INFLUENCING FACTORS OF CONTRACEPTIVE METHODS USE AMONG WOMEN IN PORT SAID CITY

Prof. Sanaa Ali Nor[1]; Dr. Elsayda Hamdy Nasr[2]; Fatma Nageh Rakha Zaghlool[3]

Professor of Obstetrics and Gynecological Nursing- Faculty of Nursing - Zagazig University[1]; Lecturer of Maternity, Obst&Gyne Nursing - Faculty of Nursing - Port Said University [2]; B.Sc. Nursing - Faculty of Nursing, Mansoura University[3]

ABSTRACT

BackGround: The aim of this study was to; Assess factors influencing use of contraception among women in Port Said City. ***Subjects and Methods:*** Across sectional descriptive survey design was utilized in this study**.** A total of purposive sample of 600 contraceptive user's women from family planning clinics in 12 health centers representing the six districts of Port-said city were recruited. ***A structured interviewing questionnaire was used for data collection .Results****:* with regard to the age of women it was ranged between 18 and 45years, 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. The most common methods used were hormonal method (56.5%). The IUD was used by 28.3%. The majority of the women choose the method according to their desire and with their husband agreement. More than one third of them received contraceptive information from friends and relatives. Only 34.7% of the sample 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****:* More than half of the sample used hormonal contraceptives, over than one fourth used IUCD and few women used barriers. Significant relation was found between socioeconomic factors, biological, menstrual factors and utilization of contraceptive methods .***Recommendations****:* The nurse midwife should inform the women about the side effects of the method used what to do if they experience side effects, and told about other available family planning methods as well as clear up their misconceptions.

Key words: contraception utilization, influencing factors.

INTRODUCTION

Family Planning methods allow individuals and couples to avoid unwanted birth, bring about wanted pregnancies, anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility (WHO, 2011).

In last decades Egypt had suffered major socioeconomic consequences of overpopulation problem. This resulted from high level of birth rate (Kamell&Wassif, 2008). Every 10 seconds the world population increases by 30 individuals and is likely doubled over the next 40 years. Over population and unplanned population growth impede the socioeconomic development, hinder prosperity, and threatens the health status of community members **(**Basavanthappa, 2008).

Promotion of family planning in countries with high birth rates has the potential of reducing poverty and hunger, while 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 (Cleland et al., 2006).

Therefore, the different types of contraception are usually broken down into a few categories: barrier methods (e.g. condoms or a cervical cap), hormonal methods (e.g. the pill), intrauterine devices (IUD) and sterilization. Emergency contraception (morning after pill) is another method. The method chooses depends on woman general health, lifestyle and relationships (Bertrand et al., 2001).

There are many factors, which affect women utilization of family planning services. These factors are divided into two categories, as mentioned by (Veres et al., 2004). First category: Factors related to contraceptive methods as (Safety of the method, Effectiveness, availability and the cost of all contraceptive methods). Second category: Factors related to the couples using contraceptives includes (Demographic and biological factors as Age of women, maternal education and husband education, Parity, Sociocultural factors, Occupational and economic factors, Religious factors, Legal factors and Psychological factors).

Other latent factors are associated indirectly with contraceptive use among young and older women and their decisions to use contraceptives. These include family planning

providers' attitudes, women's access to family planning services, and availability of family planning services**. (**Archer &Lemeshow, 2006).

The midwife nurse uses many helping skills as seeking to support a women & her partner through family planning services. They involve blocking out all distractions and giving total attention to the person speaking. (Olds et al., 2004).

AIM OF THE STUDY:

The aim of the present study was to Assess factors influencing of contraceptive methods use among women in Port Said City.

SUBJECT AND METHODS:

Research design:

Across sectional descriptive survey design was utilized in this study**.**

Study area and setting:

A total of 12 health centers representing the six districts of Port-said, namely: Port-fouadfirst,Bankelescan,Port-fouadsecond,Elmanakh ,El Kuwait,Elarab, Fatmaelzahraa,mar EbnElkhatab,Elabouty ,Osman EbnAfan and MostafakamelEl gawhara were selected as a study setting .

Study sample:

A total of 600 women purposively recruited in this study and fulfilling the following inclusion and exclusion criteria were.

Inclusion criteria:

- Women are in reproductive age of 18-45.
- Women who attend the family planning center for any purpose.

