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PREVALENCE, AWARENESS AND ATTITUDE CONTRACEPTIVE USE AMONG MARRIED WOMEN IN IBB CITY, YEMEN

Mawhoob N. Alkadasi*[1], E. T. Putaiah[2] and Students for Award Degree of Graduate[3]

[1*]Department of Chemistry, Zabid Education College, Hudaiadah University, Yemen.

[2]Former Vice Chancellor Gulbarga University Gulbarga, Karnataka, India.

[3]Department of Pharmacy Medical Science College, Alwahdah University, Uttar Pradesh, India.

ABSTRACT

Aim: This studies were carried out about rate of contraceptive usage, factor effecting contraceptive use and knowledge of women about the possible side effect of hormonal contraceptive on healthy married women in Alqaedah district. **Methodology:** A descriptive, cross-sectional study was per-formed using a convenience sampling technique of 223 married women aged 15–49 years old and attending four hospitals in Alqaedah district Ibb city (Alqaedah hospital 85, ALgalibi clinic 35, Marystops center, 55 and Random sample 48) in the period from March to June 2019. The study Each questionnaire was composed of four parts: The first part included questions about socio-demographic characteristics; the second part included questions related to the women's knowledge of the concept and methods of family planning as well as their source of information; the third part included questions about the women's attitudes towards FP; the fourth part included questions about women's practices related to family planning. **Results:** In present study found that out of the 223 married women enrolled in this study, 93(41.7%) have practiced family planning service while 130(58.3%) have not. Majority respondents, who used contraceptive were fell between the ages of 20-30 (53.8%), secondary levels of education (30.1%) and unemployed (75.8%). In addition, the majority of respondents had 1-4 children (85%) and from Village (67.7%). Most respondent women attending hospitals and centres and practice family planning had heard of family planning (87.1) and moreover, 57% of respondents identified the concept of FP as birth spacing and most of them used hormonal contraceptive (67.7%). Moreover, most respondents, 35.5% and 22.6% Used combined oral contraceptive (COCs) and intrauterine contraceptive devices (ICDU), respectively and most of oral contraceptive use were Ethinyloestradiol (40.8%). Healthcare providers were the source of information on family planning for the majority of respondents (59%) and Favorite period for pregnant stop were four-years period (61.3%). The government health facility the most frequent source of contraceptive purchased (48.4%) and doctors as contraceptive counseling (52.7%). Regarding the reasons behind to using contraceptive methods among Yemeni married women residence in Alqaedah district, most respondents 24.8% (23) and 22.6 (21) thought that easy medical counselling and most effective method and majority had Psychological disturbance (41.9%) followed by Anxiety depression, Vertigo and Headache were represented 38.7%, 37.9% and 34.5% respectively. **Conclusion:** The use of contraceptive types was quietly high among the Yemeni married women and this could be due higher literacy rate among the Married women, number of children employment status have been positively correlated with high contraceptive use. The study showed knowledge gaps in the use of different methods with oral hormonal contraceptives are being in the top methods among Yemeni women, followed by the IUCD. In spite of Yemeni's success in family planning in this study, but using traditional contraception methods is still relatively low compare with modern methods.

KEYWORDS

Prevalence, Awareness and Attitude Contraceptive use Among Married Women.

Author for Correspondence:
Mawhoob N. Alkadasi,
Department of Chemistry,
Zabid Education College, Hudaiadah University, Yemen.
Email: alkadasi82@gmail.com

INTRODUCTION

Family planning is one of the most important health interventions of the twentieth century[1]. It enables women to plan their births and determine the number of children to have. Its use has far-reaching benefits for individuals, couples, households, communities,

and society at large, including: maternal and child health improvements, educational advances, reduction of poverty and empowerment of women. Yet despite these benefits and ongoing efforts to expand its access, contraceptive use is still low and unmet need for family planning is high in developing countries. Currently, an estimated 225 million women in the developing world have unmet need for family planning i.e. they wish to avoid or delay pregnancy but are not using any contraceptive method. This exposes them to unintended (mistimed and unwanted) pregnancies, maternal and childhood deaths, morbidity and unsafe abortions[2]. It is estimated that eliminating unmet need for family planning in developing countries could avert up to 30% of pregnancy related deaths[3].

Contraceptives are devices or medications designed to prevent pregnancy by either suppressing ovulation or preventing the sperm from passing through the cervix[4]. It is claimed that a woman's ability to space and limit her pregnancies has a direct impact on her health and children's health. Moreover, the contraceptive usage has an important role in the decline of such problems as unintended pregnancy and abortion[5]. As a result, contraceptive usage and reducing unmet need for family planning are central to the improvement of maternal health[6].

Hormonal contraceptives offer effective pregnancy prevention with perfect use and have good and well-defined overall safety and tolerability profiles[7]. Many newer hormonal contraceptives also offer important non-contraceptive health benefits, including reduced risks of ovarian, endometrial and colorectal cancers, benign breast disease and menstrual cycle disorders[8-11]. In addition, a wide variety of estrogen/progestin (progesterone congener) and progestin-only formulations and alternative delivery methods (e.g. implants, intra-uterine devices, injections, transdermal patches and oral contraceptive) have been developed in order to meet the specific needs of each woman. While most hormonal contraceptives generally have similar efficacy and contraindication profiles, some options may be more suitable than others for different women. Faced with such a wide range of options, physicians must tailor their contraceptive recommendation to the individual[12-16]. Prevent pregnancy until menopause but not undergo a sterilization procedure[17]. Thus, there are many factors that contribute to a woman's choice of hormonal contraception and these vary in importance among individuals. Various estimates from the US indicate that approximately 50% of pregnancies are unintended (either mistimed or unwanted) and are mainly a consequence of incorrect or inconsistent contraceptive use[18].

