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Research Article

Use of modern family planning methods among Saudi women in Taif, KSA

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ABSTRACT

Background: Contraception is said to improve reproductive health so women should have access to the different methods of family planning and should be empowered to decide the use of contraceptives. A cross sectional study was carried out to identify the prevalence of contraceptive use and its methods among Saudi women in Taif region, KSA.

Methods: A structured questionnaire designed to obtain the necessary information from a convenient sample of 250 women of reproductive age, attending the gynecology and obstetrics outpatient clinics of king Abdul Aziz Specialized Hospital in Taif.

Results: The results revealed that 55.2 % of them aged between 30 and 40 years old, two-fifths (40.4 %) of them had 3 or 4 living children. 67.7 % of the study subjects was using contraception. The most common contraceptive used was oral contraception (53.8 %) followed by intrauterine device and injectable hormonal contraception respectively (34.3 % and 8.3 %). Religious believes was the most given reason for not using any method of contraception reported by 53.8 % of those not using any method of contraception among 81 (32.3 %) Saudi women out of 250 of the study subjects.

Conclusions: It can be concluded that the prevalence of contraception use among Saudi women of reproductive age between 15-49 years was 67.7 %. Oral contraception (53.8 %) was the most used contraceptive method followed by intrauterine device and injectable hormonal contraception respectively (34.3 % and 8.3 %). A further study is needed on a larger study sample to examine the effect of different demographic, social and economic determinants on the fertility behavior of Saudi women in Taif region.

Keywords: Use, Modern, Family planning, Taif, KSA

INTRODUCTION

Controlling both the number and timing of births through utilization of contraception is associated with improved maternal and neonatal health outcomes hence contributing to the attainment of Millennium Development Goals (MDGs).^{1,2} Reports from around the world reveal that many women suffer from illness and disability resulting from easily preventable pregnancy and child birth related complications.³ Family planning (FP) has been associated with positive health effects on children, mothers and the whole family.¹ Spacing

children can reduce mortality among the under-fives by 10 % and among pregnant mothers by 32 %.⁴

The use of contraceptives has been recognized as a key element in reducing fertility for all age groups in many developing countries.⁵

Low contraceptive use is attributed to a number of barriers acting at policy, facility, community and individual level.¹ Low usage has been widely attributed to the negative attitude towards contraception. Specifically, approval/ disapproval of the modern methods by self and

partner, fear of harmful effects on health, and low levels of education have been identified to influence use of modern contraceptive methods in Africa, Asia and other parts around the world.^{6,7,8} This observation suggests that both the women and their partners lack the right information that will aid decision making on use, an argument supported by evidence from related studies that showed increasing knowledge on the methods can result to higher utilization.⁹

Method failure leading to pregnancy is common among reversible methods of contraception. During the first year of contraceptive use, 25–27% women stop using ‘calendar’ and ‘withdrawal’ methods due to unintended pregnancy, 15% stop using male condoms, 8% oral contraceptives, 3% injectable, 2% lactational amenorrhea method (LAM) and 0.2% intrauterine devices (IUDs).^{10,11} Women, especially those with low education, often switch to less-effective traditional methods of contraception.¹² This has slowed progress in attaining MDG 5.¹³

Support from health care workers, socio-cultural factors such as communication between spouses, males’ attitude towards contraceptive use and lack of support. Also, views of other women, marital status, desire for more children, myths and mis-conceptions on modern methods and socio-economic status of the women also influence use.¹⁴⁻¹⁶ The other factor limiting utilization is access since some women who would like to use contraception cannot access it.¹⁷ Addressing some of these barriers to use contraception will significantly influence uptake hence positively contribute to socio-economic development.¹

In Saudi Arabia, family planning is not widespread. Only one fifth of married women in their reproductive years reported the use of contraceptives. Other sources estimated the proportion to be a little higher, ranging between 25 and 35 percent. In any case, the use of contraceptives is relatively low compared to other developing countries.^{1,18} Studies on contraceptive use have been carried out in many areas of Saudi Arabia including Qassim, Riyadh, and Jeddah. This study in Taif region would help to understand the scenario of contraception use in South western Saudi Arabia.

Aim of this study was to:

- Identify the prevalence of contraceptive use and its methods among Saudi women in Taif region, KSA.

METHODS

Study Design

A cross sectional study was carried out to identify the prevalence of contraceptive use and its methods among Saudi women in Taif region, KSA.

Settings

The study was conducted at the gynecology and obstetrics outpatient clinics of King Abdul Aziz Specialized Hospital in Taif.

