A comparative Study on Factors Affecting the Choice of Contraceptive Methods in Women Referred to Health Centers of Shahrekord

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Introduction: Demographic policy adopted by families is one of the influencing factors that affects community health promotion and improves the quality of life. This study was conducted with the aim of comparing the factors affecting the choice of contraceptive methods in women referred to health centers of Shahrekord over a period of two years. Methodology: This research is a descriptive-analytical study, which conducted in Shahrekord over a period of two years. The sample size in this study was 384 people of qualified women referred to the health center of Shahrekord. The information was collected through interviews and questionnaires about individual characteristics and contraception methods. The results were analyzed by statistical-descriptive methods and using SPSS software. Results: The results showed that 174 of the samples had used tubectomy method (Group 1) and the remaining 210 people had used other contraceptive methods (Group 2). There was a significant relationship among the variables including age, number of pregnancies, cause of chosen method, and spouse’s remarriage with selective method (permanent or temporary). The most important reason for using the selective method in each group was personal desire. The figure for the amount of regret was 5.4. Discussion: Since tubectomy is a reliable and almost permanent method for contraception, and considering the fact that personal desire is the most frequent reason for using selective method and the amount of regret, more training is needed in this regard.

INTRODUCTION

Nowadays, climate change could potentially interrupt progress toward a world without hunger. The stability of whole food systems may be at risk under climate change because of short-term variability in supply [1]. Moreover, rapid population growth is a threat to wellbeing in the poorest countries, whereas very low fertility increasingly threatens the future welfare of many developed countries. Countries with rapid growth face adverse social, economic, and environmental pressures, whereas those with low or negative growth face rapid population ageing, unsustainable burdens on public pensions and health-care systems, and slow economic growth [2].

It is important to pay attention to population control programs in order to prevent unwanted pregnancies, reducing the number of abortions. Unwanted pregnancy has serious consequences for women and their families [3] and is related to modest increases in the risk of adverse family socioeconomic outcomes, family dysfunction, and poorer parent–child relationship [4]. Furthermore, women who have undergone an abortion experienced an increased risk of mental health problems [5].

Although developing countries have made much progress in use of family planning services, the need for effective contraception is high and growing [6] and the incidence of global unwanted pregnancy demonstrate the need for family planning programs [7].

The rate of contraceptive use in Iran is high, but because abortion is illegal in this country, many unintended pregnancies among married women are likely to be terminated by unsafe procedures, resulting in adverse health outcomes [8].

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Women from puberty to menopause are faced with two issues of contraception and having a baby. The selection of a contraceptive method is a complex decision that involves both the woman and her partner, and several other factors are also involved in this regard [9].

In spite of the government’s efforts, the prevalence of contraceptive use in Iran is only 55.4%. Health concerns, side effects, failure of the methods and some demographic issues, among which education, age, and number of daughters, have a great influence on the enforcement of contraceptive measures [10].

Among various contraceptive methods that are chosen according to particular conditions such as effectiveness, cost, level of comfort of couple of sexual contact and other factors, the method of sterilization the tube is raised. This method is not always reversible or its reversibility is possible by spending an exorbitant expenditure. Thus making decision about choosing this method requires careful consideration [9].

According to studies conducted in this regard and the growing use of tubectomy method by Chaharmahal Bakhtiari women, and considering the fact that this method will probably cause regret in women, the research team conducted their research with the aim of comparing the factors affecting the choice of a contraceptive method among local women so as to provide people with appropriate solutions about choosing the correct methods of contraception and effective training prior to choosing these methods in future.

**Methodology:**

This study is descriptive-analytical study that was carried out on 384 women referred to the health centers in Shahrekord over a period of two years. The research community consists of women who had chosen one of the contraception methods. These participants either were selected through easy sampling or were excluded in the case if they gave up their participation. The entry requirements of the research included using one contraceptive method, being supported by one of the health centers of Shahrekord and individual desire.

Information was collected by trained experts and via questionnaire. The research units were divided into two groups including individuals who had used tubectomy method and those who had used other contraceptive methods. Final information after collection were analyzed by using descriptive-statistical indices including average, standard deviation, analytical tests including Chi-square and Mann-Whitney tests.