Interventions promoting family planning programs, services and practices in Yemen face a lot of challenges to be achieved, including early marriage, high mortality rate, low women empowerment, beliefs, poverty, illiteracy and high population growth rate and poor health services[19,20]. Moreover, many low-income Yemeni families believe that FP and contraceptives have adverse effects on the women's health due to their side effects and that using these strategies is against their religious beliefs. Therefore, such beliefs lead to a failure in preventing suspected pregnancies. In addition, these perceptions can affect the critical decisions of the couples about birth spacing and, therefore, the preferable number of children and subsequent family size[19,20]. According to the above, the aim of this work was to determine rate of contraceptive usage, factor effecting contraceptive use and knowledge of women about the possible side effect of hormonal contraceptive among married women in Ibb city.

MATERIAL AND METHODS

Study design, setting and ethical considerations

A descriptive, cross-sectional study was per-formed using a convenience sampling technique of 223 married women aged 15-49 years old and attending four hospitals in Alqaedah district Ibb city (Alqaedh hospital 85, ALgalibi clinic 35, Marystops center, 55 and Random sample 48) in the period from March to June 2019. All married women visiting the hospitals were included until reaching the target sample size, provided that they had been married since <1-25 years, had not reached menopause, were mentally sound and gave verbal consent to participate. Ethical issues were addressed prior to data collection by obtaining permission from the

heads of the hospitals. The protocol was reviewed by the ethical committee of Faculty of Medicine, University of Science and Technology. Verbal informed consent was obtained from all women and their accompanying family members (husbands, mothers or mothers-in-law). Questionnaires were filled in anonymously and did not include sensitive questions. Confidentiality and privacy of respondent women were assured.

Questionnaire design and data collection

Data were collected by face to face interviews over a period of 15 days, where 15-20 interviews were conducted per day, and each interview lasted for about 30 minutes. Arabic questionnaires were constructed from Egypt Demographic and Health Survey-2013. Each questionnaire was composed of four parts: The first part included questions about socio-demographic characteristics; the second part included questions related to the women's knowledge of the concept and methods of FP as well as their source of information; the third part included questions about the women's attitudes towards FP; the fourth part included questions about women's practices related to FP. To ensure the validity of the questionnaire, questions were made simple, concise and brief for the participants to understand. Moreover, the survey instrument was pre-tested at PHCC by 14 women before data collection. Accordingly, some changes were made to the interview questionnaire such as rephrasing unclear questions to the respondents. In this study, modern methods of FP were defined as contraceptive pills, intrauterine contraceptive devices (IUCD), while traditional methods of FP were defined as safe period or periodic abstinence, lactational amenorrhea and coitus withdrawal.

Data analysis

Collected data were verified, coded, and analyzed using the Microsoft word and Exile. Data were presented as frequencies, percentages and figures.

RESULTS

In present study found that out of the 223 married women enrolled in this study, 93(41.7%) have practiced family planning service while 130(58.3%) have not.

Demographic Characteristics of Respondent who using contraceptives

This section presents data results on the distribution of the married women who practiced family planning service in the survey in terms of their background characteristics. The background variables (socio-demographic) measured included: age, education levels, Employment status, place of residence and number of children. The distribution of respondents with respect to these background variables are presented below:

Distribution of respondents according to Age

From Table No.1 and Figure No.1 below, out of a total of 93 respondents, the highest number of respondents fell between the ages of 20-30, which constituted 53.8% of the total number of respondents. In addition, 32 of the respondents, representing 34.4% were between the ages of 31-40 year group while 6Women between the ages of less than 20 constituted 6.4% of the respondents and 5 respondents with age group more than 40 represented 5.4%.

Distribution of respondents according to level of education

Table No.1 and Figure No.2 below show that of the 93 respondents, majority of them (N=28, 30.1%) were completed secondary education, followed by (N=25, 26.9%) who had finished with primary education and respondents (N=22, 23.6%) who had illiterates with no formal education. A few of the respondents (N=18, 19.4%) were completed graduate level.

Distribution of respondents according to employment status

Table No.1 and Figure No.3 below reveals that while 93 respondents, representing 83.8% who unemployed, while 15 representing 16.2% were employed.

Distribution of respondents according to place of residence

Table No.1 and Figure No.4 below reveals that while 93 respondents, representing 67.7% lived in the village, the 30 representing 32.3% lived in city.

Distribution of respondent according to number of children

Table No.1 and Figure No.5 below reveals that out of the 93 respondents who practice contraceptives included in this study, 85% (79) of them had a 1-4 children followed by 14% (13) had a 5- 9 while 1% (1) had 10 and more children.

Women's knowledge of family planning

Most respondent women attending hospitals and centres (87.1%; 81/93) had heard of FP. Moreover, 57% (53/93) of respondents identified the concept of FP as birth spacing and 26.9% (25/93) of them identified it as birth determination (Table No.2).

Knowledge of the types of contraceptive use

Table No.2 and Figure No.6 below reveals that out of the 93 respondents who practice contraceptives included in this study, 67.7% (63) of them used hormonal contraceptives while 32.3% (30) used nonhormonal contraceptives.

Knowledge of the types of contraceptive methods

In the present study found that combined oral contraceptives (COCs) were the most predominantly recognized modern method (35.5%; 33/93) followed by IUCD Modern contraceptive method with 22.6% (22/93). However, only 12, 9%, 10.7% and 8.6% heard of injections, implant and minipills as modern contraceptive methods respectively as shown in Table No.2 and Figure No.7.

Types of Oral contraceptive used among respondents

Regarding the oral contraceptives, most respondents (40.8 %; 38/93) used Ethinyloestradiol followed by 34.4 % (32) used Protec and 27.9 % (26) as shown Table No.3 and Figure No.8.