Tools and instruments

A structured interviewing questionnaire was designed and tested for validity and reliability was utilized by researcher to collect the necessary data. It consisted of:

Socio demographic data such as age, education, occupation and family income.Medical surgical, menstrual, obstetrical and gynecological history.and History of contraceptive methods use

Methods of Data Collection

An official letter from the dean of the faculty of nursing was sent to the director of the selected area of study. The director of each clinic was contacted and informed in order to

obtain permission to include the physician, nurse's and the women's on the present research. Participants were reassured about the confidentiality of any obtained information.

Operational design:

The operational design includes preparatory phase, pilot study and fieldwork.

Preparation phase:

During this phase, the researcher reviewed local and international literature to get more knowledge about the study subject. This also helped in designing the study tools. The tools were then prepared and validated through experts' opinions. The interview schedule and physical examination sheets were developed by the researcher after extensive review of the related literature. Tools were tested for content validity by five experts in the field of obstetrics and gynecological nursing. The recommended modifications were done and final form was made ready for use.

Pilot study

This was carried out over a period of one month. It was conducted on 10% of total sample size to evaluate the clarity and feasibility of the study tools. Necessary modifications were carried out as revealed from the pilot study. The study tool was revised, redesigned and rewritten according to obtained results and acceptance of final form.

Field work

Data collected through a period of six months, from 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 assured that the information obtained was confidential and used only for the purpose of the study and maintain their privacy.

Statistical design

All statistical analyses were performed using SPSS for windows version 20.0 (SPSS, Chicago, IL). Data were tested for normality of distribution prior to any calculations. Continuous data were expressed in mean ±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 $p<0.05$.

RESULTS:

Table (1): presents the socio-demographic characteristics of women in the study sample which reveals that their age ranged between 18 and 45years, 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. In terms of education 47.5% had secondary level of education and the majorities were more likely to be housewives (64.5%). Moreover, most of them had an income that meet their life expenses (51.8%) and 79.7% were living in urban areas.

Table (2): demonstrates the current contraceptive method used by the studied women. The most common methods used were 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 injectables. 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).

Table (3): 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 doctor, nurses and mass media. About one third of them received information from the 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(4): 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 a cognitive barriers.

Table (5): demonstrates the relation 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(6): indicates a statistically significant differences 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(7): 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 statistical 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 statistical significant difference (35.1% vs. 38.2% and 17.5% respectively).

Table(8): demonstrate that statistical 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		
House wife	387	64.5
Work	213	35.5
Income		
Enough	311	51.8
Not enough	186	31.0
Can save	103	17.2

Table (2): Prevalence of the current utilization of the contraceptives methods (n=600)

Variables	No.	%
Hormonal	**339**	**56.5**
IUD	**170**	**28.3%**
Barriers	38	6.3%
Natural	41	6.8%
Permanent	12	2.0%
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 (3): Distribution of the studied mothers according to reason for choice, husband agreement and source of knowledge (n=600)

The reason for choice of the current contraceptive	No.	%
Doctor's advice	**30**	**5.0**
Safe and good	**570**	**95.0**
Husband decision	**576**	**96.0**

Table (4): Distribution of the studied mothers according to the presence of side effects or complication and the reason for discontinuation of the methods (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)		
planned for pregnancy	**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 (5): 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%
Progertrone only pills	90	26.5%
Injectables	66	19.5%
IUD (170):	**170**	**28.3%**
Others (n=91):	**91**	**15.1%**
Barriers	38	6.3%
Natural	41	6.8%
Permanent	12	2.0%

Table (5): 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)**			
	No.	**%**	**No.**	**%**	**No.**	**%**	**X^2**	**P**
Age (years)								
<25	87	25.7	31	18.2	9	9.9		
25 – 35	162	47.8	92	54.1	31	34.1		
>35	90	26.5	47	27.6	51	56.0	**35.375**	**<0.001***
Mean ±SD	29.2 ±6.4		30.2 ±6.1		35.2 ±7.2		**30.986***	**<0.001***
Residence								
Rural	78	23.0	26	15.3	18	19.8		
Urban	261	77.0	144	84.7	73	80.2	**4.180**	**0.124**
Educational level								
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	**27.503**	**<0.001***
Occupational status								
House wife	246	72.6	98	57.6	43	47.3		
Work	93	27.4	72	42.4	48	52.7	**24.942**	**<0.001***
Income								
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	**14.657**	**.005**