Study Subjects

A non-probability, convenience sample of 250 women was selected from women of reproductive age group (15 – 49 years), attending the previously mentioned setting were included in the study subjects.

Tool of Data Collection

A structured questionnaire designed in the local languages was used to obtain information on socio-demographic features, reproductive profile, contraceptive practices, availability and accessibility of family planning services. Reasons for non-utilization of contraceptive services were also asked from the respondents.

METHODS

An official permission to carry out this study was obtained from the previously mentioned settings. Tool was designed and developed by the researcher based on reviewed related literatures. The developed tool was used on 10 women attended the previously mentioned setting. Results of pilot study was used to modify the tool and made it ready for use. Data were collected by the researchers from eligible Saudi women after obtaining an oral informed consent. Data was entered and analyzed on SPSS version 16.

RESULTS

The results of the study reveal that 55.2 % of the study subject of reproductive age between 15- 49 was between 30 and 40 years old, 30.4% of them had secondary level of education while less than half of them 46 % attained a higher level. Slightly less than three-quarters of them (73.6 %) were employed and 65 % reported satisfactory family income (Table 1). Figure 1: shows that the prevalence of contraception use among Saudi women of reproductive age between 15-49 years was 67.7 %. According to Figure 2: two-fifths (40.4 %) of the study subjects had 3 or 4 living children while, more than one-quarter of them had 5 or 6 children. 14.4 % and 18.8 % of them either had one to two children or 7 and more living child respectively. Table 2 denotes that the most common contraceptive used was oral contraception (53.8 %) followed by intrauterine device and injectable hormonal contraception respectively (34.3 % and 8.3 %) while condom was the least used method of contraception (3.6 %). Regarding reasons for not using any method of contraception among 81 (32.3 %) Saudi women out of 250, religious believes was the most given reason by 53.8 % of them followed by previous experience of method failure where 23 (28.4 %) of them became pregnant while

using intrauterine device, other reasons included: husband' refusal (24.7 %), fear of side effects (21 %) and desire for more children (18.5 %).

Table 1: Socio-demographic characteristics of study subjects (250 Saudi women of reproductive age in Taif region).

Characters	Frequency N=250	Percent
Age groups (Years)		
<20 years	8	3.2
20 –< 30 years	46	18.4
30 – <40 years	138	55.2
40 – 49 years	58	23.2
Educational level		
Uneducated	12	4.8
Primary level	46	18.4
Secondary level	77	30.8
Higher level	115	46
Employment status		
Employed	184	73.6
Housewives	66	26.4
Family income		
Satisfactory	163	65.2
Unsatisfactory	87	34.8

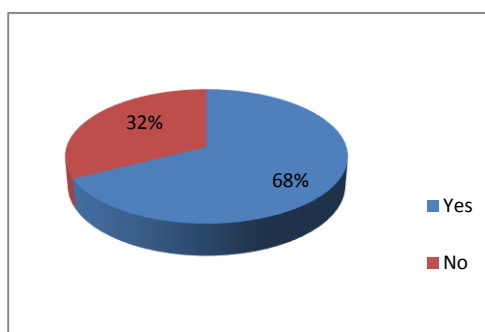


Figure 1: Prevalance of contraception use among Saudi women of reproductive age in Taif region (n=250).

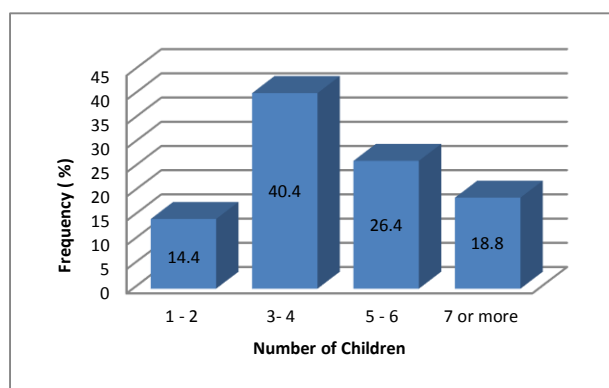


Figure 2: Distribution of the study subjects (250 Saudi women of reproductive age in Taif region) according to their number of living children.

Table 2: Distribution of study subjects (250 Saudi women of reproductive age Taif region) according to their use of contraceptive methods.

Use of contraceptive methods	Frequency n=169	Percent (%)
Oral contraception	91	53.8
Injectable hormonal contraception	14	8.3
Intra-uterine device (IUD)	58	34.3
Condom	6	3.6

Table 3: Distribution of study subjects (250 Saudi women of reproductive age Taif region) according to their given reasons for not using of contraceptive methods.

