

**IJCRR**

Vol 05 issue 10

Section: Healthcare

Category: Research

Received on:07/04/13

Revised on:24/04/13

Accepted on:18/05/13

EVER USE OF CONTRACEPTIVES AMONG WOMEN ATTENDING PRIMARY HEALTH CARE CENTERS AT ABHA, SAUDI ARABIA

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ABSTRACT

Background: Contraceptive use is one of the indicators of women's health. Ideally all women in their reproductive period should have access to the means of fertility regulation and should be empowered to decide the use of contraceptives. Such a study has not been carried out so far in this region, so this research was done with the following objectives. **Objectives:** 1.To find the rate of contraceptive use among women attending the Primary Health care centers of Abha. 2. To find the methods of contraceptives used by them.3. To study the distribution of study population by the contraceptive use and methods of contraception. **Material and methods:** A record based cross sectional study was carried out on 359 women who had attended the antenatal clinic in the years 1432 and 1433 H(2011 and 2012 AD). Data was collected on selected sociodemographic variables, any previous obstetric and medical condition, the ever use of contraceptives and its method. **Result:** Total contraceptive use was found to be 27%. Oral pill was the most commonly used method. No significant relation between various personal characteristics and contraceptive use was found. **Conclusion:** Low use of contraceptives is found among women attending Primary Health Care Centers (PHCCs) of Abha. Knowledge of different contraceptive methods and their benefits on women's and children's health needs to be emphasized in the community.

Keywords: Contraceptives, Oral pills, Intra Uterine Device, Saudi Arabia.

INTRODUCTION

While considering development of a community, women's health is of prime importance. It has far-reaching consequences on family health, family dynamics and the community on the whole. Women's health underlies many of the millennium development goals. Goal 5(to improve maternal health) is solely dedicated to women's health ⁽¹⁾. It links maternal health directly to use of contraception and need for family planning. The average life expectancy of Saudi female is 74.3years ⁽²⁾ and almost half of it is within the active reproductive period (15-49 years).Thus, providing access to universal reproductive health care becomes one of the most

important services to improve women's health. The indicators of women's health include contraceptive prevalence. According to World Health Organization (WHO), contraceptive prevalence rate is an indicator of health, population, development and women's empowerment. It also serves as a proxy measure of access to reproductive health services which are essential for meeting many of the millennium development goals ⁽³⁾.

The scope of contraceptive use goes well beyond limiting the family size. In traditional societies contraceptives have found use in regulating and spacing of births ^(4,5).On the other hand, contraceptives are also used for limiting the

spread of HIV/AIDS, other sexually transmitted diseases⁽⁶⁾ and to avoid unwanted pregnancies⁽⁷⁾. Saudi Arabia is a traditional Islamic society. Like other Islamic societies⁽⁵⁾ it is culturally accepted here to have large families and women show a desire to have more children⁽⁸⁾. However, contraceptive services are available here and their use reflects the need and choice of spacing between child births rather than limiting the number of offspring^(4,8). Studies on contraceptive use have been carried out in many areas of Saudi Arabia including Qassim, Riyadh, and Jeddah. This study in primary health care centers (PHCCs) of Abha would help to understand the scenario in southwestern Saudi Arabia.

MATERIAL AND METHODS

This Cross sectional study was conducted in Abha City which is the capital of Asser Region at the south-western part of Saudi Arabia. The Saudi population of Abha by 2004 census was 290,445 of which female population was 144,550⁽⁹⁾. Three PHCCs were selected to carry out the study, namely Al-Manhal, Al-Wasat and Al-Mansak. A simple random sample was followed to select 359 registered antenatal patients who delivered in 1432H & 1433H (2011-2012 AD). The antenatal card of the women maintained at the PHCCs was used to collect the information on use of contraceptives anytime before the current pregnancy. The socio-demographic information, obstetric history and medical history were also noted. SPSS Ver. 17.0 was used for data entry and analysis. Descriptive and analytic statistics were applied as required. A statistically significant difference was considered when $p < 0.05$.

RESULT

The total study sample was 359 women. The mean age was calculated as 29.8yrs, with 48yrs as the maximum age and 16yrs as the minimum. (Table1 to be inserted here)

Table 1 describes the study population. Out of the total, 175(48.7%) belonged to 20-29 yrs age group. There were 31 women aged ≥ 40 yrs. Three fourths of the women were housewives, while only 17% were working. Students were classified apart from the two categories of working and non working women. They constituted 7.8% of the study group. Seventy three women were primigravida, while 85 (23.7%) women among the group had conceived 6 or more times. There were 81 women with zero parity, most of the women had parity 1-2(35.9%) while 66 (18.4%) with parity 5 or more. There were 83 women with no living children. Majority of women (58.5 %) had 1-4 living children. Hundred women had history of medical or obstetric illness.

