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Research Article

Iraqi women Attitude towards Immediate Post-partum/ Post-abortion Contraception: a multi-institutional study

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Abstract

Background: Immediate postpartum contraceptive and post-abortion contraception methods are effective safe methods and are becoming standard practice in many countries, yet it is not widely used in Iraq.
Aims: this study: is designed to assess the attitude and willingness of women to immediate contraception after giving birth or abortion and their satisfaction with previous use.
Methods and Material: Four hundred thirty-four women were surveyed in the labor word immediately after giving birth/ abortion. Their knowledge, attitude, and contraception use were assessed according to the response they reported to a given questionnaire.
Results: women were not sure about the ideal time to begin using birth control post-partum.122 out of 434 (28%) have not heard about the immediate use of contraception before, only 97/434 (22.3%) reported previous use of immediate contraception after previous birth/abortion. The satisfaction of the women to previous immediate contraception use was reported by 61/97 (77%) versus 7/97 (7%) who were not satisfied. High educated females with unstable income and women having more than five children depicted significantly higher willingness to immediate postpartum/ abortion contraception use (P=0.026, P<0.001, P=0.001) respectively. Similarly, a significant association was observed between positive attitude and pregnancy complications, including diabetes, bleeding, and hypertension (P=0.001), and craving (P=0.003).
Conclusions: Iraqi women showed a high willingness to immediate post-partum/abortion contraception use; nonetheless small proportion have actually used it. Poor knowledge of various contraceptive types, the best time of use with fewer side effects are the main obstacles for family planning.

Introduction

Family planning is paramount in terms of families' welfare; preventing the complications of unwanted pregnancy and lack of spacing. This gives the couples the choice of the number and timing of their offspring and has a direct impact of population growth. In Iraq, the fertility rate in 2018 was reported to be one of the highest in the region, reached up to 3.9 with a 55.04 adolescence fertility rate (1). This is associated with a relatively high maternal mortality 33.5 / 100000 women. (1) Although the latest official statistical reports indicated a slight rise in modern contraception use to 54%, the unmet need remains behind the international target. (1, 2) Most unintended pregnancy occurs in the first 18 months of previous birth imposing maternal and perinatal risks. (3) Along the same line, the risk of having unplanned pregnancies after abortion is considered as 50% of women resume ovulation two weeks later. (4) Although the motivation of the women for contraception use is the highest after delivery; the unmet need for contraception during this period is noticeable. (5) Therefore, offering an effective contraceptive method immediately after delivery or abortion is the standard care in many countries and endorsed by the International Federation of Gynecology and Obstetrics (FIGO) Initiative for the Prevention of Unsafe Abortion and its Consequences. (6) In Iraq, however, overall modern contraceptive use range between 36- 50%.

Iraqi women are more familiar with oral contraceptive pills (OCP) and intrauterine contraceptive device (IUCD) which constitutes up to 65% of all methods used (7), half of which are received from public providers. Immediate postpartum / post-abortion contraception method is not frequently used in the local clinical practice. Instead, family planning counseling usually starts 21-40 days after delivery as previous guidelines recommended. (8, 9) Many studies concluded that interval counseling was associated with an increased number of women (up to 40%) who were either unable to attend or have resumed ovulation and/or sex resulting in a more unwanted pregnancy. (9-11) This is particularly true in the current COVID- 19 pandemic circumstances as women are reluctant to attend their appointments and contraceptives stocks are at risk of depletion. (12) Having known that the number of institutional delivery is relatively high in Iraq (82%) (1), immediate postpartum contraception is proposed as a convenient contraceptive method and can be potentially incorporated into a national family planning program. This study was designed to assess women's attitude toward immediate postpartum or postabortion contraception (IPPAC) and to evaluate their satisfaction with previous IPPAC use, we also examined the current prevalence and types of contraceptives used, women knowledge, and attitude to modern contraceptive methods.

Subjects and Methods

Four hundred thirty-four women in labor or abortion attending AL-Elwiya Maternity Teaching Hospital and AL-Karkh Women's Hospitals in Baghdad were recruited during the period between 1st of November 2017 to the end of April 2018. Informed written consent was obtained. The study was approved by the scientific and ethical committee of Al Kindy College of Medicine and the two hospitals' administration.

