

CURRENT METHODS AND USE OF CONTRACEPTION IN KPK

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ABSTRACT

Objectives: To determine the knowledge and current practice of contraception and current methods in kpk.

Methodology: This is a retrospective observational type of study conducted in major cities of Kpk from March 2015 to March 2016 and data was collected from family planning centers and major hospitals. Reproductive age women between 25-44 were included. A questionnaire was used for the data collection and then results were analyzed. Only those women were included who asked for contraception by themselves and who do not have any non-contraceptive indication for their use like menstrual irregularities or for protection from sexually transmitted diseases.

Results: Male condoms and contraceptive pills are the two methods most commonly used and known methods and only 30% of the population are aware of contraception.

Conclusion: This is the need of time that population awareness of contraception should be increased and our leadership should make policies for increasing the awareness and changing the attitude towards contraception to control the population which is increasing very rapidly.

Key words: Contraception kpk

INTRODUCTION

Pakistan having the heritage of the ancient civilization became an independent state in 1947 as Islamic Republic of Pakistan. The country capital is Islamabad and the whole territory is divided into four provinces. According to the World Bank report published in 2012 the population of Pakistan was 17 million and ranked as 7th most populated country of the world. According to the 2018 figures the population of Pakistan is around 204,596,422.

Now this is the need of time that awareness and contraception should be promoted and people's attitude towards contraception should be assessed and addressed.

The use of contraceptive methods is associated with age of women, their education, age at the time of marriage, years of marriage, child mortality, their knowledge and availability of contraceptives.

Pakistan, being one of the populous countries of the world, is currently experiencing declines in availability of renewable natural resources. Major reasons for this increased growth rate are early marriages, almost negligible contraception and increased life expectancy due to improved health services, social reasons for

having a male baby, poor socio-economic condition, uneducated women with almost no rights, religious beliefs, and no other social activities.

Although now a days more choices are available regarding contraceptive methods but recent data on knowledge of the women about these methods, and background for choosing a particular method and not continuing with that method is limited.

The aim of this study was to analyze the use and knowledge of contraceptive methods in the Kpk. It was observed that most aware of different types of contraceptive methods but do not know when they should start contraception after delivery and how to use an emergency contraception.

The choice of contraceptive methods has changed presently years, yet the contraceptive pill, first introduced in the 1960s, remains the method of choice for many women in Pakistan.

Despite the availability of better and effective contraceptive methods the ratio of unwanted pregnancies still remains high.

For example, 89% of all pregnancies were unintended. Overall this rate is unchanged since 1994, but the rate of unplanned teenage pregnancies has declined, while the rate has increased among adults aged 25–34 years.

It means that our women are still unaware about the ideal method of contraception, which match their needs. Increasing the awareness and education and appropriate guidance can help these women to choose what is right for them.

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MATERIALS AND METHODS

This study was sought to gather data on the knowledge source of their knowledge and variety of contraceptive methods in the major cities of KPK. Filling a data collection sheet, which has different questions about their knowledge and use of different available types. And also information about why women switch from one contraceptive method to other and what is the reason for their change. The other important point for data collection was what was their source of information? . Total sample of 3000 married women with age group(25-44) is selected from the major cities of Kpk for the survey. Random sampling technique was used to select the sample from the large population size

The most common contraceptive methods currently used by respondents in all over the KPK were male condoms 46% and contraceptive pills. Contraceptive pill use varied between 31%-33%.

Table 1 is about the reason for choosing the condoms and contraceptive pills as top priority. Rests of the methods were in very low use 19% only. The responders were also using different methods of natural family planning (NFP). 80% of responders were happy with their choice of contraception.

The main reason given by the women for reluctance in the use of pills were their concerns about weight gain and mood changes. Main issues with condoms were, difficulty in use, false beliefs that it promotes vaginal infection or sensitivity to latex.

