

Women Satisfaction with Contraception Methods in Saudi Arabia: A Cross Sectional Population-based Survey Study

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Abstract

Background:

Women awareness and full knowledge about using contraception methods and their side effects given by health care providers are important for satisfaction and compliance. Dissatisfaction with contraceptive methods may lead to unplanned pregnancies.

Objectives:

To evaluate using contraception, and methods, satisfaction about current used contraceptive methods, women satisfaction with their knowledge about contraception's and feedback of women regarding suggestions to improve health care education for women using contraception.

Design:

Cross sectional population based survey study.

Settings:

Kingdom of Saudi Arabia.

Keywords: abortion services; induced abortion; spontaneous abortion; records

Introduction

Contraception provides control over pregnancy timing and prevention of unintended pregnancy. As stated by the American College of Obstetricians and Gynecologists (ACOG), a reproductive life plan is "a set of personal goals regarding whether, when, and how to have children based on individual priorities, resources, and values. Contraception is a major component of preventive health care for women. There are indications that women are not satisfied with the methods of birth control currently available. Women

awareness and full knowledge about using contraception methods and their side effects given by health care providers are important for satisfaction and compliance. Dissatisfaction with contraceptive methods may lead to unplanned pregnancies. Unintended pregnancies account for most of the 1.1 million abortions performed annually in the United States. Studies on contraceptive methods satisfaction both international and national either outdated or limited in participants numbers. In Germany 1999, a population-based

survey of 1466 women regarding their satisfaction with birth control methods, concluded that oral contraceptive and sterilization had less negative impact on physical and psychological functioning than the other methods studied, in contrast to what the public often believes. In 2008, a Cross-sectional survey of women in Al-Qassem region (Saudi Arabia) about Awareness, Prevalence, and Determinants of Birth Control Methods Use among Women in Saudi Arabia, 287 woman were surveyed, the study showed there is deficiency in the awareness of contraceptive methods in Al- Qassim region, as well as the knowledge, attitude, and practice of family planning. Also another survey study about Contraception: attitudes and experiences of Saudi Arabian women, was conducted in Al-Dammam university 2008, were including 215 women, the study found that a majority of Saudi women are using contraception methods but without medical advice. In era of social media and patient easy access to internet and access to knowledge women, demand more information about contraception methods. In our study, we conducted a cross sectional population based survey study for all residents in Saudi Arabia to evaluate:

- 1) Using contraception, and methods
- 2) Satisfaction about current used contraceptive methods.
- 3) Feedback of women regarding suggestions to improve health care education for women using contraception.

Research Significance:

At present, there is no large scale national cross sectional study to evaluate contraception satisfaction for women in different demographic area in Saudi Arabia.

It will help us to:

understand women's concerns about contraception methods

understand their perception of adequate contraception education by health care provider

Material and Methods

Study period and population:

The ethical board review approval obtained. We did a Cross-sectional online population based survey in Arabic language and randomly distributed by different social media applications. We include women (Saudi or non-Saudi) who are living in Saudi Arabia; the survey conducted from October until December 2017.

Exclusion criteria: Were those who had incomplete information and who has used contraception not for birth control.

The survey included information about age, major region of the kingdom, Education level, current work status, number of children, the outcome of last pregnancy (miscarriage, vaginal delivery, cesarean section, & how many previous cesarean sections), current method of contraception, satisfaction about current used contraception method, prescribing source, the suggestions that may improve their satisfaction about contraception.

Results:

2179 women completed the survey. A1740 women reported using contraception (79.85% of sample), while 438 women are not using any contraception (20.14%) (**Figure 1**)

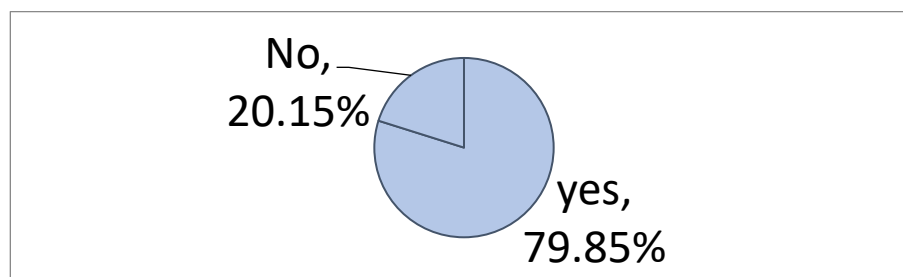


Figure 1: Using contraception among women in Saudi Arabia

Most of contraception users were aged from 20-39 years (21.06%), and 14.22% were 40 years or above. A 17.54% of the women whose age between 20-39 years they are not using contraception, and 2.84% of non-user contraception in age 40years or above (**Table 1**).

