

# Women's Knowledge Toward the Side Effects of Hormonal Birth Control Pills

Asmaa Hammooz

M.Sc. Community of Nursing Department, College of Nursing, University of Al-Qadisiyah

**Objectives:** The study's goals were to assess women's awareness of the negative effects of hormonal contraceptives and determine how that awareness related to their demographic traits. **Methods:** At hospitals in the Al-Qadisiyah Governorate, a descriptive cross-sectional study was carried out to find out how much women knew about the negative effects of hormonal contraceptives. It was decided to prolong the study term from April 3, 2025, to July 25, 2025. Data collection was rescheduled from May 3, 2025, to June 2, 2025—purposive non-probability sample. (300) was the sample that was used. To participate in the study, participants fill out a form that is split into two sections: a demographic data form and information about the negative effects of hormonal contraceptive pills (11). **Results:** The results of this investigation showed that the most common general evaluation of knowledge among students was poor, and the mean (1.96) **Conclusion:** The overall assessment was a low level of knowledge, with a percentage of 39.6%.

## Highlights:

- Low awareness of contraceptive side effects among women.
- Education level significantly influences knowledge.
- Targeted interventions can improve reproductive health.

**Keywords:** Women, Contraceptives, Knowledge, Side Effects, Education

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## Introduction

In 2008, family planning was described by the World Health Organization (WHO) as "the ability of individuals and couples to anticipate and achieve the desired number, spacing, and timing of children." [1].

Contraception is essential for women of childbearing age to improve their reproductive health and avoid unintended pregnancies [2]. Given the prevalence of birth spacing and, consequently, the usage of birth control, shifts in women's education and employment have played a major role in altering attitudes and fertility practices [3].

The most popular method of birth control is oral contraceptives (OC), which are accessible, dependable, and reversible. One of OC's main health advantages is that, for at least 20 years after stopping both high and low dosages of the medication, it can cut the risk of ovarian and endometrial cancer by about 50%. Iron deficiency anemia, premenstrual dysphoric disorder, osteoporosis, dysmenorrhea, normal uterine hemorrhage from ovulatory failure, benign ovarian tumors, benign breast issues, and functional ovarian cysts are among the other conditions it reduces the chance of. Additionally, OC users are less likely to experience ectopic pregnancy and salpingitis, which can lower fertility [4].

Family planning allows parents to choose the number of children they wish to have, if any, and the spacing between them. It is accomplished by treating infertility and using contraceptive measures. Information and services pertaining to contraception are essential for everyone's health and human rights. Pregnancy-related mortality and maternal illness are reduced when unwanted pregnancies are avoided. Two important health benefits of family planning are preventing conceptions among older women who are also at higher risk and delaying pregnancies in young girls who are more prone to experience health issues from early deliveries. Contraception lowers the danger of HIV transmission from mothers to their fetuses and the need for unsafe abortions by lowering the frequency of unwanted pregnancies. Additionally, this can encourage girls' education and provide women with the chance to engage more completely in society, particularly through paid work [5].

Progesterone-only, combination estrogen-progesterone, and continuous or extended-use tablets are the three types of oral contraceptive pills that are currently often administered. The pill is the most often prescribed birth control technique in the United States. Approximately 25% of women between the ages of 15 and 44 who currently use contraception said they prefer the pill. The most typically recommended drug is the combination hormonal pill, which contains both progesterone and estrogen. Progesterone is the hormone that prevents pregnancy, whereas estrogen controls monthly bleeding. Despite the widespread usage of birth control pills to prevent conception, various alternative methods of contraception are also used due to their detrimental effects on vulnerable populations. Prior medical history, current medications, and coexisting conditions like clotting disorders are taken into account while evaluating each of these approaches [6].

To ascertain women's knowledge and usage habits of contraception, numerous studies have been conducted. According to a thorough study of PubMed from 1989 to 2019, just 51% of Middle Eastern women aged 15 to 49 utilized contraception, which is much less than the global average of 64%. This demonstrates an unfulfilled demand for increased awareness and uptake of family planning initiatives in this area [7].

According to the World Health Organization, of the 1.9 billion women worldwide between the ages of 15 and 49, 1.1 billion required family planning in 2019. Of them, 842 million use contraceptive techniques, whereas 270 million have an unmet need for contraception. The Sustainable Development Goals (SDGs) Indicator 3.7.1 increased from 55% to 58% in Africa, between 2015 and 2020, but remained stable at almost 77% overall [8].

Contraceptives are beneficial for a variety of conditions, both inside and outside the reproductive system, including ovarian cysts, endometriosis/adenomyosis, rheumatoid arthritis, multiple sclerosis, voice, asthma, benign breast illness, and menstrual bleeding disorders [9]. There are also side effects of contraceptives, such as weight gain, depression, hair loss, blood clots, and others [10].

Women's awareness of the harmful side effects of hormonal birth control tablets is the main emphasis of this study, which affect reproductive organs and other body systems. The research aims to spread awareness and education through activities and the publication of publications and leaflets, guiding women to take care of their health while using contraceptives, understanding women body familiar to them and their knowledge of their bodies and their changes.

## Method

### A. Instrument and Methods

A descriptive (cross-sectional) study on Women's awareness of hormonal contraceptive adverse effects at Al-Qadisiyah Governorate hospitals.

It was decided to prolong the study term from April 3, 2025, to July 25, 2025. Data collection was rescheduled from May 3, 2025, to June 2, 2025. Purposive non-probability sample. 300 people made up the sample that was used.

The inclusion criteria were used to choose the sample included women from all educational levels who visited the family planning unit; women have one month and more using hormonal contraceptives.

The researcher created a questionnaire to achieve the goals. There are two components to it. The first section discusses the demographic data of the ladies, including age, level of education, occupation, number of children, duration of using contraceptives, and monthly income.