Randomly selected patients were interviewed immediately following delivery or abortion and questionnaire forms were filled. Reporting abortion covers both miscarriage and self-induced abortion as in Iraq, religious and cultural believes prohibits self-induced abortion. The investigator interviewed the women at the post-partum / post-abortal ward for 10 to 15 minutes. In the local Arabic language, the questionnaire consisted mostly of close–ended questions asking about the most recent pregnancy, obstetrical and menstrual history, educational and socioeconomic status, and modified components from literature review to address contraception usage, and immediate postpartum contraception attitude and knowledge/ information. The questionnaire also included some open-ended questions to allow women to explain their experiences and satisfaction in their own words.

Measures of contraception usage: we asked women if they have used contraception before previous pregnancies or if they considered contraception before the current pregnancy. We also asked about the type of contraception they used and their compliance.

Measures of attitude: We asked women about their preference for using contraception immediately after delivery or abortion and if the response is negative then the reason behind that.

Measures of knowledge/ information: Where the women were questioned about their knowledge regarding the available types of contraception, the possible side effect, their preference, and the sources of her information.

Data retrieved from the questionnaires were translated to English tabulated and analyzed using Statistical Package for Social Sciences IBM-(SPSS) version 21. Descriptive statistics of patient demographics were presented as mean ± standard deviation, women satisfaction, and their agreement and disagreement presented as frequencies as percentages. Chi-square test for goodness of fit was used to test the significance of observed distribution. A P-value less than 0.05 is considered significant.

Results

Two-thirds of women underwent full-term delivery and 34.8% have had an abortion. All Participants were married with an average age of 30.2± 6.9 years, the majority had intermediate to a high level of education. The unintended current pregnancies were reported in 24.5% (Table 1).

Contraception usage: overall, the percentage of participants who used contraception before previous pregnancies constituted only 169/434(45%). Even when women with big families (> 3 children) were considered, the percentage of contraception utilization did not exceed 58/99 (59%). The type of contraception preferred by 46.7% of these women was IUCD followed by OCP 26.9% and 26% would rather use injectable contraception. Women were reluctant to used contraception largely because of the anticipated side effects; nonetheless, there was up to 7% who could not afford to buy any modality of contraception putting them at higher risk of having an unplanned pregnancy. A similar trend was observed in recent pregnancies for women with bigger families, 53% of them failed to properly plan their families and had an unwanted pregnancy.

Attitude: women were not sure about the ideal time to begin using birth control post-partum and 122 out of 434 (28%) have not heard before about the immediate use of contraception. There were only 97/434 (22.3%) women who used IPPAC before, 63/97 (64%) were offered by the gynecologists after an abortion. When women were asked about the reason for refusing IPPAC, 131/434 (38%) reported their will to have more children and 10/131 (8%) did not have a complete pregnancy ever. The choice of contraception was made by the women themselves in 47.9% of the cases independent of doctor advice or family planning service consultation and women reported poor compliance in 40.3% of the cases.

The satisfaction of the women to previous IPPAC use was reported by 61/97 (77%) and when those were asked about their intention to use IPPAC after the recent labor/ abortion, they were positive. conversely, 7/97 (7%) women refused IPPAC, two of whom wanted more children, the other five did not have a specific reason. Of notice, 47.2% of the cohort, reported neutral responses and were not sure whether they would like to use IPPAC or not. High educated females with unstable income and having >5 children depicted significantly positive attitudes to IPPAC (P=0.026, P<0.001, P=0.001) respectively. Similarly, a significant association was observed between IPPAC acceptance and pregnancy complications, including diabetes, bleeding and hypertension (P=0.001), and craving (P=0.003), as shown in table (Table 2). By contrast, participants living in accommodations with a low crowding rate reported significantly less willingness to IPPAC use compared to those living in a higher crowding rate (P=0.019). That was also seen in women with abortion, 47/151 (31%) were less willing compared with those who completed their families (P=0.001) as shown in Figure 1. The main cause of poor acceptance reported by participants was lack of awareness; other reasons are listed in table (Table 3).

Knowledge: Friends and family recommendations represent the major source of participant information about contraception options. Lack of regular family planning services immediately after labor or abortion was reported by 85% of the participants; therefore, women were unaware of the ideal time of birth control. More than one-third of the participants believed that oral pills are the best choice. Almost all participant believed that they need orientation sessions about family planning and birth control methods

Discussion

Immediate postpartum reversible contraceptive methods are effective safe methods and are becoming standard practice in many countries, yet it is not widely used in Iraq. To our knowledge, this study showed for the first time the satisfaction of Iraqi women after previous immediate use of contraception and their attitude to used it immediately after the recent delivery/ abortion.

