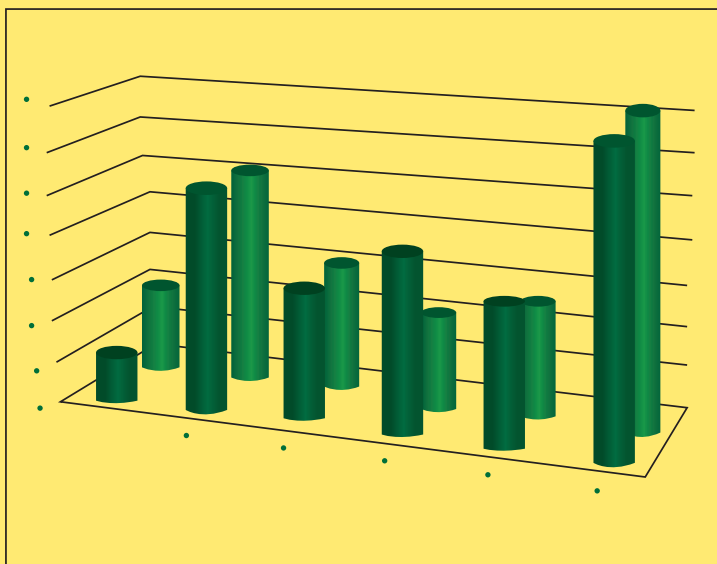


المعهد العربي للتدريب والبحوث الإحصائية



مجلة العلوم الإحصائية



العدد رقم 29

مجلة علمية محكمة
يصدرها المعهد العربي للتدريب والبحوث الإحصائية

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مصنفة في معامل التأثير والاستشهادات المرجعية العربي (أرسيف)
www.emarefa.net/arcif/

ISSN 2522-64X (Online), ISSN 2519-948X (Print)

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شروط النشر في مجلة العلوم الإحصائية

- 1 - تنشر المجلة البحوث والدراسات العلمية في المجالات الإحصائية والمعلوماتية المكتوبة باللغة العربية والانكليزية والفرنسية على أن لا يكون البحث المقدم للنشر قد نشر أو قدم للنشر في مجلات أو دوريات أخرى أو قدم ونشر في دوريات لمؤتمرات أو ندوات.
- 2 - ترسل البحوث والدراسات الى أمين التحرير على أن تتضمن اسم الباحث أو الباحثين وألقابهم العلمية وأماكن عملهم مع ذكر عنوان المراسلة وأرقام الهواتف والبريد الالكتروني. وإن يرسل البحث المراد نشره الكترونياً (على قرص أو بالبريد الالكتروني) وفق المواصفات أدناه:
- أ - أن يكون مطبوعاً على ورق حجم A4 وأن يكون على شكل عمود واحد ويستخدم للغة العربية نوع حرف (Simplified Arabic) و (Times New Roman) للإنجليزية والفرنسية وبحجم خط (12). وباستخدام Microsoft Word وعلى وجه واحد للورقة.
- ب - الهامش مسافة 2.5 سم لجميع جوانب الورقة.
- ج - يرفق الباحث ملخصاً عن بحثه باللغتين العربية والانجليزية والفرنسية بما لا يزيد عن صفحة واحدة.
- د - يتم الإشارة الى المصادر العلمية في متن البحث وفي نهايته، مع مراعاة أن لا يتضمن البحث سوى المصادر التي تم الإشارة إليها في المتن ووفق الأصول المعتمدة في ذلك (اسم المؤلف، سنة النشر، عنوان المصدر، دار النشر، البلد).
- هـ - ترقم الجداول والرسوم التوضيحية وغيرها حسب ورودها في البحث، كما توثق المستعارة منها بالمصادر الأصلية.
- و - أن لا يزيد عدد صفحات البحث والدراسة عن (25) صفحة.
- 3 - يتم إشعار الباحث باستلام بحثه خلال مدة لا تتجاوز يومين عمل من تاريخ استلام البحث.
- 4 - تخضع كافة البحوث المرسلة الى المجلة للتقييم العلمي الموضوعي ويبلغ الباحث بالتقييم والتعديلات المقترحة إن وجدت خلال مدة لا تتجاوز اسبوعان من تاريخ استلام البحث.
- 5 - لهيئة تحرير المجلة الحق في قبول أو رفض البحث ولها الحق في إجراء أي تعديل أو إعادة صياغة جزئية للمواد المقدمة للنشر. بما يتماشى والنسق المعتمد في النشر. لديها بعد موافقة الباحث.
- 6 - يصبح البحث المنشور ملكاً للمجلة ولا يجوز إعادة نشره في أماكن أخرى.
- 7 - تعبر المواد المنشورة بالمجلة عن آراء أصحابها، ولا تعكس وجهة نظر المجلة أو المعهد العربي للتدريب والبحوث الإحصائية.
- 8 - ترسل البحوث على العنوان الالكتروني للمجلة:

