

Factors Influencing Utilization of contraception among Women in Port Said City

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Abstract

Background: Family planning permits individuals and couples to attain their desired number of children, the spacing and timing of their births. Widespread evidence shows that family planning is a good investment for governments, fewer babies mean improved health status for families, lower costs of maternal/child health care and education and higher worker productivity. The study aimed to assess factors influencing utilization of contraception among women in Port said City.

Methodology: A community-based cross-sectional descriptive design was utilized in the family planning clinics at 12 health centers representing the six regions of Port-said city. A600 contraceptive user's women in the twelve centers were recruited randomly for the study. A self-administered questionnaire was used.

Results: The women in the study sample mean age was 38.9 ±7.3 years, regarding uses of family planning methods the most common methods used were a hormonal method (56.5%). The intrauterine device was used by 28.3%. The majority of the studied women choose the method according to their desire and with their husband accord. More than one-third of them received contraceptive information from associates or friends and family member or relatives 34.7% of women suffered from side-effects and complications associated with the use of the contraceptive method. Method failure, cognitive barriers as well as the desire for conception were the most common reasons for discontinuation of contraceptives. Conclusion &

Recommendation: Most of the ladies choose the method according to their cognitive, desire for conception, and method failure. A significant relation was found between financial variables, biological, menstrual factors, and utilization of contraceptive methods. Contraceptive barriers ought to be surveyed and dealt with to expand the utilization of contraceptive methods especially the long-acting reversible contraceptive methods.

Keywords: utilization of contraception, factors influencing.

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I. Introduction

Family spacing and planning is a broad term in which it is the shirking of undesirable birth, realizing needed youngsters, the direction of the gap between pregnancies, controlling the time at which birth happens in connection to the age of moms. Notwithstanding, the arrangement of contraceptives, administration of fruitlessness, instruction about sex and parenthood, advising, screening for danger and reception administrations. It is accomplished mostly through utilization of different preventative techniques and treatment of involuntary infertility^[1, 2].

In Egypt, the Strategic National Population Plan 2015-2030 has augmented efforts to reduce the total fertility rate(TFR) to 2.4 births per woman by the year 2030. The needed fertility level can be attained by increasing the rate of contraceptive use from 58% in 2014 to 72%. Furthermore, reducing the rate of the discontinuation from 30% in 2014 to 18% within twelveth months use, as well as reducing the prevalence of unfulfillment need for family planning from 13% to 6% (National Population Council 2015). To attain the mentioned goal, the family planning program must sustain a high rate of quality in the delivery of services and confirm that the acceptance and positive attitudes toward contraception are kept^[3].

It is estimated that about 225 million women in developing countries wanted to delay or avoid a pregnancy, but they were not using contraceptive methods which may lead to high failure rate [4]. The poverty, low socioeconomic status and lack of access to modern family planning which results in high fecundity with unintended pregnancies were the most significant factors affecting maternal deaths in developing countries^[5].

Promotion of family planning in nations with excessive or high birth rates has the potential of lessening poverty, deprivation, and hunger, whereas at the same time averting 32 % of all maternal deaths and nearly 10 % of child mortality. This would contribute substantially to women's empowerment, achievement of universal

primary schooling and long-term environmental sustainability. If the family planning services were increased, the unmet need for family planning could be met, thereby slowing population growth rate and reducing the costs of meeting Millennium Development Goals MDGs regarding universal primary education, which is influenced by the number of children in need of education ^[6]

Human Reproductive Program (HRP) reported that the use of contraceptives for family spacing had increased benefits to the woman, and her family and so the society. The births spacing has a significant effect on the mother's health and increases the survival of the child. Furthermore, it can reduce poverty by creating opportunities for women to take paid job, as well as increases socio-economic and health benefits in general (HRP, 2012). The most significant obstacles facing women in the use of contraceptives are the lack of access to health care services and information, resistance from their husbands and communities, costs as well as ignorance of side effects ^[7]

