Contraceptive Discontinuation and Non Usage of Family Planning Methods Rates in the Poorest Villages in Beni Suef

Thesis

Submitted for partial fulfillment of the master degree of
Master degree in Public Health

By:
Mohamed Abdel Hady Ismail Elhelaly
(M. B., B.Ch)

Supervised by

Professor Dr. Aisha Mohamed Abu Elfotoh
Professor of public health in department of Community, Environmental and Occupational Medicine
Faculty of Medicine, Ain Shams University

Professor Dr. Nanees Ahmed Ismail
Professor of public health in department of Community, Environmental and Occupational Medicine
Faculty of Medicine, Ain Shams University

Dr. Ghada Esameldin Amin
Lecturer of Public Health In Department of Community, Environmental and Occupational Medicine
Faculty of Medicine, Ain shams University

Faculty of Medicine
Ain Shams University
٢٠١٣


بسم الله الرحمن الرحيم
قالُوا سُبْحَانَكَ لاَ عِلْمَ لَنَا إِلاَّ مَا
عَلَّمْتَنَا إِنَّكَ أَنتَ الْعَلِيمُ الْحَكِيمُ
صدق الله العظيم
سورة البقرة آية (٣٢)

Acknowledgement

First of all, all gratitude is due to **God** *almighty for blessing this work, until it has reached its end, as a part of his generous help, throughout my life.*

Really I can hardly find the words to express my gratitude to **Professor Dr. Aisha Mohamed Abu Elfotoh,** *Professor of public health in department of Community, Environmental and Occupational Medicine, faculty of medicine, Ain Shams University, for her supervision, continuous help, encouragement throughout this work and tremendous effort she has done in the meticulous revision of the whole work. It is a great honor to work under her guidance and supervision.*

I would like also to express my sincere appreciation and gratitude to **Professor Dr. Nanees Ahmed Ismail** *Professor of public Health in department of Community, Environmental and Occupational Medicine, faculty of medicine, Ain Shams University, for her continuous directions and support throughout the whole work.*

My Sincere and deepest gratitude to **Dr. Ghada Esameldin Amin** *Lecturer of Public Health In Department of Community, Environmental and Occupational Medicine, Faculty of Medicine - Ain Shams University for her genuine help and providing her time and effort, for her continuous encouragement, valuable support and generous recommendations.*

Last but not least, I dedicate this work to my family, whom without their sincere emotional support, pushing me forward this work would not have ever been completed.

Mohamed Abdel Hady Ismail Elhelaly

Contents

List of Abbreviations

CDC	:	Center for Disease and Control and prevention
DMPA	:	Depot medroxyprogesterone acetate
EDHS	:	Egypt Demography and Healthy Surveys
FP	:	Family Planning
ICPD	:	International Conference on Population and Development
IUD	:	Intrauterine contraceptive device
LAM	:	Lactation Amenorrhea Method
MOHP	:	Ministry of Health and Population
MWRA	:	Married Women in Reproductive Age
OCPs	:	Oral Contraceptive Pills
PHCU	:	Primary Health Care Unit
QIP	:	Quality Improvement Program
SPSS	:	Statistical Package of Social Science
TFR	:	Total Fertility Rate

List of tables

List of tables (Cont.)

List of tables (Cont.)

List of Figures

Contraceptive discontinuation and non usage of family planning methods rates in the poorest villages in Beni Suef

Protocol

Submitted for partial fulfillment of Master degree in Public Health

By

Mohamed Abdel Hady Ismail Elhelaly

M.B.B.ch

Supervised by

Professor Dr. Aisha Mohamed Abu Elfotoh

Professor of public health in department of Community, Environmental and Occupational Medicine
Faculty of Medicine, Ain Shams University

Professor Dr. Nanees Ahmed Ismail

Assistant Professor of public health in department of Community, Environmental and Occupational Medicine
Faculty of Medicine, Ain Shams University

Dr. Ghada Esameldin Amin

Lecture of public health in department of Community, Environmental and Occupational Medicine
Faculty of Medicine, Ain Shams University

٢٠١١

Contraceptive discontinuation and non usage of family planning methods rates in the poorest villages in Beni Suef

Introduction

Family Planning is a behavior that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and treatment of involuntary infertility. 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 **(Andrew, ٢٠٠٥).**

Family planning could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop childbearing when they have reached their desired family size **(Martine C et al., ٢٠٠٤).**

Governments around the world are focused on combating poverty and achieving a range of health and development goals, such as those outlined in the United Nations' Millennium Development Goals (MDGs). Family planning can contribute to nearly all of these goals, including reducing poverty and hunger, promoting gender equity and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, and ensuring environmental sustainability**. (Campbell M, et al., ٢٠٠٧).**

Unintended pregnancy has been associated with increased risks of maternal morbidity, health behaviors during pregnancy that are associated with adverse maternal health, and adverse fetal, infant and child health outcomes**.(Centers for Disease Control and Prevention (CDC), ٢٠١١.).**