Age	Yes (no) (%)	No (no) (%)	Total
Below 20	9 0.41%	6 0.28%	15 0.69%
From 20-24 years	1421 65.21%	382 17.54%	1803 82.75%
From 40- and above	310 14.22%	51 2.34%	361 16.56%
Total	1740 79.85%	439 20.15%	2179 100.00%

Table 1: The Age and Using contraception

A 66.64% of the participant they got bachelor degree, 52.92% of them they are using contraception, while 13.68% they are not (**Figure 2**)

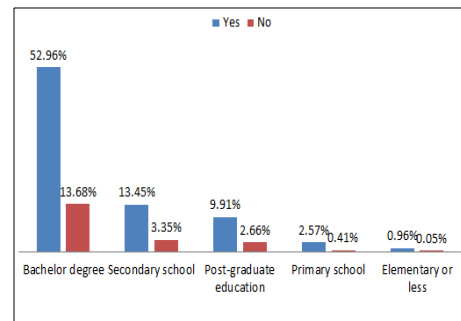


Figure 2: The level of education and using contraception.

The majority of the participant women are house wife, a 39.94% they are using contraception and a 9.60% they are not (**Table 2**).

Job	Yes (no.) (%)	No (no.) (%)	Total
House wife	870 39.94%	209 9.60%	1079 49.54%
Employee in education sector	323 14.83%	84 3.86%	407 18.69%
Employee in health sector	213 9.78%	58 2.66%	271 12.45%
Administration	159 7.30%	33 1.52%	192 8.82%
Student	156 7.16%	51 2.34%	207 9.50%
Other	19 0.87%	4 0.18%	23 1.06%
Total	1739 79.84%	439 20.16%	2179 100.00%

Table 2: the women job and using contraception.

We got response to answered our survey from all Saudi region, the most women surveyed are from the major regions (Riyadh, Madinah & Makkah) more than 50% they are using contraception (**Table 3**).

Job	Yes (no.) (%)	No (no.) (%)	Total
House wife	870 39.94%	209 9.60%	1079 49.54%
Employee in education sector	323 14.83%	84 3.86%	407 18.69%
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Table 3: using contraception in the different Saudi demographic regionsz

The most health care provide by private hospital around 58.15%, then ministry of health hospital and primary health care 21.20% (**Table 4**).

Antenatal care Hospital	Yes	No	Total
Private hospital	47.18% 1028	10.97% 239	58.15% 1267
Ministry of health hospitals and primary health care centers	16.48% 359	4.73% 103	21.20% 462
Military hospital	6.15% 134	1.61% 35	7.76% 169
King Faisal specialist hospital	2.80% 61	1.24% 27	4.04% 88
National guard hospital	2.80% 61	0.73% 16	3.53% 77
Security forces hospital	2.29% 50	0.46% 10	2.75% 60
University hospital	2.16% 47	0.41% 9	2.57% 56
Total	79.85% 1740	20.15% 439	100% 2179

Table 4: Antenatal care hospital and using contraception.

A 25.84% of participants have four children or more, a 22.63% they are using contraception (**Table 5**).

Number of living children	Using contraception		
	Yes %	No %	Total %
4 and more	22.63 %	03.21 %	25.84 %
3 children	14.55 %	02.52 %	17.07 %
2 children	20.06 %	04.64 %	24.69 %
1 child	18.54 %	07.16 %	25.70 %
No children	04.08%	02.62 %	06.70 %
Total	79.85 %	20.15 %	100 %

Table 5: Number of living children and using contraception.

A 50.23% of the contraception users are post-vaginal delivery, while a 21.67% are post cesarean section (**Table 6**).

Last pregnancy	Using contraception		
	Yes	No	Total
Normal vaginal delivery	50.23%	11.57%	61.80%
Cesarean section	21.67%	5.23%	26.91%
Miscarriage	4.64%	1.24%	5.88%
Ectopic pregnancy	0.51%	0.23%	0.73%
Not yet pregnant	2.80%	1.88%	4.68%
Total	79.84 %	20.16 %	100 %

Table 6: using contraception and last pregnancy out come

We asked about the reason of not using contraception, 36% are not using because it may affect their future fertility, 18% their husband does not agree, 13% they are fearing of thrombosis and 11% because

the contraception counseling not discuss by health care provider during hospital admission of clinic visit (**Table 7**)

Reasons for NOT using contraception	
May affect future fertility	35.83%
Husband does not agree	18.33%
Fear of thrombosis	12.78%
It was not discussed by health care provider during hospital admission or clinic visit	11.11%
Fear of obesity	8.33%
Mood disturbance	2.22%
Religion reason (prohibited)	1.39%
Other	9.72%
For planning to have another baby	0.28%

Table 7: Reasons for NOT using contraception

We found a 24.42% of contraception's are prescribed by relative, husband choice, self-prescription or by women group in social media (**Table 8**).