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Pattern and Determinants of Family Planning Methods among Women Attending Fallujah Teaching Hospital, Iraq (2022-2023)

Dr. Walaa Waleed Taha

Dr. Hala Ahmed Shaker

Family physician at the ministry of health

تاريخ استلام البحث: 2026/01/08

تاريخ قبول البحث: 2026/02/19

نشر البحث في العدد التاسع والعشرين: آذار / مارس 2026

2522-64X/362.83

رمز التصنيف ديوي / النسخة الالكترونية (Online):

2519-948X/362.83

رمز التصنيف ديوي / النسخة الورقية (Print):

Pattern and Determinants of Family Planning Methods among Women Attending Fallujah Teaching Hospital, Iraq (2022-2023)

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Abstract

Background: Family planning plays an essential role in promoting maternal health and preventing unintended pregnancies. This study aimed to determine the pattern and determinants of family planning methods among women attending Fallujah Teaching Hospital for Maternity and Children during 2022–2023.

Methods: A cross-sectional study was conducted at the Family Planning Unit, Fallujah Teaching Hospital, from December 1, 2022, to May 30, 2023. Data were collected through direct interviews with 341 married women of reproductive age using a structured questionnaire. Statistical analysis was performed using SPSS version 26; chi-square and t-tests were applied with a significance level of $p < 0.05$.

Results: A total of 341 married women participated in this study, with ages ranging from 18 to 49 years and a mean age of 34.84 ± 7.11 years. Nearly half of the participants (46.9%) were aged 30–39 years.

The most used family planning methods were the intrauterine contraceptive device (IUCD) (32.3%) and oral contraceptive pills (OCP) (31.1%), followed by injection (17.9%) and coitus interruptus (13.2%). OCP use was significantly associated with younger age (<30 years), higher education, employment, shorter duration of marriage (≤ 10 years), fewer than five children, and a desire for more children ($p < 0.05$).

IUCD use was more common among older women (≥ 40 years), hypertensive participants, and those with a history of abortion ($p < 0.05$).

Conclusions: IUCD and OCP were the predominant family planning methods among women attending Fallujah Teaching Hospital. Younger, educated, and employed women preferred OCP, while older, multiparous, and hypertensive women commonly used IUCD.

Keywords: Family planning, Contraceptive methods, IUCD, Oral contraceptive pills, Reproductive health, Iraq

Introduction

Family planning is one of the most important public health measures that directly affects maternal and child health. It enables couples to decide freely and responsibly the number and spacing of their children, thereby reducing the risk of maternal and neonatal complications. Globally, family planning contributes to reducing poverty, improving women's education, and promoting gender equality. According to the World Health Organization (WHO), modern contraceptive use has prevented millions of unintended pregnancies and maternal deaths worldwide [1]. Despite these benefits, the use of family planning methods varies considerably between and within countries. In developed countries, awareness and utilization of modern contraceptives are high, while in many developing countries, including those in the Middle East, family planning practices remain influenced by cultural, social, and religious factors [2].