(Fig 1 To be inserted here)

Our study revealed a 27% contraceptive use rate. Pills and Intra Uterine Device (IUD) were the exclusively used methods, with a use of 62.9% and 37.1% respectively of the total users.

(Table 2 to be inserted here)

The second table describes contraceptive use across the socio-reproductive groups of women. Among females in 20-29 yr and 30-39 yrs age group, 22.9% and 31.7% respectively have ever used contraception. Among housewives 27%, while among working women 36.1% ever used contraception. About 34.8% women with 1-4 living children used contraceptives. Most of the women (72%) with notable medical and obstetric history never used contraception.

The mean age of women not using contraceptives was 29.24yrs and of those using contraceptives was 31.37yrs. This difference was found to be significant ($p=0.004$).

(Table3 to be inserted here)

Most of the women across the various age groups used pills. There is a preference for Intra uterine device (IUD) among working women (54.5%). There is equal preference for pills and IUD among women with more than 4 children while

women with lesser children prefer pills. Women with notable medical/obstetric history prefer to use the pill as a method of contraception (71.4%).

DISCUSSION

Contraceptive prevalence has increased throughout the world in the past 2 decades. In a systematic review across 194 countries it was revealed that worldwide, contraceptive prevalence increased from 54.8% in 1990, to 63.3% in 2010⁽¹⁰⁾. But there are region wise differences. In the Middle East and North Africa (MENA) region itself, variations are found in the use of contraceptives in different countries⁽¹¹⁾

Our study revealed a 27% contraceptive use rate. This rate is quite low. There are wide variations in the reported use of contraceptives in Saudi Arabia. In a study done in Qassim region, (44.8%) were using or had used a contraceptive method⁽⁸⁾. In another study in Taif, those who never used any contraceptives represented approximately one third of the sample (34.1%)⁽¹²⁾. While the national data show that the contraceptive prevalence in Saudi Arabia was 31.8% in 1996, and it has come down to 23.8 % in 2007 as per the metadata of UN Millennium development goals⁽¹³⁾. Comparing with other countries in the region we found that a study in Jordan found 88.3% ever use rate of contraceptives⁽⁵⁾. Iranian studies have found a high percentage of contraceptive use⁽¹⁴⁾. Studies in Egypt and Iraq also show a high use of contraceptives.^(15, 16)

On studying the distribution of study population by use of contraception, we found that the use of contraceptives increases with the increasing age of the mother. Maximum use is found in females between 30-39 yrs age group, which is 46.39% of the total users. This may be because women want to finish having the desired number of children before using any contraceptives. On comparing the mean age of users with non users a significant difference is found. Similar results have been found in other studies. In the eastern province of

Saudi Arabia maternal age was one of the most important variables that were found to be significantly correlated with the birth intervals⁽¹⁷⁾. This finding is also coherent with other studies in the region^(8, 16, 18). As far as working status is concerned, among housewives 27%, while among working women 36.1% ever used contraception. This shows that the working status of mother affects the decision to use contraception; however this finding was not statistically significant. Analysis of data from previous national demographic survey in Saudi Arabia concluded that there was no significant effect of women's participation in the labor force upon fertility⁽¹⁹⁾. However, some studies have found that women's work is strongly linked to the contraceptives use^(8, 20).

About 34.8% women with 1-4 living children used contraceptives. In Qassim, women with higher parity were using more contraceptives. In a rural area near Riyadh, it was reported that parity was significant predictor of birth intervals⁽¹⁸⁾. A study in Iraq showed that with increasing parity the use of contraception increases⁽¹⁶⁾. In our study it was seen that most of the women (72%) with notable medical and obstetric history never used contraception. This may be because of lack of knowledge, as well as failure of the health personnel to educate the women about the benefit of contraception to the mother's health. Various studies have shown that there is a general lack of knowledge regarding contraception among females, who get most of the information from family members.⁽⁸⁾

