
Abstract

Current Practices of Contraceptive Use Among Palestine Refugee Mothers of Young Children Attending UNRWA Clinics, A Follow Up Study 2015

Majed Hababeh

Corresponding Author:

Majed Hababeh

Abstract

Background: UNRWA introduced family planning services in 1994 as an integral part of its expanded maternal and child health care program. The main objective of UNRWA's family planning program is to promote the health of mothers, children and subsequently their families.

Objective: The ultimate objective of this follow-up study was to assess the current situation regarding contraceptive practices among the target population after five years from the 2010 follow-up study and to identify future program needs leading to the development of action-oriented activities.

Methods: A cross-sectional survey was conducted by trained nurses from June - December 2015. Participants were Palestine refugee mothers who attended well-baby clinics with their youngest child (aged 2 months through 5 years) at all UNRWA health centers. A sample size of 10478 participants was calculated based on contraceptive use prevalence in 2010, using Epi Info sample size calculation. Mothers were interviewed and retrospective data from health records was used as supplement. All participants provided verbal informed consent. The study protocol approved and cleared by UNRWA health department ethical committee. A multiple logistic regression was performed to test if maternal age and parity predicted contraceptive use. Chi-square was used to analyze the relationship between previous contraceptive use and birth interval, birth weight, and gestational age.

Results: Data was obtained from 9860 mothers, with a mean age of 29.8 years. Of them, 59.3% were using modern contraceptives at the time of the survey, 17.7% were using traditional methods, and 23.0% were not using any contraceptive method. The most common modern contraceptive was intrauterine device (37.4%), and UNRWA was the main provider for 82.6% of women currently using modern contraceptives. The most common reasons for not using contraceptives were child wish (21.7%), pregnancy (18.6%) and husband opposition (19.7%). Using women with <3 pregnancies as the reference category, women with 3-6 pregnancies are significantly more likely to use contraceptives ($P<0.001$; OR 1.58 [CI 1.43 \pm 1.73]), as are women with >6 pregnancies ($P<0.001$; OR 1.6, [CI 1.28 \pm 1.99]). Women with at least 1 male child are significantly more likely to use contraceptives ($P<0.001$; OR 1.39 [CI 1.24 \pm 1.56]). Maternal age over 35 was not a significant predictor for modern contraceptive use. Chi-square used to test the association of modern contraceptive use prior to pregnancy with birth weight, the result showed statistically significant 23.88 ($P<0.001$) while gestational age was not a significant in the child born of that pregnancy.

Conclusions: It is encouraging that mothers seeking modern contraceptives rely on UNRWA to provide family planning services. We found that mothers with higher parity are more likely to use modern contraceptives, which comply with UNRWA recommendations. As expected, modern contraceptives lead to better birth spacing. However, mothers above 35 years of age are not more likely to use modern contraceptives. These mothers may be at higher risk for negative maternal and infant health outcomes. UNRWA family planning services could focus more on counseling this group of mothers.

(*iproc* 2018;4(1):e10554) doi: [10.2196/10554](https://doi.org/10.2196/10554)

Edited by Y Khader; this is a non-peer-reviewed article. Submitted 29.03.18; accepted 29.03.18; published 29.03.18.

Please cite as:

Hababeh M

Current Practices of Contraceptive Use Among Palestine Refugee Mothers of Young Children Attending UNRWA Clinics, A Follow Up Study 2015

iproc 2018;4(1):e10554

URL: <http://www.iproc.org/2018/1/e10554/>

doi: [10.2196/10554](https://doi.org/10.2196/10554)

PMID:

©Majed Hababeh. Originally published in Iproceedings (<http://www.iproc.org>), 29.03.2018. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in Iproceedings, is properly cited. The complete bibliographic information, a link to the original publication on <http://www.iproc.org/>, as well as this copyright and license information must be included.