The World Health Organization approved the role of the nurse in family planning. The nurse can provide complete assessment, family planning education and counseling to all women. Also, the role of nurses in a family planning setting has increased intensely during the last ten years. The nurses can help the couple to attain their aims by teaching them about family planning preferences. Moreover, the nurses can assume many of the comprehensive clinical roles which performed previously by doctors as well as this increasing autonomy in family planning clinics by their professional developments and training ^[8,9]

The significance of the Study:

In the worldwide, about more than 80 million untimely or unintended pregnancies occur each year donating to a high percentage of induced abortions, maternal morbidity, and mortality as well as infant mortality ^[10]. It was estimated that 7.9% of all maternal deaths were due to abortion. Abortion-related deaths remain the fourth important cause of maternal mortality after hemorrhage, hypertensive disorders, and sepsis ^[11, 12]. Thus, The establishment of the family planning policy is vital in the women's reproductive care to reduce the morbidity and mortality.

Egypt in decades ago had endured significant financial outcomes of an over-populace issue, because of the abnormal state of the birth rate. Like clockwork, the total populace increments by 30 people and is likely multiplied throughout the following 40 years. Over populace and impromptu populace, a development obstructs financial improvement, prevents thriving, and undermines the well-being status of network individuals. Joined Nations projections demonstrate that the Egyptian populace will develop from 62.3 million of every 1995 to 95.6 million by 2026 and will reach 114.8 million before 2065 an increase of approximately 84.4 % over the current total ^[13]

Regardless of the high commonness of medical contraceptive utilize, impromptu pregnancies stay recurrent, past the absence of data which may clarify some portion of the purported misuse of the contraception. Learning and utilization of contraceptives and the different components influencing their insight and utilize, this will enable wellbeing to mind experts to address misinterpretations, in this manner enhancing steady utilization of contraception, diminishing danger of unintended pregnancies and enhancing maternal and kid wellbeing. The nurses help the clients to arrive at the best method of their choices

II. Methodology

The aim of the study: The study aimed to assess factors influencing utilization of contraception among women in Port Said City.

Research design

The current study used a community-based cross-sectional descriptive design.

Research setting and sampling:-

This study was carried out in family planning clinics in 12 health centers representing the six districts of Port-said, namely: Port-Fouad first, Bank Elscan, Port-Fouad second, El Manakh, El Kuwait, El Arab, Fatima Elzahraa, Omar Ibn Khattab, El Abouty, Osman Ibn Afan, Mostafa Kamel, and Elgather. A600 contraceptive user's women in the twelve centers with in the inclusion criteria were recruited randomly for the study.

Inclusion criteria:-

-Females age 18-45 who attend the family planning center.

Tool for data collection:

A self-administrated questionnaire was used as a tool for data collection. The researchers developed a structured questionnaire sheet after an extensive review of the relevant literature; the sheet was in Arabic language and five jurors, who were expert in the maternity nursing, tested it for content validity. The modifications of some statements in the tool were done according to the expert's comments and recommendations.

The questionnaire sheet consisted of:

- Socio-demographic data; as age, education, occupation residence, and family income.
- Medical-surgical, menstrual, obstetrical and gynecological history.
- History of contraceptive methods used such as: Which is the method used, a frequency of use the method, how long she uses it, reasons of choosing this method, knowledge about the contraceptive method used, Problems encountered during contraceptive use, and counseling obtained regarding their contraceptive use.

Approvals

An official letter is used from the Faculty of Nursing; Port-Said University was directed to the responsible authorities to obtain their acceptance to conduct the study after explaining its purpose. Official permission was obtained from each clinic director included in the study.

Field of work

Data collected over a six months period, from the first of March 2016 to the end of September 2016. Oral consent was obtained after a brief explanation of the study to the women's to assure that the information obtained was confidential and used only for the study and maintain their privacy. The researchers attended one of the particular health centers 3 days weekly, from 9:00 am. to 1:00 pm.

Statistical design

All statistical analyses were performed using SPSS for windows version 20.0 (SPSS, Chicago, IL). Data were tested for normality of distribution before any calculations. Continuous data were expressed in mean \pm standard deviation (SD) as all continuous data were normally distributed. Categorical data were expressed in number and percentage. The comparisons were determined using Student's t-test for variables with continuous data and using chi-square test was used for comparison of variables with categorical data. Statistical significance was set at $p < 0.05$.