Contraceptive methods include short-acting hormonal methods such as oral pills and injections, long-acting reversible methods such as intrauterine devices (IUCDs) and implants, barrier methods such as condoms, and traditional methods such as withdrawal or periodic abstinence. Each method differs in effectiveness, safety, and acceptability. The choice of a contraceptive method is determined by various factors, including age, education, parity, medical condition, husband's opinion, and availability of counseling services [3].

Worldwide, the prevalence of contraceptive use among women of reproductive age (15–49 years) is estimated to be around 49%, but unmet needs remain high, particularly in low- and middle-income countries [4]. In many societies, misconceptions, limited health education, and inadequate counseling services contribute to the low utilization of modern contraceptive methods [5]. The Sustainable Development Goals (SDG 3.7) highlight the importance of ensuring universal access to sexual and reproductive healthcare services, including family planning, by the year 2030 [6].

In the Middle East, several studies have shown that the intrauterine contraceptive device (IUCD) and oral contraceptive pills (OCP) are the most frequently used methods. In Jordan, Bardaweel et al. [7] found that mood changes were the most common side effect of oral contraceptive use, while in Saudi Arabia, Mahfouz et al. [8] reported that education and employment were strong predictors of contraceptive use. Similarly,

Bhandari et al. [9] in Nepal found that long-acting reversible contraceptives were preferred by older and multiparous women.

In Iraq, family planning services are provided in primary health care centers and teaching hospitals. However, utilization rates remain suboptimal due to misconceptions, fear of side effects, limited counseling, and sociocultural influences [10]. Studies in Baghdad, Mosul, and Kirkuk have shown that oral contraceptive pills and intrauterine devices are the most common methods used, but the patterns of use and the determinants influencing women's choices vary among different governorates [11,12].

Fallujah, located in Al-Anbar province, represents a region where information about contraceptive practices is limited. Understanding the pattern and determinants of contraceptive use in this area can help health authorities improve maternal health programs and enhance the quality of counseling services.

Therefore, this study aims to determine the pattern and determinants of family planning methods among women attending Fallujah Teaching Hospital for Maternity and Children during the period 2022–2023.

Methods

A descriptive cross-sectional study was carried out at the Family Planning Unit of Fallujah Teaching Hospital for Maternity and Children in Al-Anbar Governorate, Iraq. The study was conducted from December 1, 2022, to May 30, 2023, under the supervision of the Anbar Health Directorate. The hospital is a major referral center that provides maternal, child, and family planning services for women from both urban and rural areas of Fallujah and nearby districts.

The study population included married women of reproductive age (15–49 years) who attended the Family Planning Unit during the study period and agreed to participate in the study. Women who were pregnant or seeking infertility treatment were excluded. A convenient sampling technique was used to include all eligible participants during the period of data collection. A total of 341 women who fulfilled the inclusion criteria and gave verbal consent were included in the study.

Data were collected through a structured questionnaire prepared by the researcher after reviewing previous similar studies. The questionnaire consisted of three main parts. The first part covered sociodemographic data, including age, educational level, occupation, residence, smoking, and past medical history. The second part focused on obstetric and

reproductive history, including duration of marriage, number of pregnancies, number of miscarriages, number of living children, and desire for more children. The third part included information related to family planning practices, such as the type of contraceptive method used, duration of use, side effects, and reasons for choosing the method.

Each woman was interviewed privately to ensure confidentiality and accuracy of information. Data were collected for three consecutive months, three days per week, and five hours per day. A pilot study was performed on a small sample of married women attending the same unit to test

the clarity, validity, and reliability of the questionnaire and to estimate the time required for data collection. Women who participated in the pilot study were excluded from the main sample.

Collected data were coded and entered the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize the data. The Chi-square test was used to examine the relationship between categorical variables, while the independent sample t-test was applied for continuous variables. A p-value of less than 0.05 was considered statistically significant.

