Knowledge, Attitude and Practice of women towards family planning in Al-Ramadi City: Urban- Rural differential

Mahasin A Altaha Hamid K Al-Azawi Badeaa T yahya

Abstract:

Background: Family planning is considered as an important public health issue because of its association with social and health outcomes for both mothers and children. Although contraceptive use has increased in many developing countries including Iraq, yet differences between urban and rural areas practice of family planning still exists.

Objectives: The study aimed to assess the knowledge, practice and attitude of currently married women aged 15-49 years towards family planning methods and to find out the urban/ rural differentials in these aspects; in addition to exploring the factors that could affect the use of these methods, and to determine the unmet need for family planning methods.

Methodology: A cross-sectional study conducted in 8 primary health care centers in Alramadi City in urban and rural areas during the period of November 2011 to February 2012. Structured interviews were performed with 537 currently married women attending primary health care centers, selected through a systematic random sampling method.

Results: The results showed that knowledge of contraceptives among the respondents is high, with 97% of women being aware of at least one method of contraceptive. The respondents showed a positive attitude towards family planning which was more marked among urban women. Around 54% of all women were practicing at least one type of family planning at the time the study was conducted. Significant difference was noticed in practicing family planning between urban and rural areas (61.3% & 44.5% respectively). The use of modern types was observed more significantly among urban women (42.9%) compared to rural women (30.4%). The use of family planning methods was significantly associated with younger age, higher education, high parity, and living in an urban area. The most popular method used among modern contraceptives was oral pills followed by intrauterine device both in urban and rural areas, injections were used significantly higher among rural than urban women. while among the traditional methods used, withdrawal was the main method. Regarding the reasons for non use, results showed that half (50%) of women in rural areas want to have more children compared to one third (33.3%) in urban areas. The overall unmet need for family planning was 26.6%, reasons included husband objection which was more obvious in rural than in urban areas, religious beliefs in both areas. Medical reasons and fear from side effects were observed as more causes for non use among urban than rural women.

Conclusion: Almost all the urban and rural women had good knowledge about family planning methods, though urban women were more aware of the benefits. However, the urban – rural differential in the practice was significantly clear. There is a need to prioritize the family planning program among Primary Health Care Programs with emphasis of women education and counseling of couples to adopt family planning methods.

Key words: KAP, Family Planning, contraception, urban- rural.

Introduction:

Family planning is a means which enable individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. (1)

Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples are essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing, and can prevent pregnancies among older women who also face increased risks. It enables women to limit the size of their families (2). Evidence suggests that women with high parity (having more than four children) are at increased risk of maternal mortality (3). By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions. Family planning can also prevent closely spaced and ill-timed pregnancies and births, which contribute to some extent to high infant mortality rate. (2)

Attitudes towards fertility regulation, knowledge of birth control methods, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning. (4)

WHO stated that there are more than 120 million women worldwide who want to prevent pregnancy, but they are not using contraception. These women are considered to have unmet need for family planning. Reasons for this unmet need are many: Services and supplies are not available everywhere or choices are limited. Fear of social

disapproval or partner's opposition pose formidable barriers. Worries of side effects and health concerns hold some people back; others lack knowledge about contraceptive options and their use.(5)

Knowledge and use of contraceptives are the indicators most frequently used by the national and international organizations to assess family planning. (6,7,8)

The extent of contraception use varies according to cultural factors, residence in urban or rural areas, age, parity, education, occupation (of wives and husbands), family attitudes, motivation, availability and acceptability of contraception.(8)

Access to contraception has generally been demonstrated to be much higher in urban versus rural areas.(9)

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2012. In Africa it went from 23% to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67%. (2)

The proportions of couples who use some contraceptive methods in the developing countries vary between 20- 60%. (10)

The prevalence of contraceptive use in Iraq was reported by a national survey to be 14.5% in 1974. Previously, family planning services were provided by the Iraq Family Planning Association and the private sector for medical indications only. In 1994, however, the policy was changed and the Government issued a decree allowing the provision of family planning services to all Iraqi women.

In 2006, multiple cluster survey showed that the rate of using any method of contraceptives in Iraq was 49.8%, the use of modern methods was 32.9% and use of traditional methods was 17.0%. (11,12) The latest WHO report showed that contraceptive prevalence in Iraq was 51.2% in 2011. (13)

In Al-Ramadi, west of Iraq, no previous study on KAP of family planning was conducted, so this study aimed to assess the knowledge, practice and attitude of currently married women aged 15-45 years towards family planning methods and to find out the urban/ rural differentials; and to study the factors that could affect the use of these methods.