Reason for not using of contraceptive methods	Frequency n=81	Percent (%)
Religious believes	29	35.8
Experience method failure (pregnancy with IUD)	23	28.4
Husband refusal	20	24.7
Fear of side effects	17	21
Desire for more children	15	18.5

*N.B: more than one response

DISCUSSION

Family planning contributes to sustainable development, health and well-being of mothers, their children and gender equity.¹⁹ The results of the present study revealed that the prevalence of contraception use among Saudi women of reproductive age (15- 45years) of the study subjects in Taif region accounts less than one-third, which is relatively low compared to other developing countries.²⁰ However, this prevalence considered more than that denoted by Khraif , 2001²¹ where only one fifth of married women in their reproductive years reported the use of contraceptives. This decreased wide spread use of contraception may be related to the distinguishing feature of the Saudi Arabian population in their desire for large families. Also, it was noticed that the use of contraceptions is mainly for spacing rather than desire to limit family size.^{21,22} This was in accordance with the present study where more than two-fifths of the study subjects had 3 or 4 children and slightly one fifth of them had 7 or more child and declared a desire for more children as a given reason for not currently using contraceptive methods.

Also, Al Sheeha, 2010²² found that the participants that responded to the question about the number of children they intended to have, the majority indicated to have at least 5 and up to 10 children, which means that the woman would not stop having children throughout her reproductive life. Although they accept the concept of birth spacing and the use of contraceptives in order to have the desired interval, this does not mean having

fewer children. This high fertility attitude is attributed to the indigenous culture in favor of large families; it also coincides with the Islamic religion which rejects the concept of limiting the family size.²²

Oral contraception was the most used method among the study subjects followed by IUD, injectable hormonal contraception and condom. These results were consistent with different studies reported data about Saudi Arabia.²³ In developing countries, four modern contraceptive methods, oral contraceptives, IUDs, injectables, and female sterilization are the most widely used methods among married women.²⁴ condoms and male sterilization are among the least used of all contraceptive methods. The reverse is true in developed countries, in which condoms are the major method of family planning.²² However, the recent United Nation's report (2007) about contraceptive use worldwide showed more use of condoms among the Saudi population and to be the second most common used method after pills, which matches the trend of developed countries.^{22,25}

Nonuse of contraceptions reported by more than two-thirds of the study subjects was related to different given reasons, mostly was related to their religious believes followed by fear of side effects and previous experience of method failure and occurrence of pregnancy while using intrauterine device as a contraceptive method. These given reasons were also reported in the study done by Bellizzi et al., 2015¹¹ who denoted that non-use of contraceptives was mostly reported due to fear of side effects/health concerns, religious opposition to use and underestimated risk of pregnancy.

Children are a blessing from God was the main reason for the refusal of contraceptives use. This reflects the impact of the Islamic culture in Islam, abortion and sterilization are prohibited except on medical grounds. However, the use of contraception is allowed for child spacing to preserve the health of the mother and child rather than to restrict the family size.^{22,26}

Most countries have high contraceptive failure rates. Counselling and increased use of long-term reversible and irreversible methods have been effective in reducing failure rates.²⁷ Specific emphasis must be directed to women under 25 years of age who are more likely to request premature discontinuation of their IUDs and may benefit from additional counselling.²⁸ (Byrne et al., 2012 and Mostafa Kamal, 2012)^{29,30} added that women with the lowest education level and poorest quintile were least likely to use any contraception method. The lack of knowledge about contraceptives was rarely cited as a reason for non-use. Cost was not even commonly cited among the poor as a hindrance to contraception access. However, further researches are needed to examine different determinants of Saudi women in Taif either use or not use contraceptive methods for family planning including their educational level, working status. Health education and counselling

are needed in the field of family planning. Primary health care centres can play a major role in health education, counselling and service for family planning and give advice on contraception and provision and increase availability of different methods.

CONCLUSION

It can be concluded that the prevalence of contraception use among Saudi women of reproductive age between 15-49 years was 67.7%. Oral contraception (53.8%) was the most used contraceptive method followed by intrauterine device and injectable hormonal contraception respectively (34.3 % & 8.3 %). A further study is needed on a larger study sample to examine the effect of different demographic, social and economic determinants on the fertility behavior of Saudi women in Taif region. Also, continuous health education in the field of family planning is necessary, counseling, provision and increase availability of different methods in primary health care centers.

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