IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 4, Issue 6 Ver. I (Nov. - Dec. 2015), PP 68-76
www.iosrjournals.org

Impact of Hormonal Contraceptive use upon Women's Social Relationship who attending Family planning Centers in Baghdad City

*Dr. Rabe' a Mohsen Ali, PhD,** Roaa Kareem Bezabez, MSc.N **
* *(*Professor, *Maternal and Neonate Nursing Department, College of Nursing- University of Baghdad)*
**(Academic Nurse, Fatimat Al-Zahra hospital, Ministry of Health)

Abstract: *Hormonal contraceptives are intended to prevent pregnancy. Many people don't know they also offer a number of health benefits, including moderating or reducing chronic disease. Health benefits may be both immediate and ongoing. Those who benefit include: the woman, her family, employers, and society by reduced absenteeism and health care costs and improved birth outcomes and maternal health. Female hormonal contraceptive use has been associated with a variety of physical and psychosocial side effects.*
Objective*: To determine the impact of hormonal contraceptive use upon social aspects of women's health.*
Methodology: *A descriptive cross-sectional study design has been conducted on Non-probability (purposive sample) of (200) women attending Family planning Centers in Baghdad City. (Al- Karkh and Al- Rusafa health directorate family planning health centers).The study has been implemented for the period of 1st January 2015 to 15th August 2015. Descriptive and Inferential statistical analyses are used to analyze the data.*
Results: *Relative to women's age groups, majority of sample reported at the age ranged (30 – 44) yrs. , low educational level, and unemployed, (i.e. Housewife), With respect to "Age at marriage" the highest percentage are at age (20-24) yrs., and accounted 123(61.5%), "Age at first pregnancy", (20-24) yrs., and accounted, 129(64.5%), "Regularity of menstruation", result shows regular menstrual period are more registered than irregular, and accounted 184(92%), "No. of Gravida", (5 – 6), accounted 90(45%), " No. of deliveries", the highest percentage of the studied sample are reported at group (5 – 6), and accounted 94(47%). Results also shows that most of women used "Pills", and they accounted 125(62.5%), as well as duration of using pills focused at (2 & 3) years, and accounted 103(81.7%). Relative to "Injection", women used injection are reported 75(37.5%), as well as duration of using Injection are focused at (2) years, and accounted 68(90.7%). Purpose of using family planning methods, To reduce number of children, Spacing between pregnancy, Mothers bad health status, Caesarean birth. Regarding women's responding associated social impact, components are accounted different assessments, three sub associated domains consisting low assessment, such that " Social Activities, Marital Relations, and Sexual Behavior ", and they are accounted 3(75%), while leftover associated sub domain consist moderate assessment, in "Family Harmony", and accounted 1(25%).*
The results shows that all constructed contingency's coefficients reported weak relationships with no significant at P>0.05 between the socio-demographic characteristics with women's health regarding associated overall impact's components. Also weak relationships with no significant relationship at P>0.05 between reproductive information with women's health regarding associated overall impact's components, except regularity of menstruation, which reported significant different at P<0.05.
Recommendation: *Establishment of sensitive and modern family planning services through all primary health care services in all districts of Baghdad.*
Key words: *Impact, Hormonal Contraceptive, Women's Social Relationship*

I. Introduction

Hormonal contraceptives (HC) have been widely used globally since the middle of the 19th century for reasons including the prevention of unintended pregnancy, the decreased risk of female ovarian and endometrial cancers, regulation of the menstrual cycle, control of acne and relief of pre-menstrual and menstrual symptoms [(1)]. Endogenous estrogens may protect against vascular disease and atherosclerosis in young women. HC have also been linked to a greater risk of weight gain, cardiovascular disease, dyslipidemia, myocardial infarction, venous thrombi-embolism, and stroke. Because of this, HC formulations have changed over the years and newer combinations of estrogen and progestin may confer less disease risk. Since these medications remain widely used, and their physiological effects are widespread, it is important to further investigate how HC alter emerging disease risk pathways using both well known and novel clinical biomarkers [(2)]. Hormonal contraceptives may also influence sexual interest and behavior. It is found that women using hormonal contraceptives expressed significantly greater interest in engaging in short-term sexual relationships across all phases of the menstrual cycle compared to naturally cycling women [(3)].