Attitudes towards family planning among respondent attending Hospitals and centres

Sources of information on family planning

In present study found that healthcare providers were the most frequent source of women's knowledge of contraceptive use were from healthcare providers which represented 59% (55), followed by family members or friends 28% (26). However, only 13% (12) of women received information from Media and advertisement (Table No.3 and Figure No.9).

Favorite period for pregnant stop

Regarding the preferred interval for birth spacing, most respondents (61.3%; 57/93) thought that a more than four-years period is ideal for birth spacing followed by 23.6% (22) thought that three-years period is ideal for birth spacing compared to only 5.4% (5) of women who thought that the ideal period for birth spacing is one year as shown Table No.4 and Figure No.9.

Resources of contraceptive purchased

In present study found that were government health facility the most frequent source of contraceptive purchased were represented 48.4% (45), followed by Community pharmacy 30% (28). However, only 22.6% (21) of women got contraceptive from Private health facility (Table No.4 and Figure No.10).

Source of contraceptive counseling

Table No.4 and Figure No.11 below reveals that out of the 93 respondents who practice contraceptives included in this study, 52.7% (49) of them have taken consulting from Doctors and 33.3% (31) taken from midwives while 8.5% (8) and 5.5% (5) have taken from Pharmacy practitioners and Nursing practitioners.

Co-morbidities of using contraceptive

Regarding the Co-morbidities of using contraceptive, most respondents (58.1%; 54/93) thought that a no co-morbidity accompanied using followed by 21.5% (20) thought that Epilepsy accompanied using contraceptive only 8.5% (8), 5.4% (5), 3.3% (3), 2.2% (2) and 1.1% (1) women who thought that Kidney disease, Hypertension, Diabetes mellitus, Ischemic heart disease and Thyroid disease accompanied using contraceptive as shown in Table No.4 and Figure No.12.

Reasons or benefit of using contraceptive methods

Regarding the reasons behind to using contraceptive methods among Yemeni married women residence in Alqaedah district, most respondents 24.8% (23) and 22.6 (21) thought that easy medical counselling and most effective method followed by 17.2% (16) and 16.1% (15) thought that less side effect and most available method and information respectively as shown Table No.5 and Figure No.13.

Side effect of contraceptive use among married women

This section presents findings on the objective: to investigate the possible side effect of using contraceptive. From Table No.6 below, Out of 93 respondents who had practiced family planning by using contraceptive 41.9% (39) of the respondents representing the majority have Psychological disturbance followed by Anxiety– depretion, Vertigo and Headache were represented 38.7%, 37.9% and 34.5% respectively. The Emotional disturbance, Epigastric pain, Dys sexual, Fungal veginitis and Insomnia represented 23.6% each. Other side effects such as Nausea and vomiting, Abdominal pain, Chest pain, Leg pain, Visual disturba and Drop amenorrhea represented 11.8% each as shown in Table No.5.

DISCUSSION

Consistent and accurate use of contraceptives is crucial in the prevention of unintended pregnancies and consequently reduction in maternal and infant mortality[21]. Prevalence of contraceptive use in this current study was at 41.7. The results are comparable to the rate of contraceptive use in the other countries in the region[22-24]. The rate is higher than the use in some African countries but lower than in others[22]. The findings are similar with those of some countries in Asia and Latin America[25] probably due to the similarity in the social and demographic characteristics. However, this rate was lower than the levels of contraceptive use in Americas, Australia and Europe since the latter are developed[22]. These variations are possibly due to the differences of social, economic and cultural backgrounds[26]. Knowledge of contraceptives is high in most African countries but utilisation is low. The difference arises from poor accessibility to family planning services and poor fertility knowledge[27].

Our result showed that 53.3% married women who used contraceptive were in age between 20 to 30 years. This study, in agreement with other studies, elucidates that contraceptive use is found highest among women aged 25-34 years[28,29]. Similarly, study was conducted in India to assess "knowledge", attitude" and "practice" of family planning, it also revealed that contraceptive use is found highest among women aged (20-40) years 10. Generally, this is due to the fact that in Yemen, marriage and childbearing usually start in young age groups, possibly explaining both the high number of children and the good awareness level of family planning. The use of contraceptives by women younger than 30 years could be attributed to their desire to complete their studies or to keep working which were the reported reasons for contraceptives use by more than one third of the study participants. The results of this study were also consistent with published reports showing more contraceptives use among women at the higher economic level[30].

Our study demonstrated that there is a significant effect of women's education on current contraceptive use among married women. Fertility and contraceptive use in developing countries are associated with various markers of demographic status, most prominent of which is women's education[31]. Currently married women who have higher education were more likely to be current contraceptive users[32]. Another study showed that among women, illiteracy was identified one of the factors that affects the knowledge and practice of contraception[33]. Illiterate women were at higher risk of not using any FP method than literate women[34]. Female education and husband's education put a direct impact on the contraceptive prevalence rate[35]. Educated women are able to understand the advantages of using contraception and having fewer children. They were also able to learn about different types of contraceptive methods and which one suits them the best[36].

In present study found that 67.7% of the women in the latter studies were from rural areas. Likely that women residing in rural areas behave towards birth spacing but not for birth limiting[37]. The maximum use of contraceptive was observed among married women who have more than 2 children (85%). Consistently, it was found in another study that current use of contraceptive methods was found lowest among women with no children[28].

In the present study, approximately 87.1% of respondent women had heard of the concept of family planning, where most of them reported its use

for birth spacing rather than determination. Most of respondent using hormonal contraceptive than non-hormonal. The findings on the knowledge of correct use of hormonal contraceptives were consistent with other studies done to explore the knowledge of correct use of contraceptives[38,39]. The simple instructions of contraceptive use were well understood but as they become more complex, fewer women were conversant with them. In an effort to make the instructions understandable various measures have been put in place but the knowledge on correct use of contraceptives is still limited[40].