III. Results

Table 1 presents the socio-demographic characteristics of women in the study sample which reveals that their age ranged between 18 and 45 years, the maximum number of women was in the age group of 25- less than 35 years (47.5%) with a mean age of 30.4 ± 6.7 years. Regarding education, 47.5% had a secondary level of education, and the majorities were more likely to be housewives (64.5%). Moreover, most of them had an income that meets their life expenses (51.8%), and 79.7% were living in urban areas.

Table 2 Concerning women's obstetrical history, it shows that more than two-thirds of women (65.8%) had 2 to 4 para. 16.0% of them encountered abortion. Moreover, more than one thirds (35.0%) of women had previous CS, and the majority (73.3%) also had current CS.

Table 3 demonstrates the current contraceptive method used by the studied women. The most common methods used were a hormonal method (56.5%). Of those, 9.5% were using implants, 44.3% used COCs, 26.5% used oral progesterone pills, and the rest (19.5%) used injectable. As for the IUD it was used by 28.3%, and partially equal percentages used barriers and natural methods of contraceptives (6.3% and 6.8% respectively).

Figure 1 demonstrates the current use of contraceptive methods among the studied women, with more than half (56.5%), of them, using hormonal contraception.

Table 4 shows that the majority of the studied women choose the method according to their desire (95.0%) and with their husband agreement (96.0%) about the method. Moreover, most of them received instructions about the current contraceptive method from the doctor, nurses and mass media. About one-third of them received information from relatives and friends (33.3%). However, almost two-fifths of them (38.0%) did not continue the regular follow up for the method used.

Table 5 points to more than one third 208 (34.6%) of the sample suffered from side-effects and complications associated with the use of the contraceptive method. Of those, the most common was the users of hormonal contraceptive methods (51.4%). Concerning their desire for stopping the method or switching to another method, the most common reason was their desire to be pregnant (26.8%); however, a sizable number 40 (25.5%) had cognitive barriers.

Table 6 demonstrates the relationship between socio-demographic characteristics of the studied sample and utilization of current contraceptive method. As evident from the table, it was found that women in the middle age group (25-<35 years), had urban residence and higher level of education were more likely to use IUD compared to those using hormonal, barriers or natural methods (54.1%, 64.7% and 52.4% vs. 47.8%, 77.0%, and 32.7% respectively). Differences observed are statistically significant <0.001*. Meanwhile, women who had insufficient family income were more apt to use barriers or natural methods compared to those who were using hormonal methods or IUD (36.3% vs. 30.4% and 29.4 respectively).

Table 7 indicates a statistically significant difference between the current use of contraceptive methods and women gravida, para and previous CS (p<0.001*). Thus, women using barriers or natural contraceptive methods were more likely to have 4 and more gravida or para as well as had previous CS compared to those using hormonal contraceptives or IUD (29.7% vs. 13.3% & 12.4%, 23.1% vs. 8.0% & 5.3% and 51.6% vs. 32.7% & 30.6% respectively).

Table 8 shows that the vast majority of the sample used the current contraceptive method because they think that it is safe and good and with the agreement of their husbands, with no statistically significant differences. However, the uses of the hormonal methods were mostly influenced by relatives and friends in contrast to the other contraceptive methods, "IUD and natural or barrier methods" with a statistically significant difference (35.1% vs. 38.2% and 17.5% respectively).

Table 9 demonstrate that statistically significant differences between the utilization of contraceptive methods and the rate, reasons for discontinuation of the method. Thus, women using hormonal methods were more likely to discontinued the method due to method failure, lack of awareness, medical reason and administrative reason compared to those using IUD or other methods (29.1% vs. 21.1% & 23.8%, 30.4% vs. 22.8% & 14.3%, 19.0% vs. 15.8% & 4.8% and 6.3% vs. 5.3% & 9.5% respectively).