**** F value, ANOVA test***

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

Table (7): 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)**			
	No.	**%**	**No.**	**%**	**No.**	**%**	**X^2**	**P**
The reason for choice of the current contraceptive								
Doctor advice	21	6.2	3	1.8	6	6.6		
Safe and good	318	93.8	167	98.2	85	93.4	5.251	0.072
Husband agree								
No	15	4.4	9	5.3	0	0.0		
Yes	324	95.6	161	94.7	91	100.0	4.692	0.096
The source of knowledge of the current contraceptive								
None	25	7.3	43	25.2	22	24.1		
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	87.154	<0.001 *

Table (8): 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)**			
	No	**%**	**No**	**%**	**No**	**%**	**X^2**	**P**
Discontinuation	**79**	**23.3**	**57**	**33.5**	**21**	**23.1**	**6.658**	**0.036**
Reason of discontinuation								
Method failure	23	29.1	12	21.1	5	23.8		
Planned for pregnancy	12	15.2	20	35.1	10	47.6	**14.202**	**0.077**
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		

DISCUSSION:

Contraceptive methods re imperative for the health of women and their families. Because of its importance, universal access to reproductive health services, including FP, is identified as one of the targets of the United Nations Millennium Development Goals (MDGs) which aimed to achieve desired family size, reduce total fertility, and slow population growth **(**USAID, 2009).

Although Egypt has a strong FP program and lower rate of unmet need than other countries in the region, women in the poorest fifth of the population are twice as likely to experience unmet need as those in the richest fifth (Fahimiet al., 2012) . Unmet need for contraception can lead to unintended pregnancies, poses risks for women, their families and society.

Investigating women's contraceptive use and the different factors affecting their knowledge and use will help health care professionals to address misconceptions, thereby improving consistent use of contraception, reducing risk of unintended pregnancies and improving maternal and child health. Therefore, the present study aimed to assess factors affecting contraception utilization among married women in Port Said city.

The current study findings revealed that hormonal contraceptive methods including; oral contraceptive pills, implants, injectable, were the most common methods used among studied women, followed by IUCD method. Oral contraceptives (including progestin-only pills) are the most widely used method of contraception in women already using a hormonal method.

This is in contrast with the United Nations study (2006) which reported that the prevalence of IUD use is the greatest in certain countries in the Middle East and Latin America (Egypt, 63%; Cuba, 59%). while the prevalence of IUD use was below 2% among women of reproductive age in sub-Saharan Africa and in North America. On the other hand the present finding is similar to the United Nations study (2011) which reported that across all countries, 72–87% of participants were current pill users and 91–99% had taken the pill at some time.

Adeyemi et al., study (2008) in Niger found that, 33.1% of currently married women were using IUD, 10.8% were relying on pill, and 7.7% were getting injection. In Niger,

IUD was the most (74.6%), and condom was the least common method chosen by clients (0.2%); injection and pills were used by 19.5% and 5.7% of women, respectively.

Recently, Panel et al., (2017) found that 62.7% of women worldwide use any form of contraception, although the use of contraception is more prevalent in more developed areas (72.4% of women) than in less developed areas (61.2% of women). Globally, 14.3% of women and 22.8% of women using contraception use IUCD. However, the use of IUCD is more prevalent in the less developed areas of the world (15.1% of women; 24.7% of contraception users) than in the more developed areas (9.2% of women; 12.7% of contraception users).

The majority of the studied women choose the method according to their desire and with their husband agreement about the method. The study of Gubhaju, (2009) in Nepal examined the links between women's status, family planning decision making, and contraceptive use, the majority (60.4%) thought family planning decisions should be made by both partners. This study showed that 89.1% of participants indicated that their husbands were mainly responsible for the decision to use the method of contraception.

In Ghana, about 20% indicated their male partner as a barrier for contraception use (Aryeetey, Kotoh&Hindin, 2010). In Port Harcourt, about 15.8% would depend on their spouses for choice of contraceptive methods and 52.7% would discontinue family planning if their spouses objected. Only 22.1% of the females recognized that male involvement could impact on the acceptance rate of family planning services (Nte, Odu, &Enyindah, 2009).

The present study result revealed that, TV/Radio messages were less popular. Advice from medical personals and from 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 are relevant to the subject matter.