In our study, women reported pills and IUD as the method of contraception. Commonly pills were used across various groups of women based on age, number of living children and occurrence of a medical/obstetric condition. Only working women showed a higher use of IUDs (54.5%). These results are similar to other studies done in the region. In a study in Saudi Arabia, the pill was the most reported method (44.1%) followed by intrauterine devices (29.4%); safe period,

condoms, injectables and others were also mentioned⁽¹²⁾. In Qassim, oral pills were the most commonly used method, with 70.2% users primarily depending on them. The intrauterine device was the next, and used by 12.0 % of the users⁽⁸⁾. There are some other Saudi studies that have reported the popularity of oral pills^(21, 22). In Egypt it was found that IUD and pills were more common in urban women⁽¹⁵⁾. It has been stated that in developing countries, condoms and male sterilization are among the least used of all contraceptive methods. The reverse is true in developed countries, in which condoms the major method of family planning⁽²³⁾. In other developing countries, method of choice shows wide variations. In a study in Bangladesh it was found that with increasing age the preferred way of contraception was sterilization⁽²⁴⁾. In another study done in rural India, surgical sterilization followed by condom use were the most preferred methods of contraception⁽²⁵⁾. The popularity of pills may be because of cultural reasons, where family and friends advocate the use of pills⁽⁸⁾, and also it is less invasive on the woman's privacy.

CONCLUSION

The contraceptive use among women in Abha is quite low when compared to international standards. However, it is similar to the national statistics. As it is presumed that maternal and child health is directly related to the spacing between births, the contraceptive use needs to be improved. Knowledge of different contraceptive methods and their benefits on women's and children's health needs to be emphasized in the community.

ACKNOWLEDGEMENT

The author expresses deep gratitude to Professor Shamsun Nahar, Department of Family and Community Medicine, King Khalid University Abha for her guidance and Mr. Shoukat Hussain for his untiring efforts in carrying out this research. Author acknowledges the great help received from the scholars whose articles cited and included in references of this manuscript. The author is also grateful to authors / editors / publishers of all those articles, journals and books from where the literature for this article has been reviewed and discussed. Author is grateful to IJCRR editorial board members and IJCRR team of reviewers who have helped to bring quality to this manuscript.

REFERENCES

1. www.un.org/millenniumgoals/maternal.shtml. Accessed online on 24/3/2013
2. Saudi Arabia, Reproductive health profile, 2008 www.emro.who.int WHO-EM/WRH/077/E 2010. Accessed online on 27/3/2013
3. http://www.who.int/gho/publications/world_health_statistics/WHS2012_IndicatorCompendium.pdf. Accessed on 22/3/2013
4. Al-Sibai MH, Khwaja SS Parity, related sociodemographic factors and contraceptive use in Saudi Arabia. *Biol Soc.* 1986 Sep; 3(3):130-5.
5. Najla Nour Thalji. KAP of women towards family planning methods in Tafila, Jordan. *JRMS* June 2003;10(1) :40-44
6. Pinkerton SD, Abramson PR. Effectiveness of condoms in preventing HIV transmission. *Soc Sci Med.* 1997 May;44(9):1303-12
7. Jennifer J. Frost, Laura Duberstein Lindberg. Reasons for using contraception: perspectives of US women seeking care at specialized family planning clinics *Contraception* Volume 87, Issue 4, Pages 465-472, April 2013. Published online September 2012.

8. Dr Mounira Al Sheeha. Awareness and use of contraceptives among Saudi Women attending Primary Care Centers in Al-Qassim, Saudi Arabia. *International Journal of Health Sciences* Vol. 4 No. 1 (May 2010/Jumada I 1431)
9. Saudi Arabia population and housing census 2004 from website <http://www.cdsi.gov.sa> Accessed on 30/3/2013
10. Alkema L, Kantorova V, Menozzi C, Biddlecom A. National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *Lancet*. 2013 Mar 12. pii: S0140-6736(12)62204-1. doi: 10.1016/S0140-6736(12)62204-1. [Epub ahead of print]
11. Farzaneh Roudi Fahimi. Women's reproductive health in the Middle East and North Africa. Population Reference bureau MENA policy Brief 2003.
12. Abdel-Fattah M, Hifnawy T, El Said TI, Moharam MM, Mahmoud MA. Determinants of birth spacing among Saudi Women. *J Fam Community Med* [serial online] 2007 [cited 2013 Mar 21];14:103-11. Available from: <http://www.jfcmonline.com/text.asp?2007/14/3/103/97098>
13. <http://mdgs.un.org/unsd/mdg/Metadata.aspx>. Access date:24/3/2013
14. http://www.unicef.org/infobycountry/iran_statistics.html. Accessed on 27/3/2013
15. H. I. Awadalla. Profile of contraception use among Egyptian women. *Scholarly Journal of Scientific Research and Essay (SJSRE)* Vol. 1(1), pp. 10-15, March 2012 Available online at <http://www.scholarly-journals.com/SJSRE>
16. Areej Mothanna Noaman Descriptive Study of Family Planning Methods and Factors Influencing Their Usage Among Women Attending Tikrit Teaching Hospital. *Tikrit Medical Journal* 2010; 16(2):100-106
17. Al-Almaie, SM (2003). The pattern and factors associated with child spacing in eastern Saudi Arabia the *Journal of the Royal society for the Promotion of Health*, 123: 217- 221.
18. Al-Nahedh NNA. . The effect of sociodemographic variables on child-spacing *Fam Plann.* 1998;29:106-116. doi:10.2307/172153.
19. Rshood M. Khraif. Fertility in Saudi Arabia: levels and determinants. A paper presented at: XXIV General Population Conference Salvador – Brazil 18-24 August 2000.
20. Dandash K, Refaat A. Impact of women's education on reproductive health and child survival. *Understanding Demographic Behavior in Egypt; Studies from the Demographic and Health Survey, 1995"* Final Report. September 1998. National Population Council. Editor: Scott Moreland. P 2-24
21. Jabbar FA, Wong SS, Al-Meshari AA. Practice and methods of contraception among Saudi women in Riyadh. *Fam Pract.* 1998;5(2):126-8.
22. Rasheed P and Al-Dabal BK. Birth interval: perceptions and practices among urban based Saudi Arabian women. *East Mediterr Health J.* 2007;13(4):881-92.
23. Information and Knowledge for Optimal Health (INFO) Project. Center for Communication Programs, The Johns Hopkins University Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, Maryland 21202, USA. Volume XXXI, Number 2, Spring 2003, Series M, Number 17, Special Topics
24. Haider Rashid Mannan. Factors in contraceptive method choice in Bangladesh: goals, competence, evaluation and access. *Contraception.* Volume 65, Issue 5, (May 2002) Pages 357-364