Table (1): Distribution of the studied mothers according to their socio-demographic characteristics (n=600)

Variables	No.	%
Age (years)		
<25	127	21.2
25 – 35	285	47.5
>35	188	31.3
Mean ±SD	30.4 ±6.7	
Residence		
Rural	122	20.3
Urban	478	79.7
Educational level		
Illiterate	24	4.0
Basic	59	9.8
Secondary	285	47.5
Higher	232	38.7
Occupational status		
Housewife	387	64.5
Work	213	35.5
Income		
Enough	311	51.8
Not enough	186	31.0
Can save	103	17.2

Table (2): the Obstetric history of the studied mothers (n=600)

Variables	No.	%
Gravidity		
Primi	124	20.7
2 – 4	383	63.8
5 or more	93	15.5
Parity		
Primi	148	24.7
2 – 4	395	65.8
5 or more	57	9.5
Abortions		
None	483	80.5
One	96	16.0
Two or more	21	3.5
Number of Living children		
≥2	372	62.0
≥ 4	219	36.5
5 or more	9	1.5
Mode of last delivery		
Vaginal	160	26.7
CS	440	73.3
Previous Caesarean section		
No	390	65.0
Yes	210	35.0

Table (3): Prevalence of the current utilization of the contraceptives methods (n=600)

Variables	No.	%
Hormonal (n=339):	339	56.5
Implants	33	9.5%
Combined contraceptive pills	150	44.3%
Progesterone only pills	90	26.5%
Injectable	66	19.5%
IUD	170	28.3%
Others (n=91):	91	15.1%
Barriers	38	6.3%
Natural	41	6.8%
Permanent	12	2.0%

Figure (1): The Current utilization of all contraceptive methods.

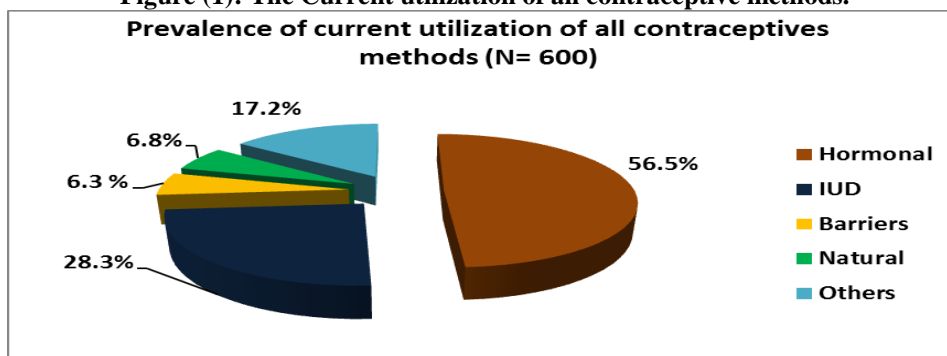


Table 4. Distribution of the studied mothers according to the reason for the choice, husband agreement and source of knowledge (n=600)

Variables	No.	%
The reason for the choice of the current contraceptive		
Doctor's advice	30	5.0
Safe and good	570	95.0
Husband agreement about the method		
No	24	4.0
Yes	576	96.0
The source of knowledge of the current contraceptive		
None	90	15.0
Doctor	130	21.7
Nurse	87	14.5
Relatives and friends	200	33.3
Mass media	93	15.5
Make regular follow up		
No	228	38.0
Yes	372	62.0

Table (5): Distribution of the studied mothers according to the presence of side effects or complication and the reason for discontinuation of the method (n=157)

Variables	No.	%
Present side effects and complications (n=208)		
Users of hormonal contraceptives:	107	51.4
Users of IUCD:	80	38.5
Users of barriers:	21	10.1
Reason for discontinuation (n=157)		
Desire more children	42	26.8
Method failure	40	25.5
Lack of awareness and follow up	40	25.5
Medical reasons	25	15.9
Administrative reasons	10	6.4

Table (6): Association between utilization of contraceptive methods and the personal and social characteristics of the women (n=600)