Survey includes married women with in the age group of (25-44) years (n=3000). Information was gathered about their method of choice, why they choose the method and who guided them for this method.

The knowledge and usage of the contraceptive pill and condoms predominates. Changing contraception method is frequent, occurring for a variety of reasons, including change in life circumstances and, for pill users, concerns about side effects.

Total n= 3000

Condoms n =1405 = 46%

Contraceptive pills n= 1005 = 33%

Others n= 590 = 19%

DISCUSSION

This study found that women aged 25-44 has knowledge of different contraceptive methods, but the most popular method in use are contraceptive pills and condoms followed by natural family planning methods. Another interesting finding was the change in their contraceptive method for different reasons.

Main reasons identified were wishing another pregnancy; concerns about their hormonal nature etc.

They get most of their information from health personals.

This is also proved by the publication done before^{1,2,5,6}.

Contraceptive pills and condoms were the most popular methods and suggested by health personals. In spite of availability of so many other contraceptive devices (Mirena) and other newer devices implanon and Jedelle their use is low (30%) and health care professional do not usually recommend them. However if women were asked about different methods they do recognize them.

Most of the women were satisfied with methods they were using (28-62%). Rest of them was not sure and they want to switch to another method in near future. Almost all women were concerned about the hormonal side effects of pills.

In the current users almost 5-20% of them complained about one or another side effect.

Another interesting finding was increased in BMI and affective fluctuations however their was no clinical relevance in the studies. How ever it is well proven that pills improve or stabilize moods⁸⁻¹⁵ despite this, a recent study of UK healthcare professionals found that 87% of women believed that hormonal methods could cause mood swings¹⁶.

In addition, studies on the change in BMI found that women's BMI remains essentially unchanged while taking the contraceptive pill, with only minor changes observed¹⁷.

This shows that women have not been properly counseled about these hormonal contraception and lack of their authentic and evidence based knowledge.

Most responders said that main cause for switching the method was their concern about the hormonal nature of the preparation however most of them were not having any information abut other female contraceptive devices like cervical cap or female condom. This again means that women are not aware about the other options or they are not readily available to them.

Most responders said that their healthcare provider made decision for their contraceptive option.

The CHOICE study (Contraceptive Health Research of Informed Choice Experience) reported that structured and balanced counseling of women aged 15-40 years, who consulted their healthcare professional about contraception, led to more than 40% of women changing their mind on the mode of delivery of hormonal contraception from their initial choice¹⁸. With passing years women requirements for contraception changes⁶ that is the reason they should have appropriate knowledge and counseling to, make a right choice for themselves according to their age.

Healthcare professionals need to inform their

Table1: Number of women responding: 1005

	Peshawar	Nowshera	Mardan	Swabi	Kohat	Abbottabad	Mansehra
The contraceptive pill % 1005	N=244=24%	N=180=17%	N=68=6%	N=90=8.9%	N=88=8.7%	N=207=20%	N=128=12%
Reliable in preventing pregnancy	200=81%	130=72%	48=70%	55=61%	66=75%	179=86%	115=89%
Easy to use	220=90%	110=61%	44=51.1%	66=73.3%	77=87%	200=96%	110=85.9%
Comfortable for me	200=81%	100=55.5%	42=61.7%	66=73.3%	77=87%	180=86%	100=78%
Recommended by doctor	200=81%	170=94%	60=88.2%	62=68%	75=85%	200=96%	120=93%
Inexpensive	240=98%	170=94%	60=88.2%	60=66%	72=81.1%	177=85.5%	120=93.7%
No preparation required	200=81%	170=94%	60=88.2%	80=88.8%	80=90%	170=82%	120=93.7%
Male condoms	N=300=21% 1405	N=200=14.2%	N=200=14.2%	N=200=14.2%	N=150=10.6%	N=220=15.6%	N=135=9.6%
Reliable in preventing pregnancy	150=10.6%	100=7.1%	80=5.6%	70=4.9%	100=7.1%	120=8.5%	88=6.2%
Minimal or no side effects	180=12.8%	120=8.5%	77=5.4%	89=6.33%	88=6.2%	110=7.8%	120=8.5%
Easily available	200=14.2%	150=10.6%	150=10.6%	150=10.6%	123=8.75%	200=14.2%	110=7.8%
Protects against sexually transmitted diseases	225=16%	180=12.8%	180=12.8%	190=13.5%	144=10.2%	200=14.2%	120=8.5%
Causes fewer health concerns than other methods	225=16%	180=12.8%	190=13.5%	190=13.5%	170=12.09%	200=14.2%	122=8.6%
Easy to use	140=9.9%	155=11%	130=9.2%	150=10.6%	120=8.5%	100=7.1%	110=7.82%