II. Methodology of the study

A descriptive cross-sectional study design has been conducted on Non-probability (purposive sample) of (200) women Attending Family planning centers in Baghdad City. (Al- Karkh health directorate family planning health centers (Al-Emamin Al-Kadimain Medical City, Al-Kadimea primary halth care Sector, Al-Adil primary halth care Sector, and Al- Rusafa health directorate family planning health centers (Fatimat Al-Zahra hospital, Al-Rasafa primary halth care Sector , Al-Baladiat primary halth care Sector. Study has been implemented for the period of 1st Janiuary 2015 to 15th August 2015. Aquestionnaire has been used as a tool of data collection and consists of three main parts including Socio-demographic characteristics, Reproductive information &, information on the use of hormonal methods of contraception, Impact of hormonal methods on women's social health (Social domain).A pilot study has been carried out to test the reliability of the questionnaire and content validity has been carried out through the (17) experts . Descriptive and Inferential statistical analyses are used to analyze the data.

III. Results:

Table (1): Distribution of women's Socio-Demographic characteristic variables

Socio-Demographic characteristic	Groups	No.	%
Age Groups	15 – 19	2	1
	20 – 24	7	3.5
	25 – 29	26	13
	30 – 34	49	24.5
	35 – 39	63	31.5
	40 – 44	48	24
	45 – 49	5	2.5
	Mean ± SD	34.85 ± 5.75	
Educational Level (wife)	Primary school	96	48
	Secondary school	77	38.5
	Institute or college graduate	27	13.5
Occupation (wife)	G. Employee	43	21.5
	Housewife	157	78.5

Table (1)) shows observed frequencies, and percents of the studied "Socio-Demographical Characteristics" variables. Relative to women's age groups, majority of sample are reported at the age ranged (30 – 44) yrs. and they are accounted 160(80%), with mean and standard deviation vales 34.85, ± 5.75 yrs. With respect to women's "Educational level ", results illustrated that low educational level recorded, and they accounted 96(48%). Occupation of studied sample shows that the highest percentage 157(78.5%) of them were unemployed, (i.e. Housewife).

Table (2): Distribution of information concerning reproductive history among studied sample

Information Concerning Reproductive history	Groups	No.	%
Reproductive Information			
Age at marriage (Yrs.)	< 15 yrs.	3	1.5
	15 - 19	46	23.0
	20 - 24	123	61.5
	25 □	28	14.0
Age at first pregnancy (yrs.)	15 - 19	37	18.5
	20 - 24	129	64.5
	25 - 29	34	17.0
Regularity of menstruation	Regular	184	92.0
	Irregular	16	8.0
Gravida	1 - 2	5	2.5
	3 - 4	49	24.5
	5 - 6	90	45.0
	7 □	56	28.0
No. of deliveries	1 – 2	7	3.5
	3 - 4	59	29.5
	5 - 6	94	47.0
	7 □	40	20.0

Table (2) shows distribution of studied reproductive information concerning reproductive history information of women attending family planning centers, and as follows: With respect to women's "Age at marriage", result shows more registered at age group (20-24) yrs., and they are accounted 123(61.5%), then followed with "Age at first pregnancy", more registered at age group (20-24) yrs., and they are accounted, 129(64.5%), then followed with "Regularity of menstruation", result shows that regular menstrual period are more registered than irregular, and they are accounted 184(92%), then followed with "No. of Gravida", result shows majority of the studied sample are reported with group (5 – 6), and they are accounted 90(45%), then followed with " No of deliveries", which shows that majority of the studied sample are reported at group (5 – 6), and they are accounted 94(47%).

Table (3): Types of Contraception used and duration of use among studied sample with comparison significant

Types & duration	Groups	No.	%	C.S. P-value
Type and duration of contraception uses :				
Pills	**yes**	**125**	**62.5**	**P=0.001**
	No	**75**	**37.5**	**(HS)**
Pills - Duration (yrs.)	**1**	**5**	**4.0**	
	2	**64**	**51.2**	**χ^2= 105.7**
	3	**39**	**31.2**	**P=0.000**
	4	**13**	**10.4**	**(HS)**
	5	**4**	**3.2**	
Injection	**Yes**	**75**	**37.5**	**P=0.001**
	No	**125**	**62.5**	**(HS)**
Injection – Duration (yrs.)	**1**	**4**	**5.3**	**χ^2= 105.8**
	2	**68**	**90.7**	**P=0.000**
	3	**3**	**4.0**	**(HS)**

(*) HS: Highly Sig. at P<0.01; Testing method are based on Binomial test; and χ^2 : Chi – Square test.