Our result focused on types contraceptive method and found that most of the respondents (90.3%) showed positive attitudes towards family planning and appreciated the effectiveness of modern methods than traditional methods. This result close resemblance to a study done in Sana, a, Yemen regarding attitude towards modern contraceptives methods. Moreover, oral contraceptive pills were the most predominantly known modern method of family planning such as Ethinyloestradiol (40.8%) and Protec (34.4%) followed by IUCD, injections and implants. As mentioned by Hijazi[41], increasing the use of the modern contraceptive methods would help increase the women's educational and employment opportunities and improve their economic and social status and authority. In addition, the results indicated that the knowledge and positive attitude about contraceptives were among the strongest predictors of contraceptive usage. The women who were more knowledgeable about the contraceptives and were less worried about their side effects were more likely to use the contraceptives.

Although most of the women used modern family planning methods, some still used traditional methods such as periodic abstinence, lactational amenorrhea and coitus withdrawal. The pre-sent study unveils that socio-cultural beliefs and values were the main reasons for not using FP methods. However, fear of side effect was al-so a barrier to the use of family planning methods according to a quarter of women. Less common reasons for not using family planning methods reported by the respondent women in the present study were economic reasons and religious beliefs. Several studies conducted elsewhere revealed that women prefer contraceptive injection to other methods because of its long-lasting action and ease to hide from husband in case of his disapproval[42-44].

In Egypt and Qatar, desire for pregnancy was the most common reason for not practicing family planning[45]. In the present study, about half of the women were not using any of FP methods in spite of having good knowledge of different methods. It is noteworthy that knowledge of FP methods is necessary but not sufficient to in-crease the use of FP methods[46]. The desire to have more children and discontinuation of IUCD were reported from Egypt[47]. In Yemen and Nigeria, surveys for perceptions and realities about family planning showed that non-use and stop-use of FP were mainly due to the fear of side effects, husbands' disapproval and the desire for more children and, to less ex-tent, due to religion and family causes[48,44]. In Indonesia, Zambia and Ethiopia, the most important factor determining the use of FP methods was the husbands' approval because of be-ing the decision makers at home[49].

In the present study, the main source of information about family planning was from healthcare providers followed by, family members and friends. This may reflect the success of education, duties, publicity and regular action in family planning by healthcare workers[48]. Furthermore, most of the FP providers in Yemen are usually females, especially doctors, midwives and nurses who have high accessibility, acceptability and good trust by women[50]. It has been observed in Tanzania and Zambia that healthcare workers and government health facilities, such as hospitals, were the main source of information, while mass media was the main source of information about modern contraceptives in India and Nigeria[51]. Meanwhile, it was found that Indian women seeking voluntary termination of pregnancy had gained knowledge of contraceptives mostly from friends and family members[52].

The substantially high rate of respondents who preferred to use FP after first pregnancy is consistent with previous studies[53]. The study examined the reasons why some women use contraceptives while others don't. During the study interviews, women

combined gave reasons as to why they decide to use a certain contraceptive method. According to the study findings, it is evident still that easy medical counseling, most effective method, shapes, less side effect and most available method and information. In present study found that majority of study sample was (41.9%) having Psychological disturbance followed by Anxiety depretion, Vertigo and Headache were represented 38.7%, 37.9% and 34.5% respectively. The Emotional disturbance, Epigastric pain, Dys sexual, Fungal veginitis and Insomnia represented 23.6% each. Other side effects such as Nausea and vomiting, Abdominal pain, Chest pain, Leg pain, Visual disturbance and Drop amenorrhea. The qualitative data indicate that women experience debilitating side effects, which amongst others come in the form of headaches, nausea and excessive bleeding, which is interpreted as a threat to a woman's health and her ability to conceive.

Given a woman's capacity to reproduce has traditionally been a critical asset in her marital union[54], the experience of side effects further puts women at risk with their marriage. The findings are in line with a recent report from the UNFPA suggesting that the main reasons cited for not using "family planning worldwide are the fear of side effects and health concerns"[55].

Table No.1: Demographic Characteristics of Respondent who using contraceptives

S.No	Characteristics (n=93)	Frequency	Percent
Age (years)			
1	Less than 20	6	6.4
2	20-30	50	53.8
3	31-40	32	34.4
4	More than 40	5	5.4
Education level			
5	Illiterate	22	23.6
6	Primary	25	26.9
7	Secondary	28	30.1
8	Graduate	18	19.4
	Employment status		
9	Unemployed	78	83.8
10	Employed	15	16.2
Place of residence			
11	City	63	67.7
12	Village	30	32.3
Number of children			
13	1-4 kids	79	85
14	5-9 kids	13	14
15	More than 10 kids	1	1
16	Total	93	%100

Table No.2: Women's knowledge of family planning

S.No	Characteristics(n=93)	Frequency	Percent
Heard of FP			
1	Yes	81	87.1%
2	No	12	12.9%
Perceived FP concept as			
3	Birth determination	25	26.9%
4	Birth spacing	53	57%
5	Do not know	15	16.1%
Types of contraceptive use			
6	Hormonal contraceptive	63	67.7
7	Nonhormonal contraceptive	30	32.3
Types of contraceptive methods			
A. Modern contraceptives			
8	Minipills	8	8.6
9	COCs	33	35.5
10	Injectable contraceptives	12	12.9
11	Implant contraceptives	10	10.7
12	IUCD	21	22.6
B. Traditional contraceptives			
13	Breastfeeding	6	6.4
14	Condom	1	1.1
15	Schedule	2	2.2