Ethical approval was obtained from the Center of Training and Human Resources Development, Al-Anbar Health Directorate. Official permission was obtained from the hospital management before starting data collection. Verbal consent was obtained from each participant after explaining the purpose and objectives of the study. Confidentiality of information was strictly maintained, and all data were used solely for research purposes.

The total duration of the study was approximately six months, including data collection, data entry and analysis, interpretation of statistical findings, and preparation of the final research report.

3. Results

A total of 341 married women of reproductive age participated in this study conducted at the Family Planning Unit of Fallujah Teaching Hospital for Maternity and Children from December 2022 to May 2023. Their ages ranged between 18 and 49 years, with a mean age of 34.84 ± 7.11 years. Nearly half of the participants (46.9%) were aged 30–39 years, while 19.4% were younger than 30 years and 32.3% were 40 years or older. The majority of participants were housewives (79.5%), non-smokers (100%),

and residents of urban areas (54.5%). Regarding education, 36.7% were illiterate, 25.2% had completed primary school, and 38.2% had secondary or higher education. Only 4.4% of participants reported a chronic medical disease. (Table 1).

Concerning obstetric and reproductive characteristics, more than half of the women (58.1%) had 1–3 pregnancies, 30.2% had 4–6, and 11.7% had 7 or more. Similarly, 54.0% had 1–3 living children, while 13.2% had seven or more. Most of the women (74.5%) reported no history of abortion, and 57.2% stated that they did not desire more children (Table 2).

Regarding family planning methods, the most commonly used methods were the intrauterine contraceptive device (IUCD) and oral contraceptive pills (OCP), used by 32.3% and 31.1% of women respectively. Other methods included injection (17.9%), coitus interruptus (13.2%), and condom (5.6%). Figure (1) and Table (3) show that IUCD and OCP were the most frequently used methods among participants.

Among OCP users ($n = 106$), almost half (47.2%) had used the pills for 1–3 years, 35.8% for less than one year, and 17.0% for more than three years. The most commonly reported side effect was mood changes (43.4%), followed by headache (21.7%), weight gain (17.0%), and irregular bleeding (10.4%). Only 7.5% of the users reported no side effects (Table 4).

A comparison between OCP and IUCD users showed that OCP users were significantly younger (mean age 32.4 ± 6.2 years) than IUCD users (38.8 ± 5.5 years) ($p < 0.05$). OCP use was significantly associated with higher educational level, employment, and shorter marriage duration, while IUCD use was more common among older, multiparous women and those with hypertension or a history of abortion ($p < 0.05$). No significant difference was found between the two groups regarding residence (urban/rural) (Tables 5 and 6).

These results indicate that sociodemographic and reproductive characteristics, including age, education, occupation, number of children, and health status, had a significant influence on the type of contraceptive method used among women in Fallujah.

Table 1: Sociodemographic features of the participants

Sociodemographic features		No.	%
Age group/years	20-29	71	20.8
	30-39	160	46.9
	≥40	110	32.3
Level of education	Illiterate	125	36.6
	Primary	86	25.2
	Secondary	65	19.1
	> Secondary	65	19.1
Occupation	Housewife	271	79.5
	Employee	70	20.5
Residency	Urban	186	54.5
	Rural	155	45.5
Smoker	No	341	100
	Yes	0	0.0
Medical disease (HT)	No	326	95.6
	Yes	15	4.4
Total		341	100

Table 1 shows that most participants were aged 30–39 years, housewives, non-smokers, and living in urban areas.

Table 2: Obstetric history of the participants

Obstetric history		No.	%
Duration of marriage/Years	≤10	116	34.0
	>10	225	66.0
Previous pregnancy		341	100
Number of miscarriage	0	206	60.4
	1-2	106	31.1
	3-5	29	8.5
Have children		341	100
Number of children	<5	131	38.4
	≥5	210	61.6
Total		341	100

Table 2 demonstrates that two-thirds of the participants had been married for more than ten years. All women had previous pregnancies and living children. Most of them (60.4%) had no history of miscarriage, while the majority (61.6%) had five or more living children.