Source of contraception prescription	Percent
Health care provider (physician)	46.40%
Medical consultation	23.61%
Husband choice	0.35%
Nurse or midwife	0.35%
Pharmacist	5.21%
Recommended by sister or friend	18.39%
Self-prescription	1.93%
Women group in the social media	3.69%
Total	100 %

Table 8: Source of Contraception Prescription

A 29.65% of the participant are satisfied with current using contraception have previous 1 cesarean section, a 9.54% satisfied and have previous 2 cesarean section and 10.22% of satisfied using contraction have previous 3 cesarean or more (**Table 9**)

Type of contraception used	Satisfied	Not Sure	Dissatisfied	Total
Combined oral contraception	21.46%	08.98%	19.71%	50.15%
Copper intra uterine device	11.40%	02.59%	03.92%	17.90%
Progesterone only pills	03.74%	01.81%	03.8%	09.34%
Condom	04.52%	01.75%	02.65%	08.92%
Withdrawal	02.23%	00.48%	01.02%	03.74%
Contraceptive patch	02.47%	00.48%	01.44%	04.40%
Fallopian tubes ligation	00.30%	00.12%	00.06%	00.48%
Hormonal injection every 3 months	00.42%	00.30%	00.66%	01.39%
Hormonal intra uterine device	00.74%	00.06%	00.18%	00.78%
Implanon	00.72 %	00.24%	00.30%	01.27%
Vaginal ring	01.08 %	00.18%	00.24%	01.51%
Total	49.08 %	16.99 %	33.98 %	100 %

Table 9: satisfaction of contraception with previous cesarean women

Most of the user satisfied with combined oral contraception then copper intra uterine device (**Table 10**).

Knowledge about all type of contraception	number	percentage
Strongly agree	281	12.91%
Agree	774	35.55%
Not either agree nor disagree	560	25.72%
Disagree	458	21.04%
Strongly disagree	104	4.87%
Total	2179	100%

Table 10: Type of contraception and satisfaction by the user it.

We asked the women about the method that may increase their satisfaction, about 54.48% they answered to have enough time to discuss with physician about contraception during hospital admission or clinic visit (**Table 11**).

Source of contraception prescription	Percent
Health care provider physician)	46.40%
Medical consultation	23.61%
Husband choice	0.35%
Nurse or midwife	0.35%
Pharmacist	5.21%
Recommended by sister or friend	18.39%
Self-prescription	1.93%
Women group in the social media	3.69%
Total	100 %

Table 11: woman satisfaction about their knowledge regarding contraception types.

Discussion:

The most of the user contraception in productive age, those who are more than 40 years and are not satisfied at risk to get unplanned pregnancy with increased risk of advanced maternal age during pregnancy plus the risk of trisomy fetus. The contraception using are more with women who have four children and more, those looks they complete their family and should be satisfied with using contraception with long acting to prevent future unplanned pregnancy. The private hospitals are the most health care provider for our surveyed women, then ministry of health came next. The previous cesarean section increased the risk to placenta previa in future pregnancy, and risk increased with repetitive cesarean scars,

those women need long acting contraception with high level of satisfaction. We found the surveyed women are limited in type of using contraception in form of oral and copper intrauterine device. Some of women prefer non-hormonal contraception like condom or withdrawal, but most of them are not satisfied because they have incomplete sexual intercourse and by the time they lose their interest and decreased libido. Almost 25% of contraception is non-prescription, it recommended by relative or friend or by women group in the social media without medical supervision. More than 50% of women, they need more time to discuss contraception with primary physician during hospital admission and clinic visit and educate them about proper using and possible side effect (**Table 12**)

The Method that may increase satisfaction for using contraception	Percent
To have enough time to discuss with physician about contraception during hospital admission or clinic visit	54.48%
Smart phone application	13.96%
Email the physician or health care provider	12.22%
Health education brochure	10.14%
Health education media	8.92%
Other	0.29%
Total	100 %

Table 12: the method could increase satisfaction for using contraception

Results:

A 2179 women completed the survey. A 1740 women reported using contraception (79.85% of sample), while 438 women are not using any contraception (20.14%). In total of 24.42% of contraception's are not prescribed by health care provider. Most of the user satisfied with combined oral contraception then copper intra uterine device. 54.48% of surveyed women asked for enough time to discuss with physician about contraception.

Limitations:

No clear question for women satisfaction about contraception counseling by health care provider.

Conclusion:

The women in Saudi Arabia need more contraception counseling and education. It should include the husband during counseling and education regarding contraception. The health care providers should be well informed about updates in the medical practice and inform their patients accordingly regarding birth control methods. We

suggest national program for women health care and family planning education.

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