Table No.3: Types of Oral contraceptive used among respondents

S.No	Types of Oral contraceptive	Frequency	Percent
1	Levonorgestre and Microgynon (Ethinyloestradiol	38	40.8
2	Ethinyloestradiol and drospirenone) (Yasmin	17	18.3
3	Protec (Ethinyloestradiol and Levonorgestrel)	23	34.4
4	Ethinyl estradiol and gestodene) (Gynera	31	13.9
5	Warda (Ethinylestradiol and drospirenon)	0	00
6	Novynette (Ethinylestradiol + desogestre)	62	27.9
7	l) desogestre (Microlut	41	15
8	Lindynette (Ethinyl estradiol and gestodene	10	10.7
9	Belara (Chlormadinon and ethinyl estradiol)	0	00
10	Micronor (Norethindrone)	41	15
11	Progyluton (Estradiol and Norgestre)	0	00

Table No.4: Attitudes towards family planning among married women

S.No	Characteristics(n=93)	Frequency	Percent
Favorite period for pregnant stop			
1	one year	5	5.4
2	Two years	9	9.7
3	Three years	22	23.6
4	More than four years	57	61.3
Sources of information on FP			
5	Family and friend	26	28
6	Media and advertisement	12	13
7	Healthcare providers	55	59
Source of contraceptiv up take			
8	Government health facility	45	48.4
9	Private health facility	21	22.6
10	Community pharmacy	28	30
Source of contraceptive counseling			
11	Doctor	49	52.7
12	Midwife	31	33.3
13	Pharmacy practitioner	8	8.6
14	Nursing practitioner	5	5.5
Co-morbidities of using contraceptive			
15	No co-morbidities	54	58.1
16	Epilepsy	20	21.5
17	Hypertension	5	5.4
18	Kidney disease	8	8.5
19	Thyroid disease	1	1.1
20	Diabetes mellitus	3	3.3
21	Ischemic heart disease	2	2.2

Table No.5: Reasons or benefit of using contraceptive methods

S.No	Reason	Frequency	Percent
1	Most effective method	21	22.6
2	Most available method	15	16.1
3	Least side effects	16	17.2
4	Least cost	3	3.2
5	Medical counseling	23	24, 8
6	Available information	15	16.1

Table No.6: Side effect of contraceptive use among married women

S.No		COCS		Minipills		Injectable cont		Implant		IUD		Total and %
	Side effect	yes	Some time	yes	Some time	yes	Some time	yes	Some time	yes	Some time	
1	Headache	10	6	-	3	4	-	2	2	4	1	32(34.4)
2	Anxiety – depretion	9	8	1	2	5	1	2	3	5	-	36(38.7)
3	Psychological disturbance	12	8	1	-	6	2	4	2	2	2	39(41.9)
4	Emotional disturbance	9	6	3	-	-	-	2	2	-	-	22(23.6)
5	Nausea and vomiting	3	3	-	-	-	-	2	1	1	1	11(11.8)
6	Epigastric pain	9	3	1	-	3	-	2	1	2	-	21(22.5)
7	Abdominal pain	2	3	1	-	2	-	1	1	2	1	11(11.8)
8	Chest pain	5	1	-	-	2	1	-	2	-	-	11(11.8)
9	Leg pain	4	2	1	-	-	-	3	-	2	-	12(12.9)
10	Breast tenderness	4	0	-	-	1	-	-	-	-	1	6(6.4)
11	Visual disturbance	5	3	-	-	-	1	2	-	-	-	11(11.8)
12	Hypo menorrhea	0	1	1	-	-	1	1	-	2	1	7(7.5)
13	Drop amenorrhea	1	1	1	-	1	2	3	-	2	-	11(11.8)
14	Amenorrhea	1	1	2	1	2	-	1	-	2	-	8(8.6)
15	Dys sexual	6	6	1	-	-	3	2	-	-	4	22(23.6)
16	Fungal veginitis	7	3	1	-	1	1	1	-	6	2	22(23.6)
17	Hair loss	12	3	-	-	-	-	-	-	2	-	17(18.2)
18	Wight gain	3	0	5	-	3	-	3	1	4	-	19(20.4)
19	Anemia	7	2	1	-	3	-	1	-	2	-	16(17.2)
20	Jaundice	1	0	2	-	1	-	-	1	1	-	6(6.4)
21	Fatigues	11	3	4	1	-	-	3	3	3		28(30.1)
22	Vertigo	11	6	3	-	6	2	3	2	2	-	35(37.6)
23	numbness	3	0	-	-	3	-	1	1	-	1	9(9.6)
24	Osteoporosis	2	6	-	-	4	1	1	1	-	-	15(16.1)
25	Hypertension	2	0	1	--	1	1	-	-	1	-	6(6.4)
26	Artherligea	3	5	-	-	2	1	-	1	-	-	12(12.9)
27	Fever	3	5	-	1	-	-	-	-	-	-	9(9.6)
28	Poly phgiea	1	1	1	-	-	2	-	3	2	1	11(11.8)
29	Edema	1	0	-	-	1	-	-	-	1	-	3(3.3)
30	Insomnia	7	2	2	2	4	-	1	-	4	-	22(23.6)
31	Dyspinea	3	6	-	1	3	-	2	1			16(17.2)
32	Lower back pain	5	3	-	-	3	-	1	-	3	-	15(16.1)
33	Lower abdominal pain	3	3	1	-	2	-	1	-	2	2	14(15)
34	Femoral pain	3	1	-	1	1	-	1	-	-	-	7(7.5)