The table shows distribution of contraception types and duration of use, among studied sample with comparison significant, concerning women attending family planning centers.Results shows that most of the studied sample used "Pills", and they are accounted 125(62.5%), as well as duration of using pills are focused at (2 & 3) years, and accounted 103(81.7%).

Relative to subject "Injection", women used injection reported 75(37.5%), as well as duration of using Injection are focused at (2) years, and accounted 68(90.7%).

Table(4.1): Impact of hormonal methods on women's health in light of Social Activities responding

Items	Resp.	No.	%	MS	SD	RS	Ass.
Contraceptive use affects my social relationships	**Never**	**196**	**98**	**1.03**	**0.22**	**34.3**	**Low**
	Sometimes	**2**	**1**				
	Always	**2**	**1**				
Affect the basic needs of the family	**Never**	**190**	**95**	**1.10**	**0.44**	**36.7**	**Low**
	Sometimes	**0**	**0**				
	Always	**10**	**5**				
Family members encourage me to use contraception	***Never***	***12***	***6***	***2.85***	***0.5***	***95.0***	***High***
	Sometimes	***6***	***3***				
	Always	***182***	***91***				
Family support me morally	***Never***	***11***	***5.5***	***2.46***	***0.81***	***82.0***	***High***
	Sometimes	***5***	***2.5***				
	Always	***184***	***92.0***				
I have a good relationship with the only loves me	**Never**	**180**	**90**	**1.14**	**0.43**	**38.0**	**Low**
	Sometimes	**13**	**6.5**				
	Always	**7**	**3.5**				
I have blamed by my family	**Never**	**193**	**96.5**	**1.05**	**0.25**	**35.0**	**Low**
	Sometimes	**5**	**2.5**				
	Always	**2**	**1**				

Assessment with Scoring Scales. [i.e. Low (33.3 – 55.5), Moderate (55.6 – 77.7), and High (77.8 –100)].

Table (4.1) shows low assessments are formed in four items, and they are accounted 4(66.7%).while two items(*Family members encourage me to use contraception* and *Family support me morally*)reported high assessment, and accounted 2(33.3%).From preceding result, it could be conclude that in light of social activities index, studied women having positive stability condition concerning with that index.

Table(4.2): Impact of hormonal methods on women's health in light of Family Harmony responding

Items	Resp.	No.	%	MS	SD	RS	Ass.
Contraceptive use affect the relationship of Affection towards the family	Never	103	51.5	1.79	0.88	59.7	Mod.
	Sometimes	37	18.5				
	Always	60	30				
The use of contraceptives affect the relationship of dialogue and understanding among family members	Never	113	56.5	1.73	0.89	57.7	Mod.
	Sometimes	27	13.5				
	Always	60	30				
Contraceptive use affect the planning of the best	Never	113	56.5	1.69	0.85	56.3	Mod.
	Sometimes	37	18.5				
	Always	50	25				
Contraceptive use affect the openness among family members	Never	113	56.5	1.69	0.85	56.3	Mod.
	Sometimes	37	18.5				
	Always	50	25				
Contraceptive use affect the educational guidance towards the family	Never	113	56.5	1.69	0.85	56.3	Mod.
	Sometimes	37	18.5				
	Always	50	25				

Table (4.2) shows moderate assessments for all items, and they are accounted 5(100%). From preceding result, it could be conclude that in light of family harmony index, studied women having instability condition concerning with that index**.**

Table(4.3): Impact of hormonal methods on women's health in light of Marital Relations responding

Items	Resp.	No.	%	MS	SD	RS%	Ass.
Contraceptive use affect the marital relationship	Never	143	71.5	1.34	0.57	44.7	Low
	Sometimes	47	23.5				
	Always	10	5				
Contraceptive use affect the emotional relationship	Never	153	76.5	1.29	0.55	43.0	Low
	Sometimes	37	18.5				
	Always	10	5				
My husband agrees with me to use contraception	*Never*	*6*	*3*	*2.93*	*0.35*	*97.7*	*High*
	Sometimes	*2*	*1*				
	Always	*192*	*96*				
Prevails marital relationship of love and affection	*Never*	*2*	*1*	*2.95*	*0.26*	*98.3*	*High*
	Sometimes	*6*	*3*				
	Always	*192*	*96*				
Not like to practice marital relationship	Never	184	92	1.08	0.27	36.0	Low
	Sometimes	16	8				
	Always	0	0				
Disagreement of husband to use contraception	Never	194	97	1.05	0.3	35.0	Low
	Sometimes	2	1				
	Always	4	2				