Materials and methods:

This is a cross-sectional study conducted in primary health care centers in Al-Ramadi City during the period of November 2011 to February 2012. Eight primary health care centers were chosed randomly, four in urban areas and another four in rural areas. In-person interviews were carried out with currently married women aged 15- 49 years attending the primary health care centers either for immunizing their children or for curative services.

A total of 537 respondents, 310 from urban and 227 from rural areas, selected through a systematic random sampling method, were included in the study after taking their verbal consent. The response rate was 100%. Exclusion criteria included women who were pregnant and those at menopause.

A predesigned structured questionnaire was developed by the researchers and consisted of demographic data and information related to knowledge, attitude and practice (current use of contraception at the time of the study and/or ever use of any method before), in addition to information related to the type of method used. Non-users were asked about the reasons for not using contraception. Questions related to factors that influenced the use of contraception methods and family planning such as living in urban or rural areas, age, education, and parity, were included too.

SPSS version 18 was used for the statistical analysis. Chi-squared test and Z test were used to examine the association between the groups and a probability of less than 0.05 was considered to be significant.

Results:

A total sample of 537 women was studied of which 310 were from urban and 227 from rural areas.

Table 1 showed that the knowledge of at least one method of contraception is high among all respondents (97.6%), being nearly similar in both urban and rural areas (98.4% and 96.5%) respectively. However, 86.6% of all women knew the benefits of using them with a significant difference between urban and rural areas (urban women were more aware of the benefits 93.5% VS 77.1% p=0.000).

Despite widespread knowledge of contraception, the actual use was low. Only 291(54.2%) of all women used family planning method. The use was significantly more among urban women compared to rural (61.3% and 44.5% respectively, p=0.0001). Out of those who used contraception, 37.6% used modern types and 16.6% used traditional types of contraceptive methods. However the use of modern types was observed more among urban women (42.9%) compared to 30.4% of rural women (p= 0.003).

Ever users (those who used contraception at any time previously) constituted 60.9% of all women, the rate was significantly higher (p=0.003) among urban women (66.1%) than women living in rural areas (53.7%).

The source of information about family planning methods showed statistically significant difference between urban and rural areas too. For the majority of urban women (90.0%), health personnel were the main source of information, compared to 80.2% of rural women. While family & relatives

played the most important role as source of family planning information for majority of rural women (96.9%) compared to urban women (87.4%). Friends & neighbors stood next in line in both urban and rural areas (62.9 and 51.1%), followed by media 53.9% in urban and 44.9% in rural area. (Table 1).

Regarding the socio demographic characteristics, Table 2 shows that out the total 537 respondents, 46.6% were in the age group 30- 39 years followed by 41.5% in the age group of 20-29 years. Nearly half of them (49.1%) were married at age 12- 19 years, (age at marriage was 12- 19 years for 60.4% of rural women and 40.7% of urban women). About forty-five percent of women (44.5%) were having low (primary or intermediate) education, and most of them (79%) were housewives. More than 37% were multipara (having 5 and more children).

The use of family planning methods was significantly associated with age (being younger than 40 years), higher education, having a job, high parity, and living in an urban area.

However, having a separate house or living with husband's parents, appear not to be associated with use of contraception (p=0.11).

Table 3 shows that out of 291 women who used contraception, 36.1% were using oral contraceptive pills (42.1% in urban and 32.7% in rural areas). Next method of popular use was intrauterine contraceptive device (IUCD) in 48 women out of 291 who used contraception (16.3% & 16.8% in urban and rural areas respectively). Among other modern methods used were male condom (4.7%, 4.0% among urban and rural users respectively), suppositories and tubal ligation in 4 &3 women out of 291 users. Injections were used significantly more by rural than urban women (11.9% and 4.7% respectively, p= 0.02).

Among the traditional methods used, withdrawal was the main method practiced (19.2%). It was practiced slightly more by rural compared to urban women (19.8% VS 18.9%). This was followed by safe period and lactational amenorrhea (3.4 & 2.4% respectively), with no significant differences between the two areas.