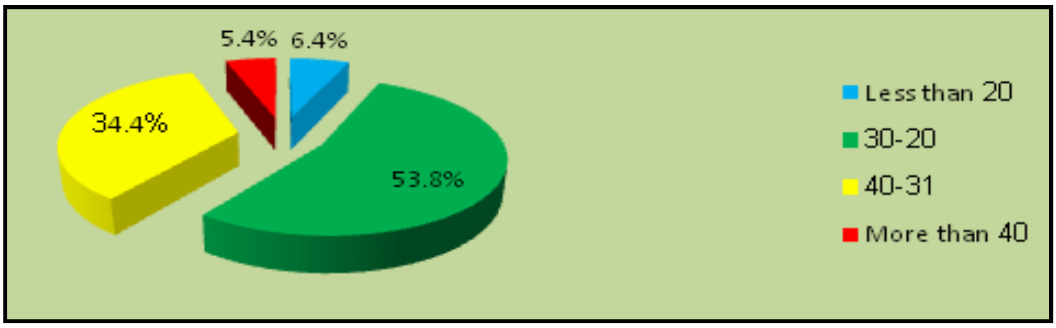

Figure No.1: Distribution of respondents according to age

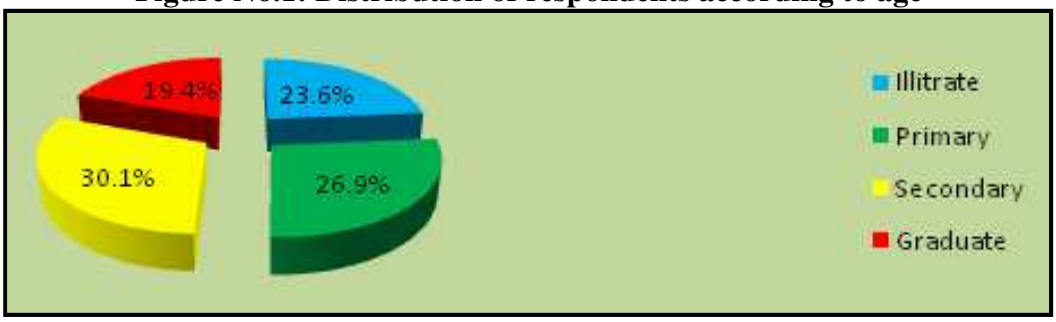

Figure No.2: Distribution of respondents according to education level

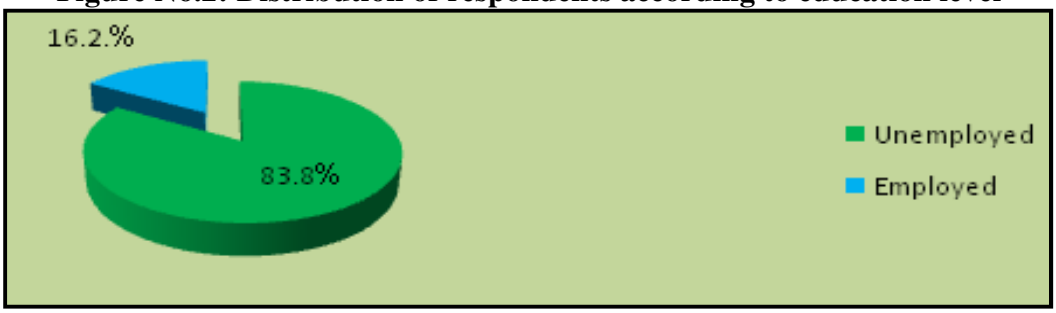

Figure No.3: Distribution of respondent according to employment status

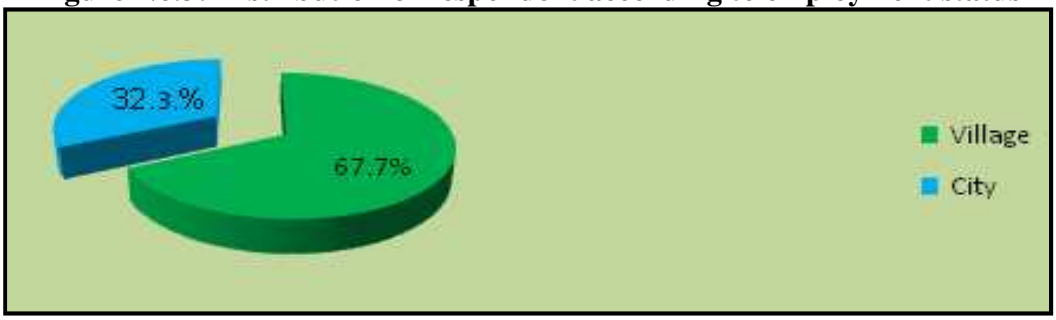

Figure No.4: Distribution of respondents according to place of residence

Figure No.5: Distribution of respondent according to number of children

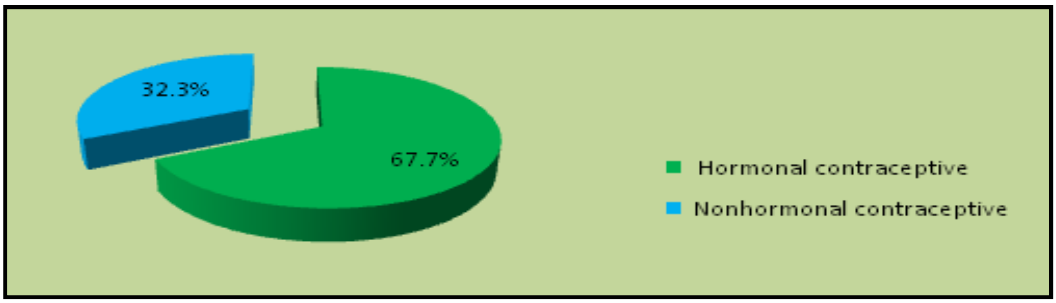

Figure No.6: Distribution of respondent according to types of contraceptive use

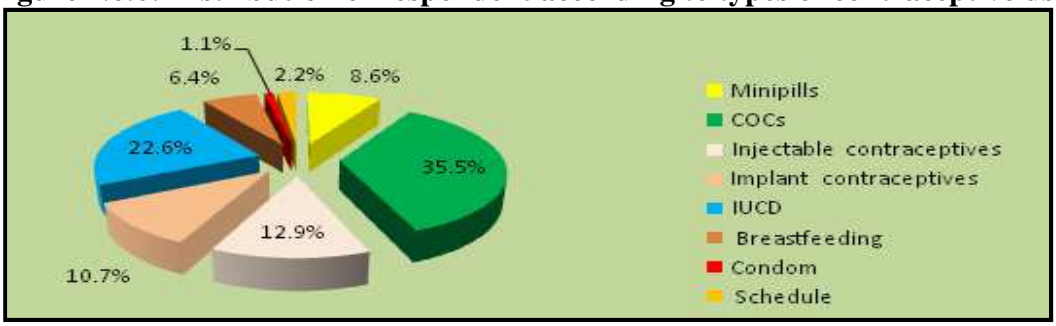

Figure No.7: Distribution of respondent according to types of contraceptive methods