It was noticed from the present results that most of the complications and side effects resulted from 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. While, genital tract infection and abnormal uterine bleeding was more common among women using IUCD.

Robert et al., study (2015) in Kenya reported that women using hormonal contraception were more likely have menstrual irregularities, weight gain and headache, which is matching with the present study finding. This could be explained by the fact menstrual complications such as irregular periods and increased bleeding were caused by hormonal imbalance in the body, since hormonal contraceptives contain estrogen and progesterone hence increasing the levels of hormones in the body thus causing complications.

Meanwhile, other barriers of method failure include; the condom bursting during sexual intercourse because the partner did not know how to use it, not being of the right size or he refused to use it. Moreover, some procedures were cited to be costly such as implants hence some of the respondents said they were not able to afford therefore ended up using the cheaper contraceptives. The same problem was also observed in the current study.

The present study finding revealed that the desire to have more children was the most common cause of discontinuation of the contraceptive method. However, method failure and lack of awareness constituting a sizable number of the discontinuing users. In the same line Okluna et al., (2006) found that discontinuation of IUCD was mostly related to the desire for pregnancy (57.0%).

Similarly, Arbab et al., (2011) study about "Prevalence, awareness and determinants of contraceptive use in Qatari women" reported that those who were stopping or switching using any family planning method wanted to have more children (34.5%).While, Olugbenga-Bello et al., (2011) study in Nigeria found that the main reasons for switching or discontinuation of the contraceptive methods were the side effects, husbands' disapproval and the desire for more children, with religion and family setting. Dissatisfaction with the method, desire for a more effective method, lack of access, cost, and inconvenience were also responsible for discontinuations of the contraceptive method.

The current study finding also shows that reasons for poor use include; misconceptions, lack of awareness and ignorance about the importance of follow up

visits. This could be due to poor communication during administration where the method is not explained well, a language barrier between the health practitioner and the patient or the misinterpretation of the instruction on use of the contraceptive. This could either be the fault of the health practitioner or the patient. Imbareen et al., (2011) added that there may be gaps in knowledge on contraceptive methods, fears, rumors and misconception about specific methods and unavailability or poor quality of services in the areas studied.

The similarities between the present study finding and the above mentioned studies concerning the discontinuation or switching of the contraception methods may be related to; cultural, reproductive, medical, method failure as well as cognitive factors. 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 demonstrate the relation 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 were using hormonal methods or IUD.

In the same line, Alvergne et al., (2011) study in Ethiopia found that women socio-demographic characteristics were the most likely explanatory factors for selective pattern of contraceptive uptake. In this respect, Gubhaju, (2007) study in Nepal about the influence of wives' and husbands' education levels on contraceptive mentioned that, women's educational level was associated with the type of contraception method used; however, differences in the use of any family planning method by education level have narrowed considerably in the past decade, although differentials remain in the use of certain methods (Gubhaju, 2009). Moreover Ahmed Abdel Hafez, (2014) study about the factors affecting the family planning methods used by the currently married women in rural Egypt reported that, the educational level of the mother and her husband has been identified with a highly significant relation to the use of FP. This probably reflects high

knowledge of contraception and potentially high opportunity costs of unplanned pregnancy for the more educated partners and for those working. This expectation in this regard is similar to those of researchers in Lesotho (ECOWAS 2008).

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 the purpose of 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., (2011) in India.

The current study revealed that the majority of the studied women 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, Nte, Odu&Enyindah (2009) found that 15.8% depend on their spouses for choice of contraceptive methods and 52.7% would discontinue family planning if their spouses objected. Only 22.1% of the females recognized that male involvement could impact on the acceptance rate of family planning services.

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 barriers.

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 study done by (Metwaly, 2010); 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. And, further duplication of the study should be done in a new setting and with a larger sample size.

CONCLUSION:

Based on study findings, it can be concluded that:

More than half of the sample used hormonal contraceptives, over than one fourth used IUCD and few women used barriers. Significant relation was found between socioeconomic factors, biological, menstrual factors and utilization of contraceptive methods

RECOMMENDATIONS:

Based on the results of the present study, the following recommendations were suggested:

- 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.
- The administration of the family planning clinics should ensure continuous supply of the contraceptives to avoid inconveniencing the clients.
- The nurse midwife should inform the clients about the side effects of the method used what to do if they experience side effects, and told about other available family planning methods as well as clear up their misconceptions.
- Contraceptive barriers should be assessed and dealt with to increase the utilization of contraceptive methods especially the long acting reversible contraceptive methods.
- Mass media should be available not only in family planning clinics, but also throughout radio, television and newspaper.
- Further duplication of the study should be done in a new setting and with a larger sample size.