25. Bajwa SK, Bajwa SJ, Ghai GK, Singh K, Singh N. Knowledge, attitudes, beliefs, and perception of the north Indian population toward adoption of contraceptive practices.

Asia Pac J Public Health. 2012 Nov; 24(6):1002-12. doi: 10.1177/1010539511411473. Epub 2011 Jul 31.

Table1: Background Characteristics of the study sample

Characteristic	No.	%
Age Group		
• < 20 Yrs	11	3.1
• 20 – 29 Yrs	175	48.7
• 30 – 39 Yrs	142	39.6
• ≥ 40 Yrs	31	8.6
Occupation		
• Housewife	270	75.2
• Student	28	7.8
• Working	61	17.0
Gravida		
• 1	73	20.3
• 2-3	111	30.9
• 4-5	90	25.1
• ≥ 6	85	23.7
Parity		
• 0	81	22.6
• 1-2	129	35.9
• 3- 4	83	23.1
• ≥ 5	66	18.4
Living children		
• 0	83	23.1
• 1- 4	210	58.5
• ≥ 5	66	18.4
Obs./Medical illness		
• No	259	72.1
• Yes	100	27.9

Table 2: Distribution of study population by Contraceptive Use

Characteristic	Contraceptive		
	Not used 262 (73.0%)	Used 97(27.0%)	Total 359(100.0%)
Age Group			
• < 20 Yrs	10(90.9)	1 (9.1)	11(100.0)
• 20–29 Yrs	135(77.1)	40 (22.9)	175(100.0)
• 30–39 Yrs	97(68.3)	45 (31.7)	142(100.0)
• ≥ 40 Yrs	20(64.5)	11 (35.5)	31(100.0)
Occupation			
• Housewife	197(73.0)	73 (27.0)	270(100.0)

• Student	26 (92.9)	2 (7.1)	28(100.0)
• Working	39 (63.9)	22 (36.1)	61(100.0)
Living children			
• 0	79(95.2)	4 (4.8)	83(100.0)
• 1-4	137(65.2)	73(34.8)	210(100.0)
• ≥ 5	46(69.7)	20(30.3)	66(100.0)
Obs./Med. illness			
• No	190(73.4)	69(26.6)	259(100.0)
• Yes	72(72.0)	28(28.0)	100(100.0)

Table 3: Distribution of study group by method of contraception

Characteristic	Pills 61(62.9%)	IUD 36(37.1%)
Age Group		
• <20 Yrs	1(100.0)	0 (0.0)
• 20 – 29 Yrs	27 (67.5)	13 (32.5)
• 30 – 39 Yrs	26 (57.8)	19 (42.2)
• ≥ 40 Yrs	7 (63.6)	4 (36.4)
Occupation		
• Housewife	50(68.5)	23 (31.5)
• Student	1(50.0)	1 (50.0)
• Working	10(45.5)	12 (54.5)
Living Children		
• 0	4(100.0)	0(0.0)
• 1-4	47(64.4)	26(35.6)
• >4	10(50.0)	10(50.0)
Obs./Medical illness		
• No	41(59.4)	28(40.6)
• Yes	20(71.4)	8 (28.6)

Fig 1 Contraceptive Use