Assessment with Scoring Scales. [i.e. Low (33.3 – 55.5), Moderate (55.6 – 77.7), and High (77.8-100)].

Table (4.3) shows low assessments are formed in four items, and they are accounted 4(66.7%). while two items(*My husband agrees with me to use contraception* and *Prevails marital relationship of love and affection)* reported high assessment, and accounted 2(33.3%). From preceding result, it could be conclude that in light of marital relation index, studied women having positive stability condition concerning with that index.

Table(4.4): Impact of hormonal methods on women's health in light of Sexual Behavior responding

Items	Resp.	No.	%	MS	SD	RS%	Ass.
*Hate thinking with sexual relationship	Never	175	87.5	1.14	0.39	38.0	Low
	Sometimes	22	11				
	Always	3	1.5				
Good sexual relationship with my husband	*Never*	*2*	*1*	*2.94*	*0.28*	*98.0*	*High*
	Sometimes	*8*	*4*				
	Always	*190*	*95*				
*I'm afraid I'm not able to fulfill the requirements of my husband	Never	181	90.5	1.11	0.36	37.0	Low
	Sometimes	16	8				
	Always	3	1.5				
Bleeding during the month affects the sexual relationship	Never	8	4	2.72	0.53	90.7	High
	Sometimes	40	20				
	Always	152	76				
*I feel weak in the sexual relationship	Never	80	40	1.60	0.49	53.3	Low
	Sometimes	120	60				
	Always	0	0				
I feel not satisfy with sexual relationship	Never	80	40	1.70	0.64	56.7	Mod.
	Sometimes	100	50				
	Always	20	10				

Assessment with Scoring Scales. [i.e. Low (33.3 – 55.5), Moderate (55.6 – 77.7), and High (77.8 – 100)]. * items reversed measuring scale, and that revere an assessments scores.

Table (4.4) shows low assessments are formed in three items, and they are accounted 3(50%), while three items had reported moderate, and high assessments, I feel not satisfy with sexual relationship, Good sexual relationship with my husband, and bleeding during the month affects the sexual relationship" respectively. From preceding result, it could be conclude that in light of sexual behavior index, studied women having somewhat stability conditions concerning with that index

Table(5): Summary statistics of studied impact of hormonal methods on women's health in light of associated sub domains responding

M.D.	Sub Associated Main Domains	No.	GMS	SD	RS%	Ass.
Social Impact	Social Activities	200	1.11	0.27	36.9	Low
	Family Harmony	200	1.72	0.85	57.2	Mod.
	Marital Relations	200	1.14	0.21	38.2	Low
	Sexual Behavior	200	1.56	0.22	51.8	Low

Women's responding associated social impact, components are accounted different assessments, three sub associated domains consisting low assessment, such that " Social Activities, Marital Relations, and Sexual Behavior ", and they are accounted 3(75%), while leftover associated sub domain reported moderate assessment, in "Family Harmony", and accounted 1(25%). From preceding result, it could be conclude that in light of social impact components, studied women having stability conditions.

Table(6): Relationship among Socio-Demographical Characteristics variables with impacts of hormonal methods on women's social health responding

Demographical Characteristics	Overall Assessment		
	C.C.	Sig.	C.S.*
Age Groups	0.122	0.809	NS
Educational Levels	0.100	0.362	NS
Occupation	0.019	0.783	NS

(*) **NS: Non Sig. at P>0.05**

The results shows that all constructed contingency's coefficients are reported weak relationships with no significant at P>0.05 between the Socio-Demographical Characteristics variables with women's health regarding associated overall impact's components. Then it could be indicates that preceding association

concerning women's health regarding associated overall impact's hormonal methods could be amend for all women whatever a differences with socio-demographical characteristics variables.