Non-users of family planning methods in this study were 246 out of 537 (45.8%) among all respondents (38.7% in urban and 55.5% in rural areas). Table 4 demonstrated the frequency distribution of those non-users according to reason of non-use whether they desire to have children or want to stop or delay childbearing yet not using contraception (unmet needs). Among the total non-users, 103/246 (41.9%) reported that they want to have more children. Urban/rural differential for preferring more children was clear as 50% of non-user women in rural areas want to have more children compared to one third (33.3%) in urban areas. Around 58% of all non-users and 26.6% (143/537) of all respondents had an unmet need for contraception. Two thirds of urban (66.7%) compared to a half (50%) of rural nonusers reported unmet needs. The difference is statistically significant (p=0.008).

Causes of unmet needs were demonstrated in Table 5. Almost 60% of the women at risk did not use any contraception because of their husband's opposition which was significantly more obvious in rural than in urban areas (52.4% VS 33.7% respectively). On the other hand, 21.6% of the unmet need group believed that Islam forbids family planning. Medical reasons and health concerns were observed as significantly more reasons for non-use among urban than rural women (17.5% VS 6.3% respectively). Other reasons which were considered barriers to the use of contraception included the fear of side effects and the cost of contraceptive methods with no significant differences among urban and rural areas as shown in Table 5.

Table 1: The frequency distribution of women according to their knowledge, attitude and practice of family planning and their sources of information.

KAP	Urban N=310	Rural N=227	P value	Total N=537
Know at least one type	305(98.4)	219(96.5)	0.1555	524(97.6)
Know the benefit	290(93.5)	175(77.1)	0.00001*	465(86.6)
Practice (use) of contraception	190(61.3)	101(44.5)	0.0001*	291(54.2)
a- Modern methods	133(42.9)	69(30.4)	0.0031*	202(37.6)
b- Traditional methods	57(18.4)	32(14.1)	0.185	89(16.6)
Non users	120(38.7)	126(55.5)	0.0001*	246(45.8)
Ever users	205(66.1)	122(53.7)	0.0036*	327(60.9)
Source of information (knowledge):				
1- Health personnel	279(90.0)	182(80.2)	0.0012*	461(85.8)
2- Family and relatives	271(87.4)	220(96.9)	0.0001*	491(91.4)
3- Friends and neighbors	195(62.9)	116(51.1)	0.0062*	311(57.9)
4- Media	167(53.9)	102(44.9)	0.039*	269(50.1)

*Statistically significant difference.

Table 2: The socio-demographic determinants of family planning users.

Characteristic	Total women (n=537)	Users of any type (n=291)	X^2 P value
Age (years): 14-19	28(5.2)	17(5.8)	16.82
20-29	223(41.5)	130(44.7)	0.001*
30-39	250(46.6)	136(46.7)	
40-45	36(6.7)	8(2.8)	
Age at marriage: 12-19	263(49.1)	151(51.9)	20.42
20-24	196(36.5)	107(36.8)	0.0001*
25-29	52(9.6)	30(10.3)	
30+	26(4.8)	3(1.0)	
Education: Illiterate + read& write	129(24.0)	55(18.9)	85.23
Primary + intermediate	239(44.5)	95(32.6)	0.000*
Secondary +higher education	169(31.5)	141(48.5)	
Occupation: Housewives	425(79.1)	203(69.8)	33.88
Employed	112(20.9)	88(30.2)	0.0001*
Parity:1-2	126(23.5)	61(21.0)	7.42
3-4	210(39.1)	106(36.2)	0.025*
5+	201(37.4)	124(42.8)	
Residence: Urban (310)	310(57.7)	190(65.3)	15.27
Rural (227)	227(42.3)	101(34.7)	0.0001*
Type of family: Nuclear	254(47.3)	148(50.9)	2.54
Joint	283(52.7)	143(49.1)	0.11

Table 3: The type of contraception use

Type used	Urban No.(%)	Rural No.(%)	P value	Total No.(%)
1-Modern methods:				
Pills	80(42.1)	33(32.7)	0.117	113(38.8)
IUCD	31(16.3)	17(16.8)	0.912	48(16.5)
Injection	9(4.7)	12(11.9)	0.023*	21(7.2)
Male condom	9(4.7)	4(4.0)	0.783	13(4.5)
Suppository	2(1.1)	2(2.0)	0.535	4(1.4)
Tubal ligation	2(1.1)	1(1.0)	0.937	3(1.0)
2-Traditional methods:				
withdrawal	36(18.9)	20(19.8)	0.852	58(19.2)
Safe period	12(6.3)	6(5.9)	0.892	18(6.2)
Lactational amenorrhea	9(4.7)	6(5.9)	0.658	15(5.2)
Total users	190(100)	101(100)		291(100)