Table 3: Family planning methods of the participants

Family planning methods		No.	%
	Yes	75	22.0
	No	266	78.0
Spacing/years	1-2	315	92.4
	3-4	26	7.6
Trial to delay or avoid pregnancy by using a contraceptive method		341	100
Age start using methods to avoid pregnancy/years	<20	16	4.7
	20-29	221	64.8
	>=30	104	30.5
Contraceptive Methods	Condom	10	2.9
	Coitus interruptus	45	13.2
	OCP	106	31.1
	IUD	110	32.3
	Contraceptive Injection	61	17.9
	Contraceptive implant	9	2.6
Select method	Advised by gynecologist	206	60.4
	Self-medication	135	39.6
Complaining from any side effect if you are using methods other than OCP	Yes	5	2.1
	No	230	97.9
Still using the contraceptive method that you already used		91	26.7
Had a pregnancy since you started using any type of the contraceptive methods		45	13.2
Total		341	100

Table 3 demonstrates that most participants (78%) did not wish to have more children. The majority (92.4%) practiced short spacing between pregnancies (1–2 years). The most commonly used methods were the intrauterine device (32.3%) and oral contraceptive pills (31.1%). More than half of the participants (60.4%) selected their contraceptive method upon a gynecologist's advice, while self-medication accounted for 39.6%. Only a small proportion (13.2%) reported pregnancy after starting a contraceptive method.

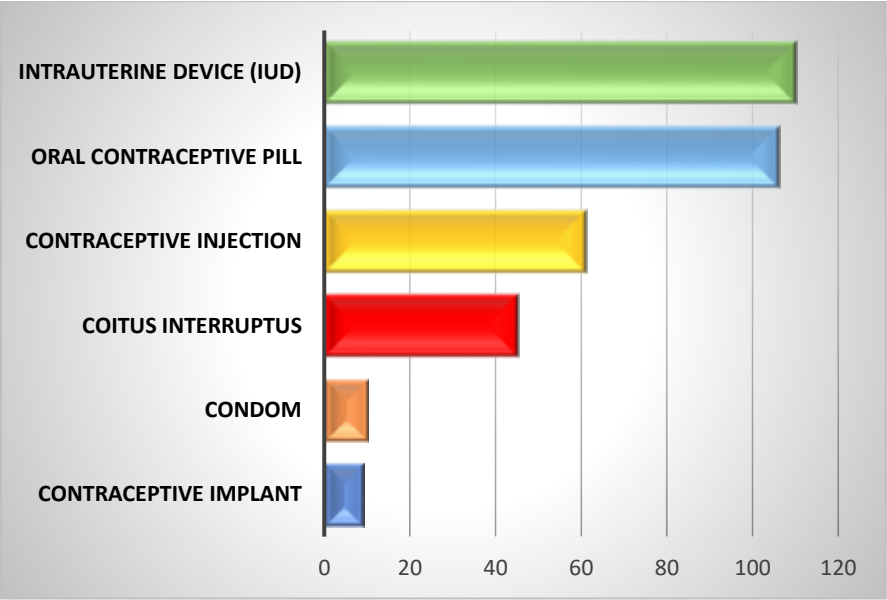


Figure 1: Distribution of contraceptive methods used among the participants (n = 341).

(IUCD was the most commonly used method followed by oral contraceptive pills, contraceptive injection, and coitus interruptus). In this study, the intrauterine device (IUCD) was the most frequently used contraceptive method (32.3%), followed by oral contraceptive pills (31.1%), contraceptive injection (17.9%), and coitus interruptus (13.2%). Condom and implant were the least preferred methods, accounting for 2.9% and 2.6% respectively. These findings are consistent with previous studies showing that IUCD and oral pills are the most accepted methods among women of reproductive age due to their availability and effectiveness.