Table(7): Relationship among Reproductive Information with impacts of hormonal methods on women's health responding

Reproductive Information	Overall Assessment		
	C.C.	Sig.	C.S.*
Age at marriage	0.092	0.634	NS
Age at first pregnancy (yrs.)	0.115	0.263	NS
Regularity menstruation	0.169	0.015	S
Gravida	0.115	0.441	NS
No. of deliveries	0.073	0.781	NS

(*) **S: Sig. at P<0.05; NS: Non Sig. at P>0.05**

The results shows that all constructed contingency's coefficients are reported weak relationships with no significant relationship at P>0.05 between reproductive information with women's health regarding associated overall impact's components, except regularity of menstruation, which reported significant different at P<0.05. Then could be indicating that preceding association concerning women's health regarding associated overall impact's hormonal methods could be amend for all women whatever differences with their reproductive information.

IV. Discussion

Socio-Demographic Characteristics:

Relative to **women's age groups**, majority of sample are reported at the age ranged (30 – 44) yrs. and they are accounted 160(80%), with mean and standard deviation vales 34.85, ± 5.75 yrs. Respectively, this indicate that the older ages more using for hormonal contraceptive methods. This finding is inconsistent with the USA which has one of the highest teenage pregnancy rates among developed countries recorded a decline of 27% in their rates between 1991 and 2000. The decline has been a result of increased contraceptive use, while promotion of abstinence-only programmes has had little impact. The general decrease in teenage pregnancy rates observed in Europe has been attributed to improved access to contraception as well as improved knowledge [(4)].

According to Blanc in developing countries, contraceptive use among young women, whether married or unmarried, involves a lot of experimentation and is inconsistent. Additionally, young women face many barriers to the use of family planning services, which include fear, embarrassment, cost, and lack of knowledge [(5)].

With respect to women's "**Educational level** ", results illustrated that low educational level are recorded, and they accounted 96(48%), Most women of low educational level due to that their awareness regarding contraceptive were also low. In the current study, it was observed that the use of contraceptives increased with level of education. These findings are consistent with other studies in Tanzania, India and Ethiopia, which showed strong association between education level and contraceptive use. This is also supported by the findings of Stoppler, where only 22% of women with no education were using modern methods of contraception as compared to 52% of women with at least some secondary education. With formal education it is easier to make informed choices because of wide understanding of issues, including health as compared with ones without formal education. With education it is easy to put information delivered by health workers in the right context [(6-9).]

Iraqi study stated that "Educated women are frequently conservative, think about side effects of modern contraceptives more seriously than those with lower education", and most of the employed women were educated. Apart from the desire to have more children, non-use of contraception among the studied population reflected local norms and religious beliefs similar to what was found for other areas of Iraq [(10)]. The main finding is that there exists a positive association between the educational level of both spouses and the use of contraceptive methods in Turkey. After all individual, cultural, fertility and contextual variables are controlled, a woman's education is a stronger predictor of method use and method choice than that of her husband [(11)].

Occupation of studied sample shows that the highest percentage of the studied sample concerning women had unemployed, (i.e. Housewife), and they are accounted 157(78.5%). Employed women more often consult their doctor about family planning than unemployed because they want to control their families , receive the basic information about contraception from doctors when they go to clinics, or hospital for whatever reason [(12)].

The results shows that all constructed contingency's coefficients are reported weak relationships with no significant at P>0.05 between the Socio-Demographical Characteristics variables with women's health regarding associated overall impact's components (table 6). This could be indicates that preceding association

concerning women's health regarding associated overall impact's hormonal methods could be amend for all women whatever a differences with socio-demographical characteristics variables.

Reproductive history Information:

The study results shows distribution of studied reproductive information concerning reproductive history information of women attending family planning centers, and as follows: With respect to women's "Age at marriage", result shows more registered at age group (20-24) yrs., and they are accounted 123(61.5%), then followed with "Age at first pregnancy", more registered at age group (20-24) yrs., and they are accounted, 129(64.5%), then followed with "Regularity of menstruation", result shows that regular menstrual period are more registered than irregular, and they are accounted 184(92%), then followed with "No. of Gravida", result shows majority of the studied sample are reported with group (5 – 6), and they are accounted 90(45%), then followed with " No of deliveries", which shows that majority of the studied sample are reported at group (5 – 6), and they are accounted 94(47%).