Almost half of the surveyed women were not aware of the possibility of starting contraception immediately after labor. Lacking antenatal and postnatal family planning counseling is likely the cause of information deficit. Sixty-four percent of the women who have had IPPAC before dated the intervention following abortion after gynecologist strong recommendation. About three-quarters of women were satisfied with previous contraception use and show a positive intention to use it again in the labor word. As expected and consistent with previous studies, (13) educated women with unstable income and more than three children were more likely to use immediate contraception, firstly

because they have completed their families and birth control is a priority for them, secondly because they are aware of the difficulties in attending a postnatal appointment. The financial issue was also highlighted in 7% of the cases where women could not afford this relatively costly method, particularly as most of the public hospitals do not offer immediate contraception services. Women with pregnancy complicated with diabetes, hypertension, bleeding, or having strong craving expressed high intention for using immediate contraception suggesting the high motivation of such women after a complicated pregnancy.

We found that 30% of women who had an abortion at the time of the survey were not keen to use IPPAC, probably because all these women reported that the recent pregnancy was intended and apparently they would like to replace the lost pregnancy soon therefore immediate contraception was not the best offer for them consistent with a previous study. (14) Interestingly, out of 49.7% of women with completed pregnancy who were keen to use IPPAC, only 12% had a previous similar experience, the rest had the motivation after a simple informed explanation of immediate contraception use, safety, and reversibility provided while taking the survey. Furthermore, complete normal vaginal delivery is associated with higher women's acceptance in agreement with other studies. (15, 16)

Overall, the use of modern contraception methods in our cohort used by less than half of the participants close to the most recent governmental statistical report which reported 54%. (1) Even when women with large family were concerned, modern contraception was limited to 59% suggesting preference of Iraqi women to use the traditional contraception methods minding their high failure rate. (17) Participants' main concern, consistent with previous studies, (7, 17) was the side effects which was also the same reason for the high proportion of neutral response they reported for IPPAC use. 48% of participants used the contraception after a friend or a relative recommendation. Proper family planning service reported in only 15%. Therefore, lacking knowledge of the different available types of contraception, advantages and the possibility of using contraception immediately after delivery or abortion is the main reasons for women refrain.

Conclusion

Iraqi women showed significant satisfaction with immediate contraception use; nonetheless, a small proportion has actually used it. Poor knowledge of various contraceptive types, the best time of use with fewer side effects are the main obstacles for family planning in Iraq. Women having more than three children or complicated pregnancies are more motivated to use contraception immediately after labor or abortion and can be targeted with immediate contraception use after antenatal family planning counseling. Including immediate contraception use in family planning programs with wide educational programs via media is essential to raise women's awareness.

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Conflicting Interest

No conflict of interest.

Table 1. : Patients demographics.

Variable		No.	%
Age	<18	3	0.7
	18-24	93	21.4
	25-30	158	36.4
	>30	180	41.5
Education	Primary	146	33.6
	Secondary	130	30
	University	158	36.4
Residency	Urban	392	90.3
	Rural	42	19.7
Constant income	Yes	228	52.53
	No	204	47.47
Working status	Not working	316	72.81
	Working	118	27.19
Crowding rate	<2	256	59
	2-5	160	36.9
	>5	18	4.1
Pregnancy intention	Yes	288	66.3
	No	105	24.2
	Not sure	41	9.5
Pregnancy outcome	Delivery	283	65.2
	Abortion	151	34.8
Parity	0	42	9.6
	1	105	24
	2	106	24.2
	3	82	18.7
	≥4	101	23.3
regnancy complication	complications	325	75
	Dm	50	12
	Bleeding	30	9
	ypertension	29	7

Table 2.
The distribution of study group characteristics according to patient willingness to use immediate post-partum/ abortion contraception:

Variable		Patient willingness						P value
		Total %	not at all (%)	Not willing (%)	Neutral (%)	willing (%)	Very willing (%)	
Age	<18 years	3	0(0)	0(0)	3(100)	0(0)	0(0)	0.229
	18-24	93	2(2.2)	6(6.5)	51(54.8)	11(11.8)	23(24.7)	
	25-30	158	8(5.1)	4(2.5)	73(46.2)	23(14.6)	50(31.6)	
	>30 years	180	17(9.4)	6(3.3)	76(42.2)	26(14.4)	55(30.6)	
Education	Primary	146	12(8.2)	9(6.2)	74(50.7)	15(10.3)	36(24.7)	0.026
	Secondary	130	7(5.4)	7(5.4)	61(46.9)	20(15.4)	35(26.9)	
	University	158	8(5.1)	0(0)	68(43)	25(15.8)	57(36.1)	
Residency	Urban	392	24(6.1)	14(3.6)	183(46.7)	52((13.3)	24(6.1)	0.71
	Rural	42	3(7.1)	2(4.8)	20(47.6)	8(19.0)	3(7.1)	
Constant income	Yes	206	20(9.7)	2(1.0)	101(49)	30(14.6)	53(25.7)	0.001
	No	228	7(3.1)	14(6.1)	102(44.7)	30(13.2)	75(32.9)	
Working status	No	316	18(5.7)	15(4.7)	148(46.8)	45(14.2)	90(28.5)	0.33
	working	118	9(7.6)	1(0.8)	55(46.6)	15(12.7)	38(32.2)	
Crowding rate	<2	256	11(4.3)	130(51)	28(10.9)	68(26.6)	19(7.4)	0.019
	2-5	160	5(3.1)	66(41)	27(16.9)	57(35.6)	5(3.1)	
	>5	18	0(0.0)	7(38.9)	5(27.8)	3(16.7)	3(16.7)	
Pregnancy intention	Wanted	288	19(7)	12(4)	133(46)	34(12)	90(31)	0.346
	No	105	4(3.8)	2(1.9)	48(45.7)	20(19.0)	31(29.5)	
	Not sure	41	4(9.8)	2(4.9)	22(53.7)	6(14.6)	7(17.1)	
Pregnancy outcome	delivery	283	21(7.5)	11(3.6)	111(39.1)	42(14.9)	98(34.8)	0.001
	abortion	151	6(3.9)	5(3.8)	92(60.5)	18(11.3)	30(19.5)	
Type of delivery	vaginal	155	13(8)	0(0)	70(45)	17(11)	55(35)	0.001
	cesarean	128	8(6)	11(9)	42(33)	25(20)	42(33)	
Parity	≤2	199	7(3.5)	4(2.0)	116(58.3)	20(10.1)	52(26.1)	0.001
	3-4	127	13(10)	5(3.9)	45(35.4)	16(12.6)	48(37.8)	
	≥5	108	7(6.5)	7(6.5)	42(38.9)	24(22.2)	28(25.9)	
Craving	No	167	10(6.0)	12(7.2)	88(52.7)	18(10.8)	39(23.)	0.003
	Yes	267	17(6.4)	4(1.5)	115(43.1)	42(15.7)	89(33.3)	
pregnancy complication	Dm	50	0(0)	2(4)	27(54)	7(14)	14(28)	0.001
	Bleeding	30	0(0)	2(6.7)	13(43.3)	4(13.3)	11(36.7)	
	Hypertension	29	6(20.7)	0(0)	8(26.7)	6(20.7)	9(31.0)	

Table 3.
Causes of refusing immediate post- partum/ abortion contraceptive use.

Cause	Number	%
Don`t know the possibility	42/43*	97.6744
Economic	8/43	18.6047
Not available	3/43	6.9767
Family not cooperative	6/43	13.9535
Increase family size	17/43	39.5349
Bad effect on breast feeding	4/43	9.3023
Complications	10/43	23.2558

*Total number of not satisfied women was 43 but some women mentioned more than one cause than one cause for her dissatisfaction

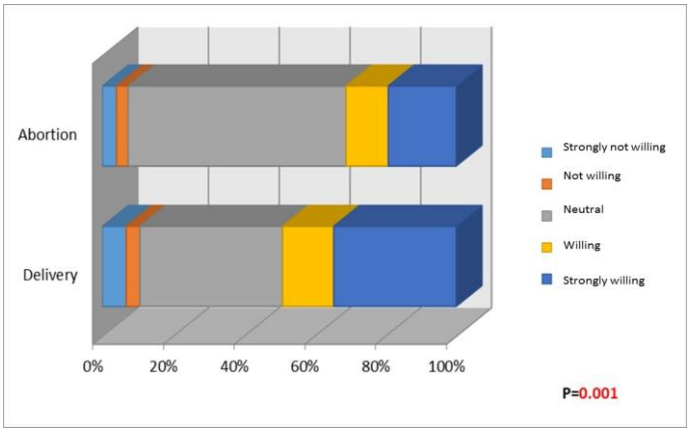

Figure 1: Distribution of patient attitude toward immediate post-partum/abortion contraception according to pregnancy outcome.

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