
Amenorrhea	31	29.8
Hypertension	6	5.8
Total	104	100.0

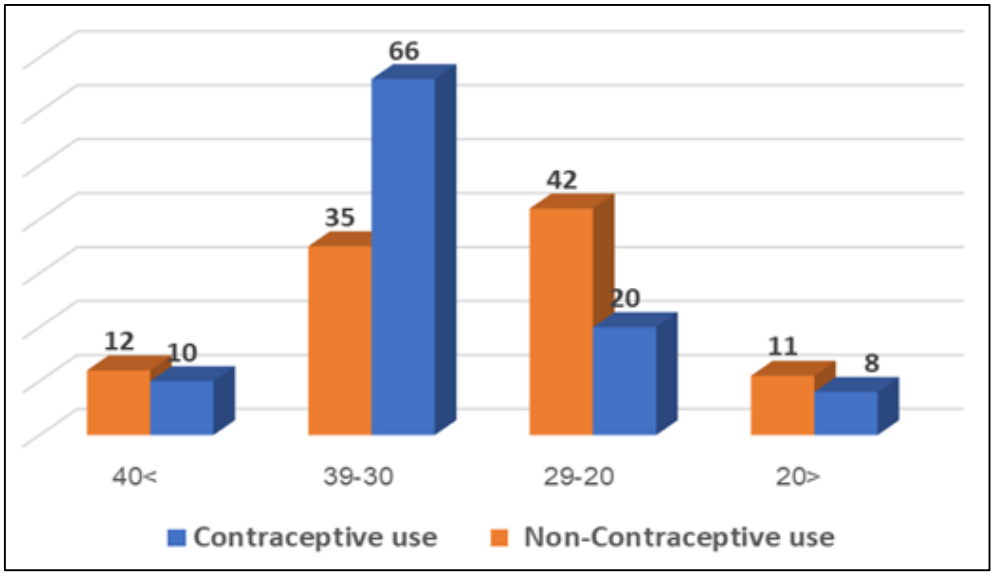

Fig 2: Relationship between age groups and contraceptive uses

Table 5: Relationship between desired children and contraceptive uses

Desired Children	Contraceptive use	Normal Contraceptive use	Total
1-2	62	26	88
	70.5%	29.5%	100.0%
3-4	33	52	85
	38.8%	61.2%	100.0%
>4	9	22	31
	29.0%	71.0%	100.0%
Total	104	100	204
	51.0%	49.0%	100.0%

Discussion

Due to its ability to protect women and children from various morbidities and mortality associated with recurrent pregnancies, as well as other socioeconomic benefits, contraceptive techniques have become more popular worldwide. Family planning is recognized as a major factor

in mortality and fertility transitions and as an efficient means of enhancing the health of mothers and children in many developing nations [10].

According to multivariate analyses, the most significant explanatory factors of current contraceptive use in Malawi are age, education, number of children born, number of living children, husband's and respondents' approval of family planning, family planning discussions with partners, partner's occupation, and respondent's employment status. Furthermore, the analysis's findings indicate that the usage of contraceptives rises with respondents' ages [11].

The current study was conducted according to Table (1), which shows the distribution of the sample according to demographic and social data. The table shows that out of (204) married women, there were (49.5%) in the age group (30-39) years, while in terms of educational qualification, (53.4%) were university graduates or more, while in terms of profession, (29.4%) were housewives and about (49.5%) were workers. The results of this study are like the study by *et al*., Alsharif (2023) [12].

Figure (1), which shows the distribution of sample according to contraceptive uses this table shows that (51%) of all studied married women were contraceptive users. The results of this study are like the study by *et al*., Carlson (2015) [13].

One possible explanation for the low incidence of contraception among women between the ages of 15 and 19 is that many of them are recently married, and marriage is seen as a means of having children. Obtaining family planning services may sometimes be difficult for young moms. According to this research, the respondent's educational attainment is one of the main determinants of the contraceptive issue in Malawi. This suggests that increasing education is a useful tactic for encouraging Malawians to take contraceptives. The results we obtained align with research from other nations and validate the significance of women's economic empowerment.

Table (2), which shows the distribution of sample according to type of contraceptive. This table shows that contraceptive tablets are most used contraception is birth control pills (43.3%) followed by IUD (34.6%) while. the condoms were used by (10.6%) only. The results of this study are like the study More critically, the Malawi National Family Planning Program should adapt its information, education, and communication programs to local conditions in addition to focusing on underserved rural regions. A constant discussion about the different forms of contraception between service providers and customers is necessary to increase the number of clients and alleviate some of their concerns over the alleged negative consequences of contraception.

Table (3) distribution of sample according to reasons for current use of Contraceptive. This Table Shows that of the (30.8%) of women use of contraceptive to prevent ill and around (29.8%) to prevent pregnancy.

Table (4) Distribution of sample according to Complications of contraceptive use showed that (29.8%) of the studied sample suffered from amenorrhea Complication followed by (23.1%) of infection Complication. The results of this study are opposite the study by Master-Hunter & Heiman. (2006) [14].

Figure (2) Relationship between age groups and contraceptive uses, this table shows the relationships between the contraceptive use and age.it presents that there was a highly significant between the two factors at($p<0.000$). The rate of Contraceptive use was highest among those with (30-39) years and lowest among those with (20-29) years. These study similar the study by Tiruneh. 2016) [15].

The usage of contraceptives and the intention to use them were likewise linked to age and age at first marriage. It's possible that older women's decreased usage of contraceptives stems from their decreased frequency of sexual activity and the fact that some of them were approaching menopause.

Table (5) Shows the relationships between the contraceptive use and desired children of the studied sample. It presents that the rate of Contraceptive use was highest among those with (1-2) desired children (70.5%)and lowest among those with >4 desired children (29.0%).

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