The relationship among Reproductive Information with impacts of hormonal methods on women's health responding, the results shows that all constructed contingency's coefficients are reported weak relationships with no significant relationship at $P>0.05$ between reproductive information with women's health regarding associated overall impact's components, except regularity of menstruation, which reported significant different at $P<0.05$ (table 7). This could be indicating that preceding association concerning women's health regarding associated overall impact's hormonal methods could be amend for all women whatever differences with their reproductive information**.**

This finding of present study is constant with Abdou Sallam & collegeous who stated that **i**n many parts of the developing world, girls marry shortly after puberty, because of societal pressures to prove their fertility and the increased status that motherhood brings, many young women become pregnant soon after marriage [(13)]. The "age at marriage" which is more closed link with the reproductive health behavior of the men with their wives, early marriages have shown the irresponsible behavior of men's with their wives whereas late marriages also effects to the pattern of reproductive health behavior of men, different studies also indicate the marriage pattern for males and females in Pakistan are young and universal [(14)].

Types of Contraception and Duration of Use:

Results shows that most of the studied sample of women are used "Pills", and they are accounted 125(62.5%), as well as duration of using pills are focused at (2 – 3) years, and accounted 103(81.7%). Relative to "Injection", women used injection are reported 75(37.5%), as well as duration of using Injection are focused at (2) years, and accounted 68(90.7%).

More than half of the interviewees make the decision on the use of contraception by themselves, or according to their friends opinion, some depend on what available in family planning centers or pharmacies regardless of side effect, because most of them not aware about what suitable method for them, some of them having fear of some methods intervention, some believe in myths about some contraceptives, others cannot able to pay for expensive ones, and cultural and religious believes play a role in contraceptive choice by the women. The most preferable once used pills and injectable methods rather than other methods as a hormonal method.

In some countries, women are not independent in making the decision about the use of contraception. A study of 2,000 women, who go to family planning services in Nigeria, showed that the choice of the contraception method is mostly influenced by friends and relatives [(15)]. In India between 1999 and 2003, health officials trained 1,850 volunteers in 650 villages for the promotion of family planning. Due to their work, there was an increase in the use of contraception by 78%, most of the interviewees do not consult the gynecologist about family planning [(16)] . Contraceptive choice was associated with a range of socioeconomic and partnership characteristics, and with pregnancy-, method- and provider-related experiences and attitudes; inconsistent pill or condom use was associated mainly with partnership, experiential and attitudinal factors [(17)].

In a study about the choice of contraceptive method, women reported that provider counseling and their own contraceptive knowledge after the visit was associated with the hormonal method initiated. The same study concluded that more extensive counseling and patient education is important for integration of new hormonal methods. The waiting room could be an important potential time to utilize e.g. using visual education [(18)] . The pill was preferred because of its proven efficacy (60% of cases) and ease of use. The acceptance of the skin patch increased with age and the pill was mostly accepted only by women in the youngest age groups [(19)] .

Impact of Hormonal Methods on Women's social Relationship:

Regarding **Social activities** the study results shows low assessments in four items, and they are accounted 4(66.7%).while two items(*Family members encourage me to use contraception* and *Family support me morally*)reported high assessment, and accounted 2(33.3%).From preceding result, it could be conclude that

in light of social activities index, studied women having positive stability condition concerning with that index (table 4.1).

Regarding **Family harmony** the study results shows moderate assessments for all items, and they are accounted 5(100%). From preceding result, it could be conclude that in light of family harmony index, studied women having instability condition concerning with that index (table 4.2).

Regarding **Marital relations** the study results shows low assessments for all items, and they are accounted 4(66.7%). while two items(*My husband agrees with me to use contraception* and *Prevails marital relationship of love and affection)* reported high assessment, and accounted 2(33.3%). From preceding result, it could be conclude that in light of marital relation index, studied women having positive stability condition concerning with that index (table 4.3) .

Regarding **Sexual behavior** the study results shows low assessments are formed in three items, and they are accounted 3(50%), while three items had reported moderate, and high assessments, I feel not satisfy with sexual relationship, Good sexual relationship with my husband, and bleeding during the month affects the sexual relationship" respectively. From preceding result, it could be conclude that in light of sexual behavior index, studied women having somewhat stability conditions concerning with that index (table 4.4).