Table 4: The frequency distribution of non-users according to their desire to have children

Non users	Urban	Rural	Total	P value
desire to have children	40(33.3)	63(50.0)	103(41.9)	X^2=7.02
No desire to have children (Unmet needs)	80(66.7)	63(50.0)	143(58.1)	P=0.008*
Total	120(100)	126(100)	246(100)	

Table 5: The causes of unmet needs:

Reasons	Urban	Rural	Total	P value
Husband refusal	27(33.7)	33(52.4)	60(42.0)	0.02*
Religious beliefs	17(21.2)	14(22.2)	31(21.6)	0.88
Medical reasons	14(17.5)	4(6.3)	18(12.6)	0.04*
Side effects	13(16.3)	6(9.5)	19(13.3)	0.23
Cost of contraceptive (expensive)	5(6.3)	4(6.3)	9(6.3)	1.0
More than one reason	4(5.0)	2(3.2)	6(4.2)	0.59
Total	80(100)	63(100)	143(100)	-

Discussion:

By allowing women the freedom to control the number and spacing of their births, family planning helps women preserve their health and fertility and also contributes to improving the overall quality of their lives.

Family planning encompasses all aspects pertaining to a couple's decision as to when to begin having children and how many children they will have.

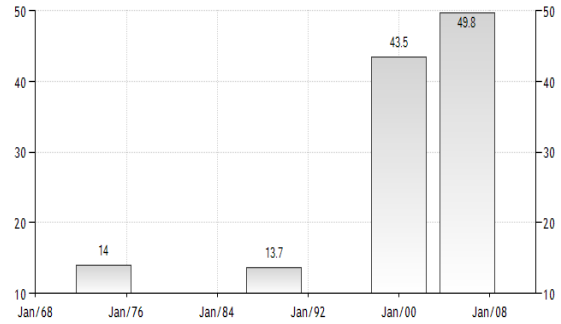
Effective control of reproduction can be essential to a woman's ability to achieve her individual goals and to contribute to her sense of well-being.

Knowledge about contraceptive methods plays a major role in their use. The knowledge of at least one method in this study was very high among most women in urban and rural areas. The majority of women also have a favourable attitude towards family planning. More than 86% approve the benefits of using them. This result is similar to what is reported by Dohuk study, North of Iraq (82.4%) (14), and higher than that reported by Basrah study, South of Iraq (72.2%) (15); and Jordan study (67.4%) (16). Urban women were more significantly aware about the benefits than rural women, this is clear in this study as 90.0% of them gained their source of information from health personnel and doctors through more utilization of health services. However, positive attitude of rural women was 77.1% which is nearly similar to what is reported in KAP study in Rural Haryana, India (79.2%). (17)

The main source of information for rural women was mainly family & relatives which is more than the findings of other studies. (15,17)

In spite of a good knowledge and attitude, the present study revealed an overall contraceptive prevalence rate of 54.2% in Aramadi City, modern methods constituted 37.6%, and 16.6% was the traditional methods use. This result is slightly higher than the prevalence rate for Iraq reported by UNDP 2010 which is 49.8% of which 32.9% was for modern methods and 17.0% for traditional types. (11,18).

Contraceptive use in Iraq had increased over time, the trend, as demonstrated by WHO, is shown below:



Source:*http://www.tradingeconomics.com/iraq/contraceptive-prevalence-percent-of-women-ages-15-49-wb-data.html*

However our results is almost similar to that reported by Ebrahim et al which was 53.7% in Basrah, south of Iraq (37% for modern and 16.7% for traditional methods).(15) This result also agrees with Hassoon study in AlKadhmyia, Baghdad in 2010 which revealed that 50.7% of women were using contraception (19), but it is lower than that reported among Iraqi Kurds in Dohuk which was 60.6%, 26.5% for modern and 34.1% for traditional methods.(14).

The current use of contraception in this study is high compared to other countries such as Saudi Arabia (23.8%), United Arab Emirates (27.5%), Yemen (27.7%), Oman (31.7%), Qatar (43.2%), and Sudan (7.6%), but was lower than that for Egypt (60.3%), Tunisia (60.2%), Morocco (63.0%), Syria (58.3%), and Lebanon (58.0%).(11).