Unintended pregnancies are the consequence of multiple factors including non-use of contraception among women who do not want to get pregnant, contraceptive failure among users of contraception, and contraceptive discontinuation, that is, the starting and stopping of contraceptive use **(Barden-O'Fallon JL, et al ٢٠٠٨).**

Contraceptive discontinuation definition is "non-pregnant women who had previously used a family planning method but were not using any method at the time of the survey"**. (Mishra, et al ١٩٩٩).**Another researcher from USA identified contraceptive discontinuation as "stopping contraceptive use while still at risk of unintended pregnancy**(Karen, et al., ٢٠٠٢).** A study in Brazil mentions contraceptive discontinuation as "having used a contraceptive method at least once in the past, whether or not the method was properly used or provided adequate coverage" **(D'antona et al, ٢٠٠٩).**

Family planning programs need to pay more attention to improving continuation rates and preventing contraceptive failure as fertility in a given area declines. Studies on contraceptive discontinuation have significant programmatic implications concluded that, with a decline in fertility, programs should shift their emphasis from simply providing contraceptive methods toward providing services such as counseling in order to reduce discontinuation rates. (Blanc AK, et al ٢٠٠٢). So while encouraging new adopters of contraceptive methods is undoubtedly important, equally important is continuity of use among current users and studies are needed to determine the factors associated with contraceptive discontinuation (Parr, N. ٢٠٠٣).

The focus on quality of care has become important with contraceptive continuation as one of the outcomes of quality of care **(Blanc AK, et al ١٩٩٩)**.

A key concern for the family planning program in Egypt is the rate at which users discontinue use of contraception and the reasons for such discontinuations. Although users may discontinue because they want another child, they often stop for other reasons including contraceptive failure, dissatisfaction with the method, and health concerns, leaving them exposed to the risk of an unintended pregnancy **(El-Zanaty, and Way. ٢٠٠٩).**

Studies on non-use of family planning and contraceptive discontinuation have demonstrated a number of sociodemographic factors associated with these outcomes. Factors associated with non-use of contraception include education, residence, socioeconomic status, and fertility goals, Women who are less educated, live in rural areas, are poorer, opposed to contraceptive use, or desire more children are less likely to be using contraception **(Westoff CF. ٢٠٠٦.)**

Women's demographic and socioeconomic characteristics have also been found to be associated with contraceptive discontinuation and failure. Women under age ٢٥ have higher contraceptive discontinuation rates than women ٢٥ years of age or older **(Moreno, ١٩٩٣)**. Higher parity is associated with longer episodes of continuous injectable use **(Riley et al., ١٩٩٤)** and decreased risks of abandonment in need **(Curtis and Blanc, ١٩٩٧).** Additionally, women with children are less likely to experience method failure or discontinuation than women without children **(Steele et al., ١٩٩٦)**. Higher socioeconomic status has been shown to be associated with lower levels of failure and abandonment in need and higher levels of switching **(Curtis and Blanc, ١٩٩٧; Steele andCurtis, ٢٠٠٣).**

At the individual and household level, poverty is often associated with low levels of educational attainment and rural residence. Education is thought to be a key mechanism through which poverty affects contraceptive use. It is believed

that lower levels of education among poor women translate into less knowledge of contraceptive methods and more difficulties in accessing services. Living in a rural area is also associated with higher contraceptive discontinuation and failure rates. Evidence indicates that methods that require a regular supply, such as condoms, are quicker to be discontinued in rural areas than in urban settings **(Ali M, Cleland J ١٩٩٩).**

Most studies found evidence that place of living (residence) is associated with the risk of contraceptive discontinuation. Women who lived in urban areas were less likely to discontinue contraceptive use due to contraceptive failure than those who lived in rural areas.(**Arifin in ٢٠٠٣).**

High activity outside the household (women employment) also contribute to the decrease of women's desire to have more children that will lead to the increase of contraceptive adoption as well as its continuation to delay or even stop pregnancies, women who had their own occupation or are working out-side their household, tend to desire a small family and thereby increase the acceptance of contraceptive use **(Hardee, et al., ١٩٩٩).**

The type of contraceptive method also relates to the rate of discontinuation. Women using the user-dependent contraceptive methods, such as the pill, injections, condoms, and withdrawal, are more likely to discontinue than are those using non-user-dependent methods, such as the intrauterine device (IUD) and implants **(Blanc AK, et al ٢٠٠٢).**

More than one-third of all discontinuations during the five-year period before the ٢٠٠٨ Egypt Demographic Health Survey (EDHS) occurred because the user wanted to have a child. Wanting another child was most often cited reason for discontinuations among IUD users (٤٩ percent) and pill users (٣٣ percent). **(El-Zanaty, and Way. ٢٠٠٩).**