REFERENCES:

Abdel Hafez (2014). Factors affecting the family planning methods used by the currently married women in rural Egypt Amal Ahmed Abdel Hafez University of Salman Bin Abdul Aziz, Saudi Arabia, American Journal of Research Communication: Vol 2(10).

Adeyemi A.S., Adekanle D.A., Komolafe J.O. (2008).Pattern of contraceptives choice among the married women attending the family planning clinic of a tertiary health institution. Niger J Med. 2008;17(1):67–70. [PubMed]

Alvergne A., Gurmu E., Gibson M.A., Mace R. (2011).Social transmission and the spread of modern contraception in rural Ethiopia. PLoS One. 2011;6(7):e22515. [PMC free article] [PubMed]

Arbab A.A., Bener A., Abdulmalik M. (2011).Prevalence, awareness and determinants of contraceptive use in Qatari women. Eastern Mediterranean Health Journal, 17 (1): 11-8, 2011.

Archer, K.S. Lemeshow. (2006). Goodness-of-Fit Test for a Logistic Regression Model Fitted Using Survey Sample Data. Stata Journal 6(1): 97-105.

Aryeetey R., Kotoh A.M., Hindin M.J. (2010). Knowledge, perceptions and ever use of modern contraception among women in the Ga East District, Ghana. Afr J Reprod Health. 2010;14(4 Spec no.):26-31.

Basavanthappa B. T. (2008): Community Health Nursing. 2nd edition.Jaypee Publishers. New Delhi: pp. 561- 562.

Bertrand, J., Bani, E., Lesthaeghe, R., Montgomery, M., Tambashe, O., Wawer, M. (2001). Contraceptive Dynamic in Guatemala 1978-1998.

Cleland J., Bernstein S., Ezeh A., Faundes A., Glasier A., Innis J. (2006). Family planning: the unfinished agenda, Lancet; 368 (9549): pp. 1810-1827, correlates of uptake in a phase III clinical.

Fahimi F., Abdul Monem A., Ashford L., El Adawy M. (2012).Women's need for family planning in Arab countries. Egypt: Arab States Regional Office. Available at: http://www.prb.org/Publications/ Reports/2012/family-planning-arab-countries.aspx. [Accessed 17 July 2013].

Gubhaju B. (2009) . The influence of wives' and husbands' education levels on contraceptive method choice in Nepal, 1996-2006. IntPerspectSex Reprod Health. 2009; 35(4):176–85. [PubMed]

Imbareen Khan, Haleema. A., Hashmi, ZehraNaqvi, (2011). Awareness and practices of contraception, journal of surgery Pakistan, vol.16 (4): 182

Kamell R., Wassif S. (2008). Population Problem In Egypt As One of The Priority Health Problems In Tropical Areas. Zagazig Journal of Occupation Health and Safety; 1(2), pp.: 87

Kumar M., Meena J., Sharma S., Poddar A., Dhalliwal V., Modi-SatishChanderModi S.C., et al (2011).Contraceptive use among low-income urban married women in India. J Sex Med. 2011;8(2):376–82.[PubMed].

Metwaly, H.S. (2010). Factors Contributing To Discontinuation Among Intrauterine Device Users in Zagazig City, Faculty of nursing, Zagazig University 2010.

Mohamed A.,(2012): Causes and consequences of contraceptive discontinuation: evidence from 60 demographic 2012.

Nte A.R., Odu N., Enyindah C.E. (2009). Male involvement in family planning: women's perception. Niger J ClinPract. 2009;12(3):306–10. [PubMed

Okunlola M.A., Owonikoko K.M., Roberts O.A., Morhason-Bello (2006) 1.0.: Discontinuation pattern among IUCD users at the family planning clinic, University College Hospital, Madan. J. Obstet. Gynaecol., 26 (2): 152-6, 2006.