The study results shows summary statistics of studied over all social impact of hormonal methods on women's health in light of associated sub domains responding, Regarding subject's responding associated social impact, components are accounted different assessments, three sub associated domains consisting low assessment, such that " Social Activities, Marital Relations, and Sexual Behavior ", and they are accounted 3(75%), while leftover associated sub domain consist moderate assessment, in "Family Harmony", and accounted 1(25%) (table 5). From preceding result, it could be conclude that in light of social impact components, studied women having stability conditions.

It is stated that the child bearing and rearing as a primary concern of women , we expect that men did not know much about contraceptive methods in general and females control methods in particular. The men, in most cases, seem ignorant of contraceptive methods particularly of females control methods. The need is to make men aware of female reproductive cycle while men are having knowledge of contraceptive methods same as women. On the other hand, men rarely perceive the many and varied dimensions of the use of contraceptive including side effects , effectiveness, ease of use or privacy [(20)] .

It should be noted that contraception can be considered only if the woman and man feels concerned by contraceptive issues. This implies that she must feel free to have a sexual life, which is far from being the case in all societies. While another study emphasis on young men's involvement in reproductive behaviors, and said that is a very important issue to involve young men as well as women in this typical issue [(21,22)]. Similarly another study showed that, Young men and young women experience sexuality in a very different way. Men focus much more on physical pleasure, whereas women are more concerned with the affective and emotional aspects. These ways of experiencing, which produce and reproduce social gender relationships, has an impact on how contraception is regarded and managed [(23)]. According to the studies, young men directly and record their attitudes as reported by young women, underline young men's lack of involvement in contraception in central and eastern Europe [(24).]

A study concluded that in developing countries like Pakistan, the socio-cultural contexts are the male dominant society, especially on reproductive health and fertility matters, there is no freedom for female they all decision making power in the control of the men, Men's attitude towards women right and contraceptive use was expected to affect birth, and reproductive health issues. On overall basis, men's attitude towards contraceptive use and women role was positive in the study. Majority of the respondents in general, were in favor in use of contraception in order to promote healthy activities and get better living through limited family size [(25)].

Survey of women seeking contraceptive services, a majority said that over the course of their lives, access to contraception had allowed them to take better care of themselves or their families (63%), support themselves financially (56%), complete their education (51%), or keep or get a job (50%) . The literature provides a good deal of evidence that the ability to plan whether and when to have children, and the use of contraception as a driver of such planning, has numerous important social and economic benefits for women and their families[(17)] .

Husband / partner support has been documented as key in acceptance of contraceptive use. Findings in this study are consistent with other studies elsewhere . About 89% of users of contraceptive methods indicated to have husband/partner support. Sixty nine percent of non- users also indicated partner support is important in the use of contraceptive methods. Traditional and cultural believes were mentioned to influence the use of contraceptive methods. This is consistent with other studies. Large portion of non-users (76%) indicated that traditional and cultural beliefs would influence the use of contraceptives. This was supported by service providers who mentioned wrong cultural believes as a hindrance in the utilization of contraceptive methods [(26)] .

V. Conclusion

From preceding result, it could be conclude that in light of social impact components, studied women having stability conditions.

VI. Recommendations

1-Establishment of sensitive and modern family planning services through all primary health care services in all districts of Baghdad.

2- Increase Community awareness of family planning and the advantages of child spacing through mass media

3-Coordination between public and private sector to provide adequate family planning services and supplies

References

[1]. Haider Z, D'Souza R (2009) Non-contraceptive benefits and risks of contraception. Best Pract Res Clin Obstet Gynaecol 23: 249–262.

[2]. Alonso de Lecinana M, Egido JA (2006) Estrogens as neuroprotectants against ischemic stroke. Cerebrovasc Dis 21 Suppl 248–53

[3]. Guillermo, C., Manlove, H., Gray, P.B., Zava, D., Marrs, C., 2010. Female social and sexual interest across the menstrual cycle: the roles of pain, sleep and hormones. BMC Women's Health 10, 19–29.

[4]. Avery L & Lazdane G. What do we know about sexual and reproductive health of adolescents in Europe? Eur J Contracept Reprod Health Care 2007;13:58–70.

[5]. Blanc AK, Curtis SL, Croft TN. Monitoring contraceptive continuation: links to fertility outcomes and quality of care. Studies in Family Planning 2002;33(2):127–40.