The second section is on knowledge of women (11 questions), which relates to basic Women's awareness of hormonal contraceptive pill negative effects. The following criteria were used to evaluate each question: 0 for don't know, 1 for not sure, and 2 for now.

The Cronbach's alpha method was used to assess the instrument's reliability for 11 items [11]. Cronbach's alpha analysis reveals that the questionnaires had an adequate level of internal consistency (0.782), which is suitable for knowledge questions. Seven professionals with more than five years of experience in their respective fields assessed the questionnaire's validity to determine its eligibility for accomplishing the goals of the current study, as well as its clarity and relevance. Each expert received a copy of the study instrument.

To ascertain the differences between the women's demographic traits and their level of knowledge, descriptive statistics and statistical inference were used in the data analysis. The data was analyzed using SPSS software, version 25.0. An element of inferential data analysis is the independent Chi-Square.

### B. Ethical Considerations:

The management of the women gave their verbal agreement to participate in the study. In addition to giving directions on how to complete the questionnaire and outlining the overall purpose of the study, Participants were informed by the researcher that their involvement in the study was entirely voluntary and that they might stop at any time. Participants were assured by the researcher that their data would be securely kept and that confidentiality would be upheld both during and after their participation in the study. Furthermore, the researcher pledged that the names of the study participants would not be included in the presentation, reporting, or any ensuing research papers.

## Results and Discussion

### A. Result

Variables	Classes	Frequency	Percentage
Age/years	18-30	162	54%
	31-40	114	38%
	41-50	22	7.3%

	<b>50 and more</b>	2	0.7%
	<b>Total</b>	300	100%
<b>Educational Level</b>	<b>Educated</b>	167	55.6%
	<b>Not educated</b>	133	44.3%
	<b>Total</b>	300	100%
<b>Occupation</b>	<b>Housewife</b>	95	31.5%
	<b>Student</b>	57	18.9%
	<b>Other</b>	148	49.5%
	<b>Total</b>	300	100%
<b>Number of children</b>	<b>1</b>	108	36%
	<b>2</b>	84	27.9%
	<b>3</b>	108	36%
	<b>More than 4</b>	0	0%
	<b>Total</b>	300	100%
<b>Duration of Contraceptive Use</b>	<b>1 year or less</b>	162	54.1%
	<b>2_3</b>	89	29.7%
	<b>3_5</b>	49	16.2%
	<b>More than 5</b>	0	0%
	<b>Total</b>	300	100%
<b>Monthly income</b>	<b>Enough</b>	181	60.4%
	<b>Not enough</b>	119	39.6%
	<b>Total</b>	300	100%

**Table 1.** Demographic Variables of the Sample

levels of Women's knowledge	Frequency	Percent	Mean Score	Assessment
<b>Poor</b>	119	39.6	1.96	Poor
<b>Fair</b>	116	38.7		
<b>Good</b>	65	21.6		
<b>Total</b>	300	100.0		

**Cut off point (0.66): poor (mean of scores 1-1.66); Fair (1.67- 2.33), Good (2.34 and more)**

**Table 2.** Overall evaluation of women's awareness of the negative effects of hormonal birth control pills

Demographic Data	Chi-Square Value	D.F.	P-Value
<b>Age</b>	6.727	6	.347

<b>Educational level</b>	10.834	2	.004
<b>Occupation</b>	7.277	4	.122
<b>Number of children</b>	3.774	4	.437
<b>Duration of Contraceptive Use</b>	7.490	4	.112
<b>Monthly income</b>	2.008	2	.366

**Table 3.** Relationship between women's demographic characteristics and Overall Assessment of women's knowledge of the side effects of hormonal contraceptive pills

According to the table, women's educational level and their overall assessment of their knowledge of the adverse effects of hormonal contraceptive pills are significantly correlated ( $p$ -value  $<0.05$ ), but other demographic characteristics are not significantly correlated ( $p$ -value  $<0.05$ ).

## B. Discussion

Increasing program coverage and FP access won't be sufficient unless all eligible women are properly and consistently practicing according to their needs, have a positive attitude, and have sufficient awareness. It is highly advised to raise eligible women's awareness, understanding, and positive attitude for engaging in FP activities at all levels [12].

Our results show that Iraqi women have low knowledge about the side effects of action of hormonal FP, even if they have used oral contraception and have experienced side effects. All the women in this study are married because we are an Islamic society that does not allow women to have sexual relationships outside the family framework.

This study explored women's knowledge of the side effects of hormonal contraceptive pills among a sample of 300 married women of reproductive age attending the Family Planning Unit at a maternity and children's hospital. The results indicated varying levels of knowledge, with 39.6% of participants showing poor knowledge, 38.7% showing moderate knowledge, and only 21.6% showing good knowledge.

The study showed that the most subjected women aged between (18\_30) (54%), the most of the women in our study was educated with a percentage of (55.6%), in consider with the occupation the highest percentage is among women who has different jobs (49.5%), also the result showed that the percentage of the number of children of women who sharing was (36%), furthermore the highest percentage of duration of contraceptives use (54.1%), and finally the highest percentage is of monthly income which is (60.4%).

In our study, the results showed that there is no significant difference between women's demographic data (Age, Occupation, Number of children, Duration of contraceptive use, and Monthly income) and their knowledge, except for the education level, with P value of 0.004, which is similar to results in other studies [13-15].

There are various restrictions on this study. First of all, there weren't many participants, allowing for a complete representation of Iraqi women. However, the study aimed to include more than 1,000 participants from various age groups to ensure adequate representation.

## Conclusion

1. Most participants were aged eighteen to thirty
2. Most participants were educated
3. The overall assessment was a low level of knowledge with a percentage of 39.6%.

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