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## Awareness and utilization of family planning methods among women of reproductive age in Basrah, Iraq

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### Abstract

**Background:** Family planning is vital for reproductive health, helping reduce maternal mortality and improve women's quality of life. In Basrah, Iraq, the use of modern contraceptives remains limited due to cultural, social, and healthcare barriers. This study explores awareness, usage patterns, and socio-demographic factors influencing family planning among reproductive-age women in the region.

**Material and methods:** A descriptive cross-sectional study was conducted among 320 currently or previously married women aged 18-49 years attending primary healthcare centers in Basrah from October 2023 to October 2024. Data were collected using a structured interviewer-administered questionnaire. The questionnaire covered socio-demographic details, awareness of FP methods, current and past contraceptive use, and barriers to utilization. Data were analyzed using SPSS version 26, with Chi-square tests applied to assess associations between variables ( $p < 0.05$  considered significant).

**Results:** Among respondents, 87.5% had heard of at least one modern contraceptive method, with oral contraceptive pills (87.5%), injectables (78.1%), and IUDs (75%) being the most recognized. Current contraceptive use was reported by 50% of participants, and 68.8% had ever used any method. Common barriers to use included fear of side effects (25%), spousal objection (18.8%), and cultural beliefs (15.6%). Statistically significant associations were found between contraceptive use and higher educational level, employment, and partner support ( $p < 0.05$ ).

**Conclusion:** Despite high awareness, contraceptive utilization among women in Basrah remains moderate and is influenced by socio-cultural dynamics and limited access to comprehensive services. Interventions should target both individual knowledge and systemic barriers to increase equitable use of family planning.

**Keywords:** Family planning, contraceptive utilization, reproductive health

### Introduction

Family planning is a fundamental component of reproductive health, directly contributing to the well-being of women, families, and society. It empowers women to make informed decisions regarding the timing and spacing of pregnancies, helping reduce maternal mortality and improve public health outcomes <sup>[1]</sup>.

Despite global improvements, many low- and middle-income countries-including Iraq-continue to experience suboptimal awareness and use of family planning methods due to entrenched cultural, educational, and systemic barriers <sup>[2]</sup>. In Basrah, southern Iraq, the landscape of reproductive health has been shaped by prolonged conflict, underfunded infrastructure, and inconsistent access to maternal services <sup>[3]</sup>.

Although contraceptives are technically available at some public health centers, sociocultural dynamics-such as male-dominated decision-making and the preference for large families-often restrict women's ability to access and use them effectively <sup>[4]</sup>. Furthermore, widespread misinformation, fear of side effects, and misperceptions about infertility continue to impede contraceptive uptake, even among women who are generally aware of family planning options <sup>[2]</sup>.

The COVID-19 pandemic intensified these challenges by disrupting routine healthcare services, including access to family planning. Studies from Baghdad showed a decline in contraceptive adherence during lockdown periods, a trend that may similarly affect Basrah's reproductive health profile <sup>[5]</sup>.

Socioeconomic factors such as education and employment further shape women's family planning behaviors. In Iraq, women with higher levels of education are consistently more likely to use modern contraceptives and participate in joint decision-making regarding fertility <sup>[6]</sup>.

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Addressing these issues requires a dual approach: improving service delivery (supply-side) while confronting cultural and informational barriers (demand-side). Collaborative action involving healthcare workers, educators, media, and religious institutions is essential to support informed contraceptive choices and reproductive autonomy [2].

This study aims to assess the level of awareness and the patterns of utilization of family planning methods among women of reproductive age in Basrah, Iraq. The findings will provide critical insights to inform local health policy and enhance reproductive health programs tailored to the unique needs of the community.

Materials and Methods

This study employed a descriptive cross-sectional design to assess awareness and utilization of family planning methods among women of reproductive age in Basrah, Iraq. The cross-sectional approach was selected to provide a comprehensive understanding of the current reproductive health behaviors and contraceptive practices within this population.

The target population consisted of 400 women aged 18 to 49 years who were currently married or had been married previously. This age range aligns with the World Health Organization’s definition of reproductive age and focuses on the segment most likely to be involved in family planning decisions. Participants were recruited using a purposive simple sampling technique, ensuring the inclusion of women with varying socio-demographic backgrounds across multiple districts in Basrah. The sample was drawn from women attending selected primary healthcare centers (PHCs) that provide maternal and child health services. These PHCs were chosen to reflect both urban and peri-urban settings, ensuring geographic and demographic diversity.

The data collection period spanned one full year, from October 2023 to October 2024, to account for seasonal variations and ensure a comprehensive assessment over time. Data were gathered using a structured, interviewer-administered questionnaire. The questionnaire was adapted from previously validated tools used in similar reproductive health research and was translated into Arabic for local comprehension. A pilot test involving 20 women from a non-study site was conducted to assess clarity and cultural sensitivity. The overall number of participants was 320.