Variables	Contraceptive methods						Chi square test	
	Hormonal (n=339)		IUD (n=170)		Others (n=91)		X ²	P
	No.	%	No.	%	No.	%		
Age (years)								
<25	87	25.7	31	18.2	9	9.9	35.375	<0.001*
25 – 35	162	47.8	92	54.1	31	34.1		
>35	90	26.5	47	27.6	51	56.0		
Mean ±SD	29.2 ±6.4		30.2 ±6.1		35.2 ±7.2		30.986*	<0.001*
Residence							4.180	0.124
Rural	78	23.0	26	15.3	18	19.8		
Urban	261	77.0	144	84.7	73	80.2		
Educational level							27.503	<0.001*
Illiterate	15	4.4	9	5.3	0	0.0		
Basic	39	11.5	18	4.7	12	13.2		
Secondary	174	51.3	64	37.6	47	51.6		
Higher	111	32.7	89	52.4	32	35.2		
Occupational status							24.942	<0.001*
House wife	246	72.6	98	57.6	43	47.3		
Work	93	27.4	72	42.4	48	52.7		
Income							14.657	.005
Enough	176	51.9	101	59.4	34	37.4		
Not enough	103	30.4	50	29.4	33	36.3		
Can save	60	17.7	19	11.2	24	26.4		

* F value, ANOVA test

Table (7): Association between the utilization of contraceptive methods and the obstetric history of the studied women (n=600)

Variables	Contraceptive method						Chi square test	
	Hormonal (n=339)		IUD (n=170)		Others (n=91)		X ²	p
	No.	%	No.	%	No.	%		
Gravidity								
Primi	83	24.5	35	20.6	6	6.6	25.482	<0.001*
2 – <4	211	62.2	114	67.1	58	63.7		
4 or more	45	13.3	21	12.4	27	29.7		
Parity								
Primi	95	28.0	41	24.1	12	13.2	28.911	<0.001*
2 – <4	217	64.0	120	70.6	58	63.7		
4 or more	27	8.0	9	5.3	21	23.1		
Abortions								
None	276	81.4	128	75.3	79	86.8	6.235	0.182
One	51	15.0	36	21.2	9	9.9		
Two or more	12	3.5	6	3.5	3	3.3		
Number of Living children								
1 – 2	207	61.1	121	71.2	44	48.4	15.861	0.003
3 – 4	129	38.1	46	27.1	44	48.4		
5 or more	3	0.9	3	1.8	3	3.3		
Mode of last delivery								
Vaginal	84	24.8	49	28.8	27	29.7	1.442	0.486
CS	255	75.2	121	71.2	64	70.3		
Previous Caesarean section								
No	228	67.3	118	69.4	44	48.4	13.300	<0.001*
Yes	111	32.7	52	30.6	47	51.6		

Table (8): Association between the utilization of Contraceptive methods and the reason of choice, husband agreement, and source of knowledge (n=600)

Variables	Contraceptive method						Chi square test	
	Hormonal (n=339)		IUD (n=170)		Others (n=91)		X ²	P
	No.	%	No.	%	No.	%		
The reason for the choice of the current contraceptive								
Doctor advice	21	6.2	3	1.8	6	6.6	5.251	0.072
Safe and good	318	93.8	167	98.2	85	93.4		
Husband agrees								
No	15	4.4	9	5.3	0	0.0	4.692	0.096
Yes	324	95.6	161	94.7	91	100.0		
The source of knowledge of the current contraceptive								
None	25	7.3	43	25.2	22	24.1	87.154	<0.001*
Doctor	66	19.5	37	21.8	27	29.7		
Nurse	75	22.1	9	5.3	3	3.3		
Relatives and friends	119	35.1	65	38.2	16	17.5		
Mass media	36	10.6	21	12.3	36	39.5		

Table (9): Association between the utilization of contraceptive methods and the rate, reasons for discontinuation of the method (n=157)

Variables	Contraceptive method						Chi-square test	
	Hormonal (n=339)		IUD (n=170)		Others (n=91)		X ²	P
	No	%	No	%	No	%		
Discontinuation	79	23.3	57	33.5	21	23.1	6.658	0.036
Reason of discontinuation							14.202	0.077
Method failure	23	29.1	12	21.1	5	23.8		
Desire of children	12	15.2	20	35.1	10	47.6		
Lack of awareness	24	30.4	13	22.8	3	14.3		
Medical reason	15	19.0	9	15.8	1	4.8		
Administrative reason	5	6.3	3	5.3	2	9.5		