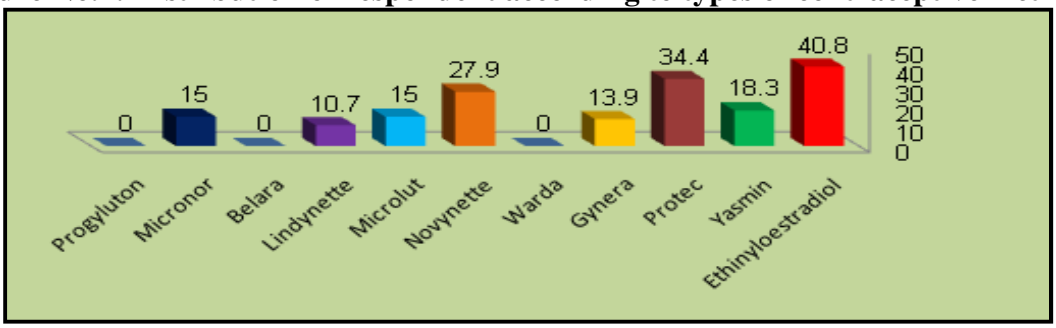

Figure No.8: Types of Oral contraceptive used among respondents

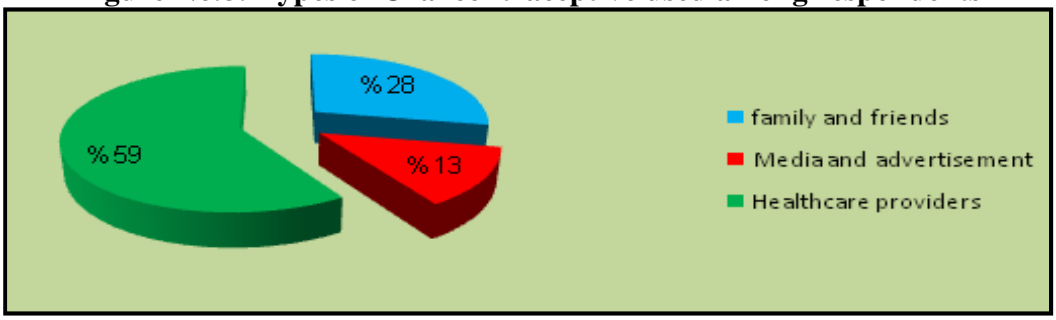

Figure No.8: Distribution according to Sources of information on FP

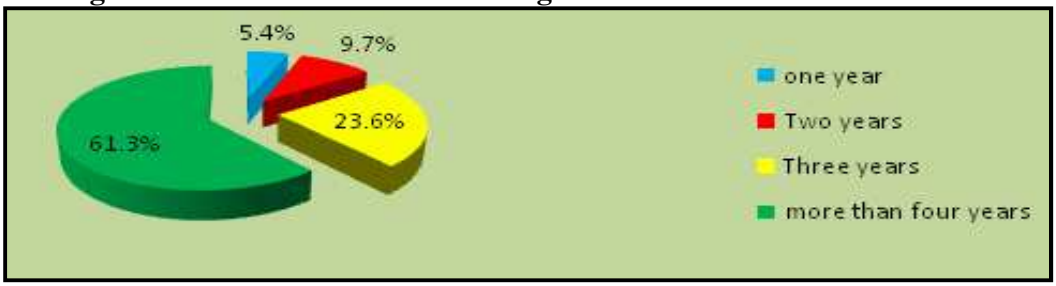

Figure No.9: Distribution according to Favorite pregnant stop

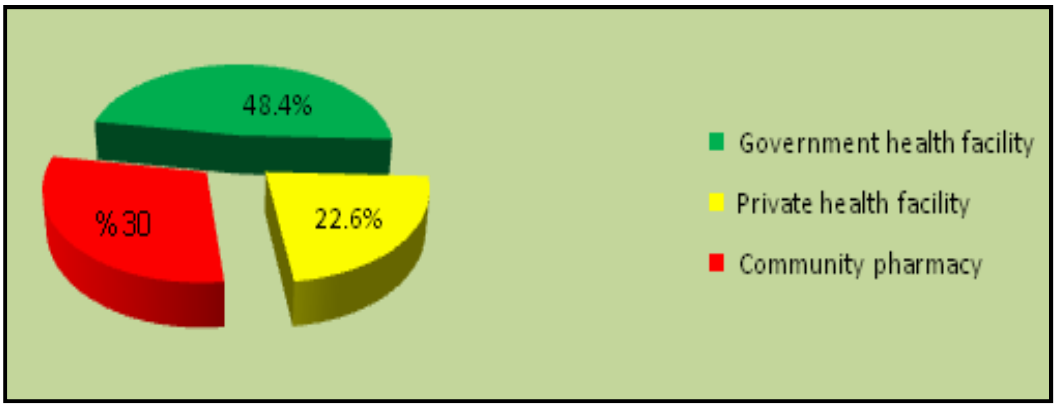

Figure No.10: Distribution of respondents according to contraceptive sources

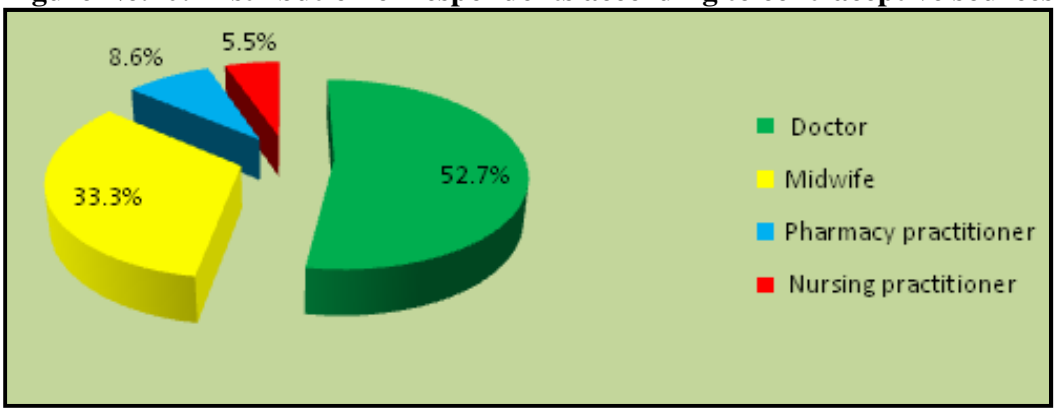

Figure No.11: Distribution of respondents according to counseling

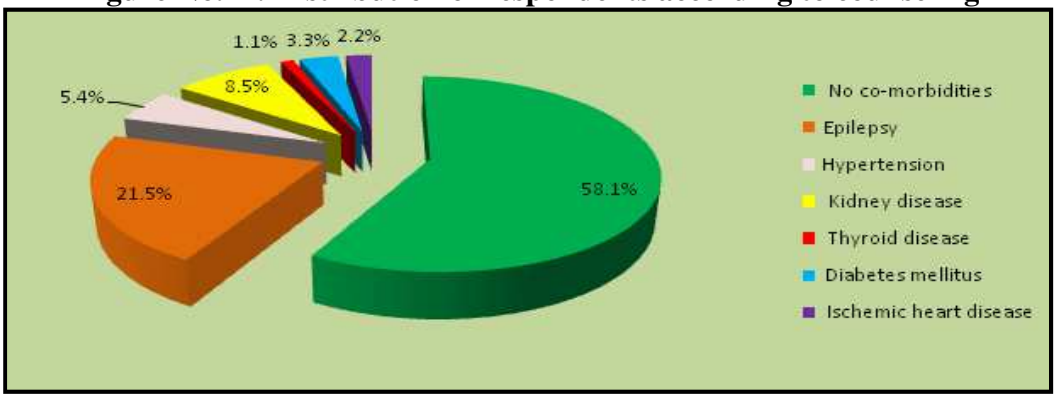

Figure No.12: Distribution of respondent according to Co-morbidities of using contraceptive

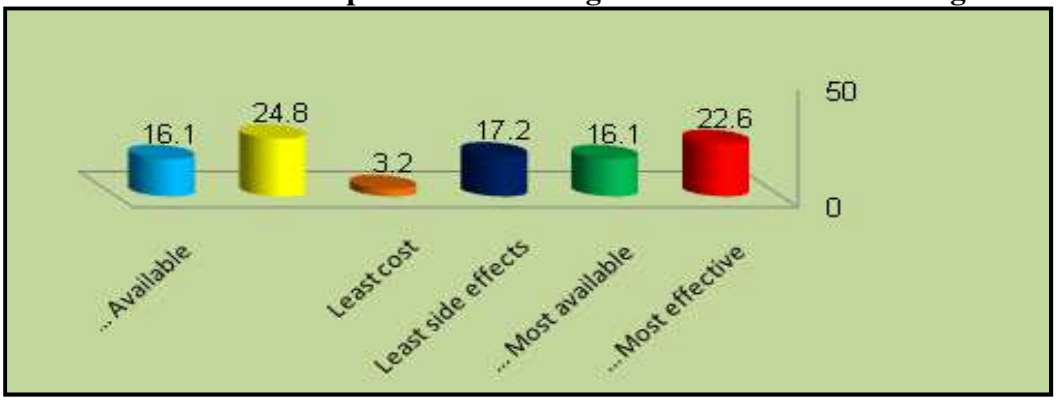

Figure No.13: Reasons or benefit of using contraceptive methods

CONCLUSION

The use of contraceptive types was quietly high among the Yemeni married women and this could be due higher literacy rate among the married women, number of children have been positively correlated with high contraceptive use. The study showed knowledge gaps in the use of different methods with e oral hormonal contraceptivs are being in the top methods among Yemeni women, followed by the IUCD. In spite of Yemeni's success in family planning, the findings of this study demonstrated that the rate of unmet need and usage rate of traditional contraception methods is still relatively low in this country. Hence, we recommend sustained efforts to raise awareness and motivation for proper contraceptive use. This can be brought about by facilitating access to more information, education and communication with the couples in reproductive age. Moreover, this study provides the basis on which physicians can further target their actions toward educating contraceptive users. This can be accomplished by better communication between the physician and users, raising public awareness through campaigns, providing sources of information, and facilitating the process of obtaining such resources.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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