The questionnaire was divided into four main sections: (1) socio-demographic characteristics; (2) awareness and knowledge of family planning methods; (3) current and past contraceptive use; and (4) sources of information and barriers to accessing family planning services. Both modern contraceptive methods (e.g., pills, injectables, IUDs) and traditional methods (e.g., withdrawal, calendar method) were included.

**Ethical Approval:** Ethical clearance was obtained from the Ethical Review Board of the Basrah Health Directorate (No. 17874, Date/ 20 September 2023). Written informed consent was secured from all participants, and privacy and confidentiality were maintained throughout the study process.

**Statistical analysis:** Data were entered and analyzed using SPSS version 26. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize the data. Associations between key variables were explored using the Chi-square test, with a p-value of less than 0.05 considered statistically significant.

Results

This table outlines the demographic structure of the sample population, highlighting a predominance of younger adults aged 25-34 years (35.0%) and a strong representation of individuals aged 35-44 (30.0%). The vast majority are married (85.0%), indicating a potentially stable population in long-term relationships. Educational attainment is relatively high, with 75.0% having completed at least secondary education. Employment is skewed, with a majority (62.5%) identified as unemployed or homemakers, which may reflect economic or gender role dynamics. A larger proportion reside in urban areas (62.5%), possibly implying better access to health services and information (Table 1).

Table 1: Socio-demographic Characteristics

Variable	Category	Frequency (n)	Percentage (%)
Age group (years)	18-24	48.0	15.0
	25-34	112.0	35.0
	35-44	96.0	30.0
	45-49	64.0	20.0
Marital status	Married	272.0	85.0
	Widowed/Divorced/Separated	48.0	15.0
Educational level	No formal education	16.0	5.0
	Primary	64.0	20.0
	Secondary	128.0	40.0
	University and above	112.0	35.0
Occupation	Employed	120.0	37.5
	Unemployed/Homemaker	200.0	62.5
Residence	Urban	200.0	62.5
	Rural	120.0	37.5

Awareness of modern contraceptive methods is notably high, with oral contraceptive pills (87.5%), injectables (78.1%), and IUDs (75.0%) being the most recognized. Awareness of male condoms (71.9%) and implants (62.5%) is also substantial. However, knowledge drops significantly for permanent (tubal ligation at 28.1%) and traditional (calendar method at 31.3%) methods. This distribution suggests effective dissemination of information on modern, reversible contraceptives, but a potential gap in education about long-term or non-hormonal options (Table 2).

Table 2: Awareness of Family Planning Methods

Method Known	Frequency (n)	Percentage (%)
Oral contraceptive pills	280	87.5
Injectable contraceptives	250	78.1
Intrauterine device (IUD)	240	75.0
Male condoms	230	71.9
Implants	200	62.5
Tubal ligation	90	28.1
Calendar method	100	31.3

Utilization of family planning methods shows a clear decline from awareness to actual use. Oral pills and injectables, the most known methods, are also the most used, with 68.8% and 56.3% having ever used them, respectively. Current use is notably lower across all methods, with 50.0% currently using oral pills and 37.5% using injectables. Traditional methods have lower usage rates (18.8% ever, 12.5% currently), reflecting either preference or limited trust in their effectiveness. Importantly, 31.3% report never having used any contraceptive method, indicating that knowledge alone does not guarantee use, underscoring the impact of other barriers (Table 3).

**Table 3:** Family Planning Use

Method Used	Ever Used (n, %)	Currently Using (n, %)
Oral contraceptive pills	220 (68.8%)	160 (50.0%)
Injectables	180 (56.3%)	120 (37.5%)
IUD	160 (50.0%)	100 (31.3%)
Male condoms	140 (43.8%)	90 (28.1%)
Implants	100 (31.3%)	60 (18.8%)
Traditional methods	60 (18.8%)	40 (12.5%)
No method ever used	100 (31.3%)	0 (0.0%)

The primary reasons cited for non-use of contraceptives include fear of side effects (25.0%), spousal objection (18.8%), and religious or cultural beliefs (15.6%). These factors point to prevalent social and interpersonal barriers rather than informational or logistical shortcomings. Notably, spousal objection and lack of knowledge (also 18.8%) highlight the need for inclusive, couple-based education and outreach. Furthermore, concerns about access and a desire for more children are reported at lower rates, suggesting that improving perceptions and addressing myths about contraceptives may be more effective than solely expanding service access (Table 4).