Table 4: Family planning of the participants using oral contraceptive pill

Family planning		No.	%
Got OCP instruction by doctor		71	67.0
Reading pills package		55	51.9
Perceived side effects due to OCP	No side effect	40	37.7
	Weight gain	15	14.2
	Irregular mense	5	4.7
	Mood changes	46	43.4
Perceived adequate Knowledge about correct use of pills		55	51.9
Total		106	100

Table 4 shows the distribution of participants using oral contraceptive pills (OCP). Most of the women (67.0%) received instructions about the pills from their doctors, while 51.9% reported reading the pills’ package insert. Regarding the perceived side effects, 37.7% of participants reported no side effects, while 14.2% experienced weight gain, 4.7% reported irregular menstruation, and 43.4% mentioned mood changes as the main side effect. Moreover, 51.9% of the women believed they had adequate knowledge regarding the correct use of the pills. The determinants that influenced the choice of contraceptive methods are shown in Tables 5 and 6. The OCP method was significantly used by educated and employed women, those married for 10 years or less, and those with fewer than five children ($P<0.005$). In contrast, the intrauterine contraceptive device (IUCD) was significantly associated with older women (≥ 40 years), women with medical diseases such as hypertension, and those with a history of 1–2 miscarriages ($P<0.001$).

Table 5: Distribution of sociodemographic features according to the most common used methods by participants (OCP and IUCD)

Variables		Total	Most common used methods				p* value
			OCP (n=106)		IUCD (n=110)		
			No.	%	No.	%	
Age group/years	20-29	41	26	63.4	15	36.6	<0.001
	30-39	110	80	72.7	30	27.3	
	≥40	65	0	0.0	65	100.0	
Level of education	Illiterate	70	30	42.9	40	57.1	0.005
	Primary	56	21	37.5	35	62.5	
	Secondary	40	20	50.0	20	50.0	
	>Secondary	50	35	70.0	15	30.0	
Occupation	Housewife	166	71	42.8	95	57.2	0.001
	Employee	50	35	70.0	15	30.0	
Residency	Urban	115	55	47.8	60	52.2	0.78
	Rural	101	51	50.5	50	49.5	
Medical disease	HT	10	0	0.0	10	100.0	0.002
	NONE	206	106	51.5	100	48.5	
Duration of marriage/Year s	≤10	61	46	75.4	15	24.6	<0.001
	>10	155	60	38.7	95	61.3	
Number of miscarriage	None	136	81	59.6	55	40.4	<0.001
	1-2	65	15	23.1	50	76.9	
	3-5	15	10	66.7	5	33.3	
Number of children	<5	86	56	65.1	30	34.9	<0.001
	≥5	130	50	38.5	80	61.5	

Table 5 demonstrates the distribution of sociodemographic features according to the most commonly used contraceptive methods among participants (OCP and IUCD). The oral contraceptive pill (OCP) was more frequently used among women aged 30–39 years (72.7%) and those in the 20–29 age group (63.4%), while the intrauterine contraceptive device (IUCD) was used predominantly by older women aged ≥40 years (100%) ($P<0.001$). Regarding the level of education, the use of OCP was higher among educated women, especially those with education above secondary level (70%), whereas IUCD use was more frequent among illiterate and primary educated women (57.1% and 62.5%, respectively) ($P=0.005$). Employment status showed a significant difference: 70% of employed women used OCP compared to 42.8% of housewives ($P=0.001$). Residency, however, did not show a statistically significant difference ($P=0.78$). Concerning medical conditions, all women with hypertension used IUCD, while OCP was mostly used by women without medical diseases ($P=0.002$). Duration of marriage ≤10 years was more common among OCP users (75.4%), whereas longer marriage durations

(>10 years) were more associated with IUCD use (61.3%) ($P < 0.001$). As for obstetric history, OCP use was significantly higher among women with no miscarriage (59.6%) and those with fewer than five children (65.1%), while IUCD was preferred by women with 1–2 miscarriages (76.9%) and ≥ 5 children (61.5%) ($P < 0.001$).