IV. Discussion

Family planning is an essential matter throughout the worldwide. This is as a consequence of the rapid and sudden population growth, which leads to high maternal mortality, increasing the economic and health care demands^[14]. It has been valued that 250,000 maternal deaths could have been prevented by contraceptive use and an extra 30% of maternal deaths avoided by the accomplishment of the unmet need for contraception^[15]. Reducing fertility is a significant factor of Egypt's development, so there is a need to adopt strategies aiming to ensure better use compliance and longer duration of use together with strategies to increase contraceptive prevalence^[3]. Accordingly, the present study planned to assess factors influencing contraception usage among wedded ladies in Port Said city.

The present study revealed that uncovered prophylactic hormonal techniques including; oral preventative pills, inserts, injectable, were the most widely recognized strategies utilized among contemplated women, trailed by IUCD strategy. Oral contraceptives (counting progestin-just pills) are the most generally utilized strategy for contraception in women as of now utilizing a hormonal technique. The findings are nearly similar to EDHS 2014 in Egypt, which the distribution of women by method use was about 40% pills, 36% IUD, 17% injectables methods, and 8% other methods^[3]. Furthermore, The United Nations (2011) announced that overall nations, 72– 87% of members were present pill clients and 91– 99% had taken the pill sooner or later^[16]. In contrast, in Ethiopia, about 79.2% of women have used implantable contraceptive method followed by 17% have used injection, and the remaining 3.8% have used pills and tubal ligation as a contraceptive method^[17]. *Amentie et al.*^[18] reported that between the types of family planning methods, 78.8% of women used injectable methods followed by Norplant. On the same context, *Panel et al*^[19] reported that the utilization of IUCD is more predominant in the less created territories of the world (15.1% of ladies; 24.7% of contraception clients) than in the more created zones (9.2% of ladies; 12.7% of contraception clients).

In the present study, the majority of the studied sample used the long-acting reversible contraceptives methods LARCs, which in line with *Winner et al*^[20] who mentioned that the long-acting reversible contraceptives methods were superior to the other methods (LARCs). Also, LARCs are long-acting, reliable, safe, cost-effective, and have additional non-contraceptive benefits for a broad range of women seeking spacing or limiting methods of contraception. Moreover, These methods do not depend on compliance or user adherence and do not require daily attention or use at the time of intercourse; hence, failure rates are very low.

The involvement of husband in reproductive health matters especially family planning will go a long way to achieving population control and enhanced maternal and neonatal outcomes. In the present study, most of the participant women (96%) had their husband agreement. These findings agreed with a study carried out in Kenya, as about 90% of participant women in the study had discussed contraception with their partners^[21]. Also, partner support for contraceptive methods was about 89% among the users^[22]. On contrarily, In Ghana, about 20% indicated their male partner as a barrier to contraception use^[23].

The present study result revealed that TV/Radio messages were less popular. Advice from medical personals and friends or family came before mass media (33.3% vs. 15.5%). This is considered an important factor influencing the utilization of contraceptive methods, the use of TV/Radio-newspaper messages, fact sheets in the MCH centers are cost-effective and the information given is relevant to the subject matter. Also, it is clear from the current study that the role of the nurse in providing information on contraception is the lowest among all sources. In a study done in Egypt, it was reported that the nurses in family planning clinics have a good performance especially in family spacing data management and family planning logistics and supplies and about 83.97% of them carry out family planning counseling methods^[24]. So, the decline of the nursing role may be due to the shortage of nursing staff, lack of interest and time pressure. In this respect, *Yemaneh, & Birie*^[25] stated that nearly 44.1% of participants heard information about family planning methods from health professional subsequently 27.1% were from mass media, and 17% were from relatives while 11.6% were from their Husbands. Also, *Michael, 2012*^[22] mentioned that about 65.8% of the users of family planning methods got information from health facilities or reproductive and child health clinics.