**Table 4:** Reasons for Non-Use

Reason for Non-Use	Frequency (n)	Percentage (%)
Fear of side effects	80	25.0
Spousal objection	60	18.8
Religious or cultural reasons	50	15.6
Lack of access or availability	40	12.5
Desire for more children	30	9.4
Lack of knowledge	60	18.8

Healthcare providers emerge as the most trusted and utilized source of family planning information (68.8%), followed by mass media sources like television/radio (56.3%). Social media (46.9%) and interpersonal networks such as friends/relatives (40.6%) also play significant roles. Educational institutions and religious leaders are less frequently cited, suggesting an underutilization of these platforms despite their potential influence. The data underscore the importance of multi-channel communication strategies, particularly enhancing the role of schools and religious leaders in promoting informed contraceptive use (Table 5).

**Table 5:** Sources of Information

Source of Information	Frequency (n)	Percentage (%)
Healthcare providers	220	68.8
Television/Radio	180	56.3
Social media	150	46.9
Friends/Relatives	130	40.6
Schools/Educational settings	100	31.3
Religious leaders	90	28.1

Statistically significant associations are observed between contraceptive use and three key variables: education level, employment status, and spousal support, all with p-values well below the 0.05 threshold. Higher education correlates with increased use (62.3% vs. 42.5%), as does being employed (64.2% vs. 39.5%), emphasizing the role of empowerment and economic stability in health behavior. Spousal support emerges as the strongest correlate, with users reporting support at 70.1% versus just 25.4% without it. These findings highlight the critical need for interventions that not only educate but also foster supportive interpersonal dynamics and improve women's socio-economic standing (Table 6).

**Table 6:** Sociodemographic Associations with Use

Variable	Category	Contraceptive Use (%)	p-value
Education level	Primary or less	42.5	0.021
	Secondary or higher	62.3	
Employment status	Employed	64.2	0.008
	Unemployed	39.5	
Spousal support	Yes	70.1	0.001
	No	25.4	

## Discussion

This study offers a comprehensive look at family planning (FP) awareness and use among women of reproductive age in Basrah, Iraq. While overall awareness of contraceptive methods is high, actual use remains moderate, with significant barriers that align closely with patterns observed in other Iraqi settings.

Our findings align with a major Basrah-based study by Ebrahim and Muhammed (2011), which found a contraceptive prevalence of 53.7%, with 37% using modern methods and 16.7% using traditional ones. That study similarly identified the pill as the most popular method and highlighted the significant role of spousal objection and concerns about health as barriers to contraceptive use [3].

Another Basrah-based study by Mahmoud and Ajeel (2015) found that only 16% of women exiting public health facilities were using any contraceptive method, and more than half of those obtained their methods from private sources. The same study revealed that only 27% of respondents were satisfied with the family planning services offered in public facilities, with overcrowding and lack of method choice being the most common concerns [7].

These local results are further echoed in national-level research, such as the scoping review by Alrawi (2021), which documented widespread barriers to family planning services across Iraq, including inaccurate information from providers, gender power imbalances, and persistent societal preference for large families [2].

Our study confirms these trends, finding that while 87.5% of participants had heard of oral contraceptive pills and 78.1% were aware of injectables, only 50% were currently using any method. Key barriers mirrored those in prior studies—fear of side effects (25%), lack of spousal support (18.8%), and cultural concerns (15.6%).

Importantly, our study observed that higher educational attainment, employment, and spousal support were significantly associated with contraceptive use, a finding also reported in other Iraqi regions, including Mosul and Erbil [8,9]. These correlations emphasize the need for women's empowerment as a public health priority.

The strong role of healthcare providers as the main source of information—reported by 68.8% of respondents—suggests that strengthening communication and counseling during health visits can have a significant impact. However, the reliance on informal channels such as friends and media also calls for standardized messaging and community outreach.

While our findings are robust, the study does have limitations. It used purposive sampling, limiting generalizability, and relied on self-reported data that may be influenced by social desirability bias. Nonetheless, the results align well with existing literature and provide strong evidence for improving family planning services in Basrah and beyond.

## Conclusion

This study highlights that while awareness of family planning methods in Basrah is relatively high, actual usage remains

moderate. Common barriers include fear of side effects, lack of spousal support, and cultural beliefs. Education level, employment, and partner support were positively associated with contraceptive use. The findings are consistent with previous studies in Basrah and other parts of Iraq, underlining the need for targeted interventions.

### Statements and Declarations

**Funding:** There is no funding for this research.

**Conflict of Interest:** The authors state that there is no conflict of interest.

**Availability of Data and Material:** Not applicable.

**Code Availability:** Not applicable.

**Consent to Participate:** Written informed consent was obtained from all participants prior to inclusion in the study, in accordance with ethical guidelines.

**Declaration of Patient Consent:** The authors confirm that all participants provided consent for their data to be used for research purposes. All identifying information has been anonymized to ensure confidentiality.

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### How to Cite This Article

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