[6]. Kessy TA and Rwabudongo N. Utilization of modern family planning methods among women of reproductive age in a rural setting: the case of Shinyanga rural district,Tanzania. East African Journal of Public Health 2006

[7]. Das NP, Mishra VK, and Saha PK. Does Community Access Affect the Use of Health and Family Welfare Services in Rural India? National Family Health Survey Subject Reports Number 18, May 2001

[8]. Gizaw A and Regassa N. Family planning service utilization in mojo town, Ethiopia: a population based study. Journal of Geography and Regional Planning Vol. 4(6) 2011

[9]. Stöppler . M.: Hormonal Methods of Birth Control -Injection: depot medroxyprogesterone acetate (DMPA), 2015, http://www.medicinenet.com/hormonal_methods_of_birth_control

[10]. Al-Jawadi A, Albakry D. Family planning unmet need profile in Mosul City, North of Iraq: A cross sectional study. Duhok Medical Journal 2010; 4(1): 41-48

[11]. Ismet K.: determinants of contraceptive use & method choices in Turkey, Journal of Biosocial science, vol.32, issue 03, 2000, pp: 329-342.

[12]. Zafar M .: Family structure and women's husband-wife as a correlate of contraceptive and fertility behavior. Pakistan Development Review,1996, 35(2): 145-170

[13]. Abdou Sallam S, Mahfouz A, Dabbous N. Reproductive Health of Adolescent Married Women in Squatter Areas in Alexandria. Fhi 360 the science of improving lives, U.S, 2011

[14]. Hachul. H , Andersen. M.L., Bittencourt. L, Santos-Silva . R, Tufik. S.: A population-based survey on the influence of the menstrual cycle and the use of hormonal contraceptives on sleep patterns in São Paulo, Brazil, International Federation of Gynecology and Obstetrics, 2013, Volume 120, Issue 2, pp. 137–140.

[15]. Konje J; Ladopo O.: Barriers to update & use of modern methods of contraception in developing conturies, International Journal of gynecology & obstetrics, 1999, vol. 65, issue 3, pp;287-294.

[16]. Paxman J, Abu Sayeed, et al.,: The India local imitative program: A model for expanding reproductive & child health services, 2005, vol. 36, issue 3.

[17]. Frost J, Darroch J .:Factors associate with contraceptive choice in inconsistent methods use, United States,2004, Perspective on sexual & reproductive health, 2008, vol. 40, issue 2, pp: 94-104.

[18]. Harper C, Brown B, Roales A, Raine T.: Hormonal contraceptive method choice among young, low income women, Reproductive health :patient education & counseling issues, vol. 81, issue 3, 2010, pp: 349-354.

[19]. Lete I, Doval J, Campos, et al.: Factors affecting women's selection of combined hormonal contraceptive method: The TEAM-06 Spanish cross- sectional study, Contraception, 2007, vol. 76, issue 2, pp: 77-83.

[20]. Ezeh., Alex Chika., Michka seroussi. and Hendrik Raggers., 1996. Men's fertility, contraceptive use, and reproductive preference. Calverton, md: Macro international inc.

[21]. Bozon., 1998. Sexual initiation and gender: A cross-cultural analysis of trends in the 20th century. comparisons of national surveys: 37-67.

[22]. Narring, W., 2000. Sexual initiation and gender: A cross-cultural analysis of trends in the 20th century. comparisons of national surveys: 37-67.

[23]. Bajos et al., 2002. Sexual behavior and hiv/aids in europe. By michel hubert, nathalie bajos, sexual initiation and gender in europe: A cross-cultural analysis of trends in the twentieth century.

[24]. Durand et al., 2000. Cloning and characterization of drfx, the drosophila member of the rfx family of transcription factors. Education and service provision are the keys to increasing involvement, 246(1-2): 285-293.

[25]. Nawaz, Y. ; Maan, A. , Mahmood, B. ; Asif, F.: Knowledge and usage of contraceptives, influencing male reproductive health behavior, International Journal of Asian Social Science, 2013, 3(1):38-68.

[26]. Ibnouf, A., Van den Borne, H., Maarse, J.: Utilization of family planning services by married Sudanese women of reproductive age, EMHJ - Eastern Mediterranean Health Journal, 2007, 13 (6), 1372-1381