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Demand for Long-acting and Permanent Contraceptive Methods among Kurdish Women in Mahabad, Iran

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Abstract

The aim of this paper is to study the demand for long-acting and permanent contraceptive methods (LAPCMs), and its determinants among Kurdish women in Mahabad city, Iran. Data are taken from Mahabad Fertility Survey (MFS) conducted on a sample of over 700 households in April 2012. The results show that the demand for LAPCMs was 71.3 percent at the time of survey, although only 27.7 percent of women used these methods. Thus, the number of unintended pregnancies is likely to increase in the future if this gap does not reduce. The multivariate analysis shows significant impacts on the dependent variable of the number of children ever born, the perceived contraceptive costs, and childbearing intentions. Moreover, women at the end of reproductive ages and those with higher education are more likely to desire LAPCMs. The paper concludes that despite a growing use of contraceptive methods in recent decades, the need to develop reproductive health services, and promote the quality of family planning services remains an inevitable necessity.

Key Words:

Family planning, unwanted pregnancy, Mahabad, Kurdish Women.

Introduction

The use of contraceptive devices has become an essential factor in the life of most women, although it varies in different points of their life course. In order to promote women's reproductive health and prevent unwanted pregnancies, the use of effective contraceptive methods is inevitable. It is important to note that the demand for contraception is likely to increase in the near future due to a rise in the number of women in reproductive ages (15-49) and those who desire smaller families.

The use of long-acting and permanent contraceptive methods (LAPCMs) is the best way to protect women and couples against unwanted pregnancies. However, the number of women using LAPCMs is different from the number of women who desire to use them. Women's demand for LAPCMs is also one of the main determinants of total fertility rate (TFR) and reproductive health issues. Increased demand for these methods, on the one hand, will cause the continuation of fertility decline in the future. If this demand is not met, on the other hand, the number of unwanted pregnancy and abortion is likely to rise. Therefore, studies on women's fertility behavior and intention and their demand for contraceptive methods are very essential. This paper aims to assess the demand for LAPCMs and its determinants among married women aged 15-49 in the city of Mahabad, Iran. The paper considers the IUD, Norplant, Injection, and male and female sterilization as LAPMs.

Data and Methods

This paper is based on a survey which was conducted in April 2012 in Mahabad city, Iran for measuring and studying determinants of unmet need for contraception among Kurdish women. Data was collected through structured questionnaires. The statistical population and the unit of analysis are ordinary households and married women aged 15-49, respectively. The results of the 2006 Population and Housing Census of Mahabad city were used to determine the sample size. The sample size was 700 households. The sampling method was a combination of multi-stage cluster sampling, random sampling, and systematic random sampling methods. Because the main purpose of this paper is to evaluate the demand for LAPCMs and its determinants, the analysis focuses on women who were using contraceptive methods at the time of survey. Independent variables are divided into two categories:

- 1) Socioeconomic variables: women's literacy, level of education, rural-urban origin, employment status, and age at marriage.
- 2) Demographic variables: children ever born, ideal number of children, childbearing intentions, and contraceptive costs. The variable of contraceptive costs is an index derived from the total scores of contraceptive awareness, contraceptive availability and individual and social costs of contraception.

The dependent variable is the demand for LAPCMs including IUD, Injection, Norplant, Tubal ligation and vasectomy. This variable was measured as a dichotomous variable (demand for contraception, no demand for contraception). In order to determine the effect of each independent variable, the logistic regression technique is used.

Results

Knowledge and the prevalence of contraception methods

Table 1 shows the distribution of women according to their knowledge about contraceptive methods. In general, respondents' awareness of contraceptive methods is at a high level. The knowledge about pills is at the highest level; 98.7 percent of respondents have named it

without any definition. The condom and injection come next; 86.2 and 67.9 percent of women have named them, respectively. The lowest level of knowledge is about Norplant; 20.2 percent of respondents, even after giving definition, have expressed lack of knowledge.

Table 1: Distribution of respondents based on knowledge of contraception methods

or contraception methods						
Methods of contraception	Without method definition, named it	After definition the method, has announced that it knows	Even after the definition, has announced she doesn't know it	Total		
Tubal ligation	63.7	35.0	1.3	100		
Vasectomy	57.7	40.0	2.3	100		
IUD	48.3	48.3	3.5	100		
Norplant	13.1	66.7	20.2	100		
Injection	67.9	29.2	2.9	100		
Pill	98.7	1.3	-	100		
Condom	86.2	13.1	0.8	100		
Withdrawal	61.9	34.2	3.8	100		
Rhythm	36.3	58.3	5.4	100		

Results show that 71.2 percent of respondents were using modern contraceptive methods, compared to 28.8 percent who were using traditional methods at the time of survey (see Table 2). According to this study, 27.2 percent of respondents were using LAPCMs at the time of survey. For calculation of demand for these methods, the percentage of women using permanent contraceptive methods has been added to the percentage of women using temporary methods but did not want to have another child. Results show that 9.8 and 90.2 percent of respondents use permanent and temporary contraceptive methods, respectively. Among those who use temporary methods, 8.6 percent said that they wanted to have another child in the next two years, and 20 percent wanted to have another child in more than 2 years. Thus, the percent of women who use temporary methods and don't want to have another child is equal to 61.5 percent. If this percent is added to the percentage of women who use permanent methods (9.8 percent), the total demand for LAPCMs will be 71.35 percent. Accordingly, the difference between the usage and demand for LAPCMs is equal to 43.65 percentage points. Although, these women do not want to have another child, they use temporary methods.

Table 2: Distribution and use of the contraceptive prevalence rate of pregnancy among respondents

The status of contraceptives		Frequency		
		Absolute	Relative	
Use of contraceptiv	ve .			
-	Modern Methods	370	71.2	
	Traditional Methods	150	28.8	
	Total	520	100.0	
Do not use of contraceptive		180	25.7	
Total		700	100.0	

Based on the multivariate analysis, the costs of contraception, childbearing desires, and the number of children ever born insert significant influences on the demand for LAPCMs. The impact of contraceptive costs confirms this claim that perceived contraceptive costs has a determinant role in the use and choice of contraception. In summary, the probability of demand for LAPCMs is more among women who have given birth to two to three children, have little perception of the cost of contraception, do not want to have another child in the future, have higher levels of education, and finally are at the end of their reproductive period (the 1978-1990 marriage cohort).

Conclusion

This study showed that women's knowledge about contraceptive methods is generally at a high level in Mahabad city, Iran. Moreover, although 27.7 percent of women were using LAPCMs at the time of survey, the demand for these methods (71.35 per cent) is much higher. This shows a high unmet demand for LAPCMs and a considerable risk of unwanted pregnancies and abortion. The multivariate analysis suggests that the costs of contraception, number of children ever born, and childbearing desires have important effects on the demand for LAPCMs.

Although controlling the population growth is an important goal per se, it is not the only goal of family planning. Issues such as prevention of unwanted pregnancies, maternal and child health, readiness for childbearing and sexual health are important factors for producing a healthy population. The results of this study provides support for the argument that in the current situation of Iran, the continuation of family planning program with the aim of providing maternal and child health, as well as realization of sexual and reproductive health goals is inevitable.