This study demonstrated a significant difference in use (current and ever use) between urban and rural areas which indicates the desire of rural communities for a large family which usually reflects local norms and beliefs. Other reasons could be related to accessibility and availability of family planning methods. This result is in agreement with the urban- rural differential in use of contraception reported in Bangladesh (20), but disagree with a recent study in India which reported that overall residential area (urban or rural) of women had no influence on the practice of family planning.(21).

The socio demographic features of the study population reveals high teenage marriage, low education, very low employment rate, and high parity.

Use of family planning was increasing with age reaching the peak at 30-39 years which is similar to that found in other studies.(15,16) A difference in the contraceptive use with age reflects changes in the needs for contraception over the women's' life cycle. Because of early age at marriage, women wish to space and/ or limit additional pregnancies.

It was noted also that use of contraception is increased with higher education of women as the more educated are more willing to space their pregnancies to preserve their health. This is in agreement with Al-Gendy et al study in Egypt. (22) Increasing parity was also associated significantly with more use of contraception. Sharma et al and Mohanan et al also highlighted that acceptors and users of contraception were of higher age and parity. The prominent reason for this finding is that women usually start family planning only after they have reached desired family size which usually corresponds to higher parity.(21,23)

Among the total users of contraception in this study, 65.3% were living in urban areas. The higher use in urban areas possibly was a function of the greater availability and accessibility of methods and in awareness of the benefits of family planning.

A significant difference was noticed in contraceptive use between urban and rural areas as

two thirds of the users of family planning methods were from urban areas. With regards to the type of family of the respondents, no difference was found in users whether they came from nuclear or joint (more than one) family.

Thus the study revealed that residential area had a significant influence on use of family planning methods. The differences were also noticed among users of pills which were practiced slightly more by urban than rural women and no differences in use of IUD. This result disagree with Sharma et al study in 2012 who found the use of pills and IUD in urban areas was significantly higher in than in rural areas.(21).

The desire of Iraqi community for a large family size is clear in this study, where half of rural and one third of urban women who did not use contraception, want to have more children, this is supported by their husband objection, which seems significantly more prominent among rural community than urban one. In this study, 26.6% of all women had unmet need for contraception. This result is almost similar to Iraqi Kurds (29.3%) (14), but higher than that reported in Asian countries (14.0%) (24), Kuwait (9.7%) (25), Iran (2.6%) (26) Egypt & Jordan (11%), and Morocco (15%) (27). However, it is lower than that reported in India (51.6%) (28), and Pakistan (32%) (27). Husband and familial disapproval was the main cause of unmet need. Religious beliefs come next in order. Thus, social factors are considered here to play the most important role in hindering women to use family planning methods (unmet need) mostly in rural areas. This is considered as an indicator of violation of women's rights and one of the several basic rationales for women's empowerment. Health concerns and side effects of contraceptive methods come next to social factors, this result disagrees with Basrah and Mosul studies which showed these factors were on the top of the list of non use of family planning (15, 29).

In the present study cost reason is not frequently suggested as an obstacle for contraceptive non use mainly because the most important types of modern contraceptives namely oral contraceptives, intrauterine devices, injections and male condom are provided almost free of charge in the family planning centers or at affordable cost in private pharmacies.

Conclusion & Recommendations:

The study revealed that almost all urban and rural women in Al-Ramadi City knew about contraceptive methods, though urban women were more aware of the benefits. However, the urban – rural differential in the practice was significantly clear as the contraceptive prevalence rate was 61.3 percent among currently married women in the urban area and the corresponding rate for rural women was 44.5 percent. Two thirds of non users in urban areas and half of the non users in rural areas had unmet need for contraception. From these findings it is clear that there is a wide gap between knowledge and use of contraception.

Women education and counseling of couples can play an important role to adopt family planning methods. The couples should be given information about contraceptives at every visit to the health services to motivate them. The most important factor is regular availability of contraceptives and adequate health services at rural and peripheral level. Electronic media, health personnel and government's organizations can play a positive role to overcome the knowledge-practice gap and the urban- rural differential in contraceptive use status.

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**Assist Prof, PhD Community Medicine/ College of Medicine / Al-Anbar Univ.*
***Assist Prof, PhD Medical Geography/ College of Education for Girls/ Al-Anbar Univ.*