It was noticed from the present results that most of the complications and side effects resulted from the use of injectable, oral pills and implants that is why women planning to use contraceptive methods should be enlightened on other methods which are non-hormonal. Menstrual irregularity, weight gain, dizziness, headache, infertility, unintended pregnancies were the most common complications associated with hormonal contraception. Also, genital tract infection and abnormal uterine bleeding were common among women using IUDs.

Robert et al.^[26] in Kenya mentioned that ladies that utilizing hormonal contraception were more probable have menstrual anomalies, weight pick up and cerebral pain, which is coordinating with the present investigation finding. This may be due to reality menstrual entanglements, for example, irregular periods and expanded draining were caused by hormonal unevenness in the body, since hormonal contraceptives contain estrogen and progesterone subsequently extending the levels of hormones in the body hence creating confusions.

In the meantime, different hindrances of strategy disappointment incorporate; the condom blasting amid sex because the accomplice did not know how to utilize it, not being of the correct size or he declined to use it. Besides, a few methods were referred to be exorbitant, for example, embeds subsequently a portion of the respondents said they were not ready to manage the cost of along these lines wound up utilizing the less expensive contraceptives. A similar issue was additionally seen in the present investigation.

The present study finding uncovered that the craving to have more kids was the most popular reason for stopping of the prophylactic technique. Be that as it may, technique disappointment and absence of mindfulness constituting a sizable number of the stopping clients. The literature in Egypt mentioned that the main barriers that lead to discontinuation of family planning methods were cognitive, cultural and demographic barriers followed by barriers related to the method itself and reproduction while the administrative and physical barriers were the least stated ones^[27]. Besides, **Arbab et al.**^[28] learn about "Predominance, mindfulness, and determinants of preventative use in Qatari women" revealed that the individuals who were ceasing or exchanging utilizing any family arranging technique needed to have more youngsters (34.5%). While **Olugbenga-Bello et al.**^[29] contemplate in Nigeria found that the primary purposes behind exchanging or suspension of the preventive strategies were the reactions, spouses' dissatisfaction and the craving for more kids, with religion and family setting. Disappointment with the technique, want for a more viable strategy, absence of access, cost, and the burden was additionally in charge of suspensions of the preventative strategy.

As indicated by the **United Nations**^[16] symptoms or wellbeing concerns were the most successive explanations behind stopping among clients of injectable (21%), the pill (12%), and the IUD (6%). Technique disappointment was frequently the reason for end among condom clients (8%), and slightest regularly said as an explanation behind stopping of the IUD and injectable (around 1%). Pill and injectable clients are more probable than clients of different strategies to suspend utilize because they needed to wind up pregnant or for other richness related reasons including inconsistent sex.

The present study finding additionally demonstrates that explanations behind poor utilize incorporate; misinterpretations, the absence of mindfulness and obliviousness about the significance of follow up visits. This could be because of poor correspondence amid organization where the technique is not clarified well, a dialect hindrance between the wellbeing expert and the patient or the distortion of the direction on the utilization of the preventative. This could either be the blame of the wellbeing expert or the patient. **Imbareen et al.**^[30] included that there might be holes in information on preventative techniques, fears, bits of gossip and misguided judgment about particular strategies and inaccessibility or low quality of administrations in the territories considered.

The likenesses between the present study finding and the previously mentioned investigations concerning the suspension or exchanging of the contraception strategies might be identified with; social, conceptive, medicinal, technique disappointment and besides psychological components. Therefore the maternity nurse should recognize that the discontinuation of contraceptive use is one of the most problematic behaviors related to family planning. It is worth mentioning that discontinuation did not necessarily occur due to problems faced during periods of contraceptive use. Sometimes it was just the desire to have a child, or lack of awareness about the importance of the follow-up visits, here the role of the nurse-midwife is imperative to enlighten the women about these aspects.

The current study findings demonstrated the relationship between socio-demographic characteristics of the studied sample and utilization of current contraceptive method, it was found that women in the middle age group (25-<35 years), had urban residence and higher level of education were more likely to use IUCD compared to those using hormonal, barriers or natural methods. Meanwhile, women who had insufficient family income were more apt to use barriers or natural methods compared to those who had used hormonal methods or IUD.