Olds S., London M., Ladewig P., Davidson M. (2004). Maternal-Newborn nursing & women's health care, seventh ed., Pearson Prentice hall company, upper saddle river, New Jersey: pp.98-99

Olugbenga-Bello A.I., Abodurin O.L., Adeomi A.A. (2011). Contraceptive Practices Among Women in Rural Communities in South-Western Nigeria. Global Journal of Medical Research, 11 (2): 9, 2011.

PanelKai J., BuhlingaNikki B., ZitebPamela LotkecKirsten Blackdfor the INTRA Writing Group (2017). Worldwide use of intrauterine contraception: a review, https://doi.org/10.1016/j.contraception., accessed at 10/ 12 2017.

Robert M. Kei, TaratisioNdwiga, Stephen Okong'o. (2015). The Use of Modern Contraceptives Among Women of Child Bearing Age Attending MCH/FP Clinic at UasinGishu Sub-County Hospital, Uasin-Gishu County, Kenya.Science Journal of Public Health. Vol. 3, No. 4, pp. 500-507. doi: 10.11648/j.sjph.20150304.17

The Economic Community of West African States (ECOWAS) (2008). Which is commonly thought of as the region of west African , is made up of is countries pARS family planning Worldwide 2008, trial in rural South Western Uganda

United Nations, Department of Economic and Social Affairs, Population Division. World contraceptive use (2005). USA: United Nations; 2006.

United Nations. World contraceptive use (2011). Available at: http://www.un.org/esa/population/publications/contraceptive2011/ contraceptive2011.htm. Accessed February 8, 2017.

USAID (2009). US Agency for International Development: Health policy initiative, task order 1, futures group inter-national. Washington, DC: US Agency for International Development. [Family planning and the MDGs: Saving lives, saving resources], 2009.

Veres S., Miller L., Burington B. (2004): A comparison between the vaginal ring and oral contraceptives Obstetrics and Gynecology; 104(3): pp.555-56.

WHO, World Health Organization (2011): Family Planning.Availableat;http://www.who.int/topics/family_planning/en/

العوامل المؤثرة في استخدام موانع الحمل بين السيدات في مدينة بورسعيد

أ.د. سناءعلى نور ، د. السيده حمدي نصر، فاطمة ناجح رخا زغلول

أستاذ تمريض أمراض النساء والتوليد - كلية التمريض – جامعة الزقازيق ، مدرس تمريض الأمومة والنساء والتوليد - كلية التمريض – جامعة بورسعيد ، بكالوريوس تمريض- جامعةالمنصورة

الخلاصة

تهدف هذه الدراسة إلى معرفة العوامل المؤثرة علي استخدام موانع الحمل بين السيدات فى مدينة بورسعيد . واعتمدت الدراسه على تصميم وصفي استكشافي من خلال اثنى عشر مركزا من عيادات تنظيم الأسرة التى تتمثل فى ستة مناطق فى مدينة بورسعيد. وإشتملت عينة البحث 600 سيدة من المنتفعات من عيادات تنظيم الأسرة.أوضحت النتائج ان اعمار الامهات المنتفعات من عيادات تنظيم الاسره تتراوح ما بين 18-45 سنه بنسبه اكبر لمن هم في سن الاقل من 35 سنه ,كما أشارت النتائج إلى أن الوسائل الهرمونيه هي اكثر الوسائل استخداما ,بينما اللولب النحاسي بنسبة 28,3%. وان غالبية النساء اخترن الوسيله بناء علي رغبتهن وبموافقة ازواجهن. أكثر من ثلثهن من تلقي معلومات وسائل منع الحمل من الأصدقاء والأقارب. كما اوضحت النتائج الي ان 34,7 % من النساء يعانين من مشاكل واثار جانبيه للوسيله المستخدمه . وان فشل الوسيله والحواجز المعرفية فضلا عن الرغبة في الحمل من الاسباب الاكثر شيوعا للتوقف عن استخدام الوسائل. الخلاصة: هناك العديد من العوامل المؤثرة علي استخدام موانع الحمل. التوصيات: يجب علي الممرضة المسؤله عن تنظيم الاسره إبلاغ النساء حول الآثار الجانبية للوسيله المستخدمة وما يجب فعله إذا ظهرت اي من هذه الاثار وتعريفها عن الوسائل الاخري المتاحه وكذلك توضيح المفاهيم الخاطئه.

الكلمات المرشدة : العوامل المؤثرة , استخدام وسائل منع الحمل.