Table 6: Distribution of family planning according to the most common used methods by participants (oral contraceptive pill and intrauterine device)

Variables		Total	Most common used methods				p* value
			Oral Contraceptive Pill (n=106)		Intrauterine Device (n=110)		
			No.	%	No.	%	
Like to have another child	Yes	65	45	69.2	20	30.8	<0.001
	No	151	61	40.4	90	59.6	
Spacing /years	1-2	201	106	52.7	95	47.3	<0.001
	3-4	15	0	0.0	15	100.0	
Age at start using methods to avoid pregnancy/years	<20	6	6	100.0	0	0.0	0.003
	20-29	155	80	51.6	75	48.4	
	30-39	55	20	36.4	35	63.6	
Select this method	Advised by gynecologist	156	71	45.5	85	54.5	0.097
	Self-medication	60	35	58.3	25	41.7	
Do you have Side effects	Yes	69	66	95.7	3	4.3	<0.001
	No	147	40	27.2	107	72.8	
Using same contraceptive method that already used?	Yes	91	91	100.0	0	0.0	<0.001
	No	125	15	12.0	110	88.0	
Had a pregnancy since you started using any type of the contraceptive methods?	Yes	15	10	66.7	5	33.3	0.18
	No	201	96	47.8	105	52.2	

Table 6 presents the distribution of family planning characteristics according to the most commonly used methods (oral contraceptive pills and intrauterine devices). The desire to have more children was significantly associated with OCP users (69.2%) compared to IUCD users (30.8%) ($P < 0.001$). Regarding birth spacing, the majority of OCP users (52.7%) preferred a spacing of 1–2 years, whereas all IUCD users (100%) preferred longer spacing of 3–4 years ($P < 0.001$). Age at the start of using contraceptive methods showed a significant difference ($P = 0.003$). Women younger than 20 years were exclusively OCP users (100%), while

IUCD was more frequently used by women aged 30–39 years (63.6%). As for the method of selection, both groups relied mostly on gynecologist advice (45.5% for OCP vs 54.5% for IUCD), with a smaller proportion choosing self-medication (58.3% for OCP vs 41.7% for IUCD); however, this difference was not statistically significant ($P = 0.097$). The majority of OCP users (95.7%) reported side effects, while only 4.3% of IUCD users did ($P < 0.001$). Moreover, all OCP users (100%) were continuing to use the same method, compared to 12% of IUCD users ($P < 0.001$). Pregnancy after using contraception was slightly higher among OCP users (66.7%) than IUCD users (33.3%), but the difference was not significant ($P = 0.18$).

Discussion

The present study aimed to assess the sociodemographic and obstetric factors influencing the choice of contraceptive methods among married women. The findings revealed that oral contraceptive pills (OCP) were predominantly used by younger, educated, and employed women, while intrauterine contraceptive devices (IUCD) were more common among older women with longer marriage duration, higher parity, and a history of miscarriage.

This result is consistent with studies conducted in other developing countries, which demonstrated that younger and working women tend to prefer OCP due to its availability, ease of use, and reversibility, whereas IUCD is favored by older women seeking a long-term and effective method of contraception. Similar findings were reported by Al-Dakhil et al. (2021) and Mahmoud et al. (2020), who found that OCP users were significantly younger and more educated than IUCD users.

Education level showed a significant association with contraceptive choice, as women with higher education were more likely to use OCP, possibly due to better awareness of correct use and side effects. Conversely, illiterate women preferred IUCD, likely due to physician recommendations or community influence. This aligns with results from other regional studies indicating that women's educational attainment plays a crucial role in contraceptive awareness and decision-making. Employment status was another determinant, with working women showing a higher tendency to use OCP, which might reflect better access to healthcare services and more autonomy in family planning decisions. In contrast, housewives were more likely to use IUCD, as they usually depend on medical advice from healthcare providers.