In a similar line, **Alvergne et al.**^[31] contemplate in Ethiopia found that ladies socio-statistic qualities were the probably illustrative components for a specific example of preventative take-up. In this regard, **Erkalo & Gecho**^[17] revealed that women who had higher educational level were in better position to decide the use of family spacing methods. This shows the role of education in enlightening awareness and understanding of family planning methods. Also, **Tsehaye et al.**^[32] reported that the age group 20-24 years and 30-34 years, were more probable to preferred pills as compared to 15-19 years.

Also, **Abdel Hafez**^[33] learn about the components influencing the family arranging strategies utilized by the presently wedded ladies in country Egypt detailed that, the instructive level of the mother and her better half has been related to an exceptionally critical connection to the utilization of FP. This most likely reflects high information about contraception and conceivably high open door expenses of unplanned pregnancy for the more instructed accomplices and those working.

The present analysis also showed that when the number of children increased, the number of women using contraception also relatively increased. This indicates that when women reach their desired number of children, they used contraception for not becoming pregnant, rather than for birth spacing or reducing the

number of their desired children. The same trend was also observed by **Kumar et al.**^[2] in India. Also, **Maitethia**^[21] mentioned that implants are used by 42 % of women with one child, while 40 % of women used IUDs with two children and permanent tubal ligation(PTL) preferred by women with four children

The current study revealed that the majority of the participant choose the method according to their desire and with their husband agreement about the method. However, almost two-fifths of them did not continue the regular follow up for the method used. In agreement with this, **Bhandari et al.**^[34] stated that the inter-spousal communication influencing the women practice of family planning methods as of 91.6 % of family planning users involved in decision making concerning contraception with their spouse. **Amentie et al.**^[18] mentioned that the oppositions from husbands are the significant barrier to non-use of contraceptive methods.

The current study reveals that more than one-third of the sample suffered from side-effects and complications associated with the use of the contraceptive method. Of those, the most common was the users of hormonal contraceptive methods. Concerning their desire for stopping the method or switching to another method, the most common reason was their desire to be pregnant; however, a sizable number had a cognitive barrier.

The current study also revealed that women using hormonal methods were more likely to discontinue the method due to method failure, lack of awareness, medical reason and administrative reason compared to those using IUD or other methods. This research is partly in agreement with a study done by **Metwaly**^[35] about Reasons for discontinuation of IUD, It was found that the desire for conception was the most common reason, with the highest percentage 102 (25.5%), followed by heavy bleeding and spotting 86 (21.5%) as well as PID and cervicitis (12.3%). Other social problems such as husband's death, divorce, family or husband objection, menopause accounted for (14.5%). Other reasons include; expired date of IUD, missed IUD and back or colicky pain (10.3%, 8.2%, and 7.7% respectively). So, Contraceptive barriers should be assessed and dealt with to increase the utilization of contraceptive methods especially the long-acting reversible contraceptive methods. Also, Mass media should be available not only in family planning clinics, but also throughout radio, television, and newspaper.

V. Conclusion and recommendations

Based on study findings, it can be concluded that: The maximum number of women was in the age group of 25- less than 35 years, almost two-fifths have \geq four children. More than half of the sample used hormonal contraceptives, over than one fourth used IUCD and few women used barriers. The majority of the studied women choose the method according to their desire and with their husband agreement and more than one third received information from their relatives and friends. Side effects and complication was present in more than one-third of the sample. A sizable proportion gave their reasons for discontinuation of contraceptives. Of those, the most common was cognitive, desire for conception, and method failure. A significant relation was found between socioeconomic factors, biological, menstrual factors, and utilization of contraceptive methods Therefore, it can be stated that the health workers within the MCH centers should not limit the health education only on the methods available in the facility but should include all contraceptive methods. Moreover, the administrative of the family planning clinics should ensure a continuous supply of the contraceptives to avoid inconveniencing the clients. The nurse midwife must do the role of teacher and counselor to educate clients about the side effects of the method used and what to do if they experience side effects, as well as the alternate available family planning methods. Also, Further studies are needed to assess the extent of use of contraceptive methods among men and related factors.

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