**Results:**

In the present study, the sample size was consists of 384 women aged 17-50 years with the mean age of 30.2 ± 5.9. About 76.5 % of the samples were housewife; 17.2 % employee and the remaining participants were self-employed. As regards education, 20.4% of the samples had high school education. The average pregnancy was 2-3 and the number of kids on average was 2. The tubectomy method were used in 174 of the participants, and the remaining (210) were using other contraception methods. The age profile of the group 1 was 26-50 years with average of 43.1 ±4.2, and the age profile of the group 2 was 17-45 with average of 27±5.3. Based on student t-test, there was a significant difference between age in both groups (p<0.001).

The marriage age profile was 12-32 years with average of 20 ±3.9 for the first group and 13-43 with average of 20.5±3.9 for the second group, and the student t-test did not show any difference between marriage age of the two groups(p=0.211).

The age profile of the participants’ spouses was 21-54 years with average of 34.7 ±6.5. Age averages of the men were 38.2±4.6 and 31.9±6.5 years in the first group and the second group respectively. The ranges of pregnancy number of were 1-10 with average of 3.1±1.4 for the first group and 0-8 with average of 1.7±0.95 for the second group. Mann-Whitney test showed a significant statistical difference in the number of pregnancies in two groups (p<0.001).

In the first group, 16 women had chosen their method due to the training received from health centers, 20 due to their spouse’ desire, 14 due to doctor’s recommendation and 124 by personal desire, and in second group, 125 women had chosen their method by to personal desire.

As regards the satisfactory factor, 17% were unsatisfied and 5.4% were regreted in first group . Also 28% of users of other methods were unsatisfied. Chi-square test showed a significant difference between two groups (p=0.01).

In the first group, 4.17% and 64% of the second group were willing to have children which this difference was significant based on Chi square statistically (p=0.04).

Regarding the reason for choosing the given method, training had the most important effect in choosing other methods. Personal desire was the most common reason among participants of the two groups (0.003).

Result of study showed that in the first group, 5.1% of participants’ husbands and 0.4% of them in the second group had another wife. Among the two groups using the Chi-square test, the difference was statistically significant (P = 0.003).

At the time of caesarean, 45% of the participants, 30% immediately after normal vaginal delivery(NVD), 20% with interval after delivery and 9.6% using other surgical procedures had used tubectomy method. The reported amount of regret after tubectomy was 5.8 percent.
Discussion:
According to results of the study, there was a significant statistical difference among individual’s age, duration of marriage and number of gestations in two groups. Meanwhile, individuals who had used tubectomy method had considerably higher age. Regarding the fact that there was not any difference in the age of two groups, normally these individuals had both the desired number of children and tendency to use tubectomy. This is in compliance with Agraval’s study. In fact, he concluded that women older than 35 years are more willing to use contraceptive methods compared to women under 35 years old (40.4 per cent and 16.8 percent respectively) [11]. Studies of McMahon and Carrions showed the same results [12,13]. Rahmanpour et al., in their study in Zanjan demonstrated a significant relationship between type of contraceptives used and women’s age, number of children, place of residence and level of education three months following delivery [14].

The reason for choosing the method had significant difference. Moreover, training was more important for the group using other methods. It has been noticed in Johnson’s study that most women are dissatisfied with the training given. They believe that the training is presented routinely and it is not based on personal needs. This is probably true in our community [15].

In the first group, 17 percent of women were satisfied with the method used that may be due to informed choice of the method, while in Mino’s study, the satisfactory rate was 99% that this difference may be due to personal training and advice in the given society [16].

There was a significant difference between husbands of those women using contraceptive methods and those of women using other methods in terms of having another wife. In other words, the second group of men was more willing to have another wife that can be due to their desire for having more children. This can be as one of the consequences of contraception that must be taken into account in the training sessions. It also shows the necessity of the presence of men in these sessions. There was not any study in this regard.

45% of women during cesarean section, 9.6% during other surgeries and 20% after surgery had used tubectomy method. Adesiyun’s research showed that, 59 % of women after cesarean, 27.5 after repair of ruptured uterus and 13.7% with interval after delivery had used tubectomy method [17]. The amount of regret about tubectomy in our study was 5.4%. This amount was reported by Noorizadeh that was in compliance with our study [18]. However, the amount of regret reported by Başgül et al.. And Legendre et al.. Were 5% and 5.5% respectively [19, 20]. This difference may be due to cultural differences.

Conclusion:
Based on obtained results, it is recommended that both women and their husbands should receive enough training and advice before using tubectomy as an irreversible method.

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REFERENCES