Regarding side effects, mood changes and weight gain were the most commonly perceived adverse effects of OCP use, similar to findings from

previous research (Ali & Ahmed, 2020; Saeed et al., 2019). However, IUCD users reported fewer side effects, supporting the evidence that IUCD is well tolerated by most women.

Duration of marriage and number of children also significantly affected contraceptive choices. Women married for less than 10 years and with fewer than five children preferred OCP, while those with longer marriages and higher parity chose IUCD, reflecting a shift toward long-term methods after completing family size.

Overall, the present study highlights that women's choice of contraception is influenced by multiple interrelated factors, including age, education, occupation, parity, and health status. Strengthening health education programs and counseling on contraceptive options can empower women to make informed and appropriate decisions regarding family planning.

Conclusion

This study demonstrated that the choice of contraceptive methods among married women is significantly affected by sociodemographic and reproductive factors. Oral contraceptive pills were more commonly used by younger, educated, and employed women, whereas intrauterine contraceptive devices were preferred by older, less-educated, and multiparous women.

The findings emphasize the need for comprehensive family planning programs that consider women's educational and occupational backgrounds to improve awareness and correct use of contraceptive methods.

Women's misconceptions about oral contraceptive side effects, such as mood changes and weight gain, highlight the importance of counseling and accurate health education. Strengthening communication between healthcare providers and women can enhance informed decision-making and promote the use of safe and effective contraceptive methods.

Recommendations

1. Enhance health education: Continuous health education programs should be implemented in primary healthcare centers to increase awareness about the correct use, benefits, and side effects of different contraceptive methods.
2. Training for healthcare providers: Medical and nursing staff should receive updated training on contraceptive counseling to provide accurate and individualized advice to women.

3. Community outreach: Awareness campaigns, particularly targeting rural and less-educated women, are essential to correct misconceptions and encourage informed contraceptive choices.
4. Encourage shared decision-making: Women should be empowered to participate actively in choosing the most suitable contraceptive method according to their age, health condition, and reproductive goals.
5. Further research: Future studies with larger samples and diverse settings are recommended to explore cultural and psychological factors influencing contraceptive preferences among Iraqi women.

Limitations of the Study

This study was conducted in a limited number of primary healthcare centers in Al-Fallujah city, which may not represent the entire population of Iraqi women. The cross-sectional design also limits the ability to establish causal relationships between the studied variables and the choice of contraceptive methods. In addition, the data were based on self-reported responses, which may be subject to recall bias or social desirability bias.

Despite these limitations, the study provides valuable insight into the factors influencing contraceptive use among married women and can serve as a baseline for further research in other regions of Iraq.

Conflict of interest

Not available

Financial Support

Not available

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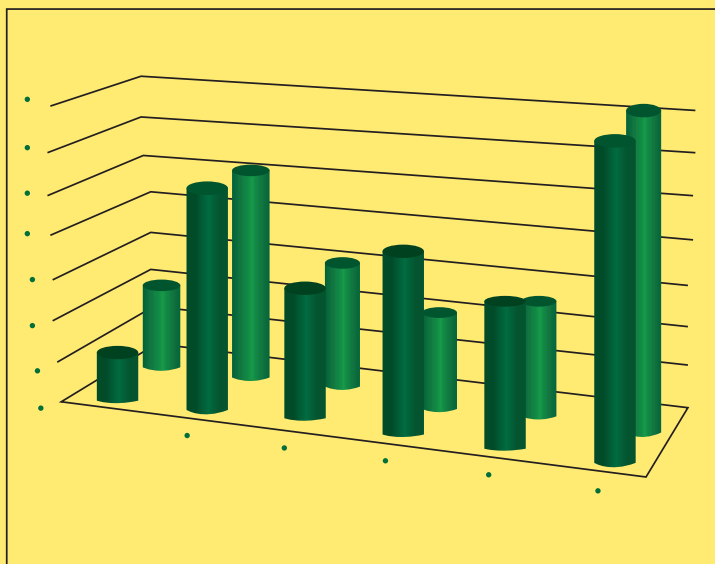
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