Table 2: Satisfaction rate with current methods:

	Contraceptive pills N=1005=33.5%	Condoms N=1405=46%	Natural family planning methods N=100=3.33%	IUCD/ MIRENA N=290=9.6%	Injectable N=100=3.33%	Others Female condom/ Hormonal patch N=100=3.33%
Very satisfied	N=665 =66.1%	N=300=21%	N=20=20%	N = 200=68%	N=50=50%	N= 70-70%
Dissatisfied	N =240=23%	N=500=35%	N=50=50%	N=45=15%	N=30=30%	N=20=20%
Neither satisfied nor dissatisfied	N=100=9.9%	N=605=43%	N=30=30%	N=45=15%	N=20=20%	N=10=10%

Table 3:

Common side effects experienced with the contraceptive pill N=1005	%
Weight gain N = 500	49%
Mood swings N=600	42%
Irritability N=100	9%
Change in libido N=300	29%
Breast tenderness/enlargement N=200	19%
Short temper N= 100	9%
Migraines N=30	2.9%
Pre menstrual bloating N=200	19%
Premenstrual syndrome N=50	4.9%

Most influence on choice of contraception, %	Contraceptive pills N=1005	Male condoms N=1405	IUCD/	Female condom/ hormonal patch	Injectable
GP/primary care physician	N=500=49%	N=400=28%	MIRENA N=290	N=100	N=100
Doctor/gynecologist/obstetrician	N=300=29%	N= 200 =19%	N=90=31%	N=20=20%	N=30=30%
Nurse (nurse practitioner, family planning nurse)	N=100=9%	N=200=19%	N=200=68%	N=40=40%	N=50=50%
Pharmacists	N= 50= 4%	N=400=28%			
Family/friends	N= 20= 1%	N=2= 0.1%		N=20=20%	N=5=5%
Partner/spouse	N= 10=0.9%	N=200=14%		N=10=10%	N=2=2%
Other	N= 5=0.4%	N=3=0.2%		N=10=10%	N=3=3%
Source of advice on methods of contraception %	Contraceptive pills	Male condoms			
Healthcare professionals/	N=900=89%	N=800=56%	IUCD/ MIRENA	Female condoms	Injectable
Family planning organization/ clinic	N=50=4.9%	N=100=7.1%	N=200=68%	N=50 =50%	N=30=30%
Internet	N=10=0.9%	N=105=7.4%	N=20=6%	N=10=10%	N=20=20%
Partner/family or friends	N=10=0.9%	N=200=14%	N=10=3%	N=10=10%	N=10=10%
Articles/advertisements/books	N=10=0.9%	N=100=7.1%	N=10= 6%	N=20=20%	N=10=10%
Brochures in doctor's waiting room			N=50=17%	N=10=10%	N=20=20%

patients about the all-available contraceptives and how they can be benefited, by choosing a method that better suits their medical and lifestyle needs. By educating them and guiding them is the only option which will increase the awareness and use of appropriate method of contraception.

CONCLUSION

Responder's aged 25–44 are familiar with different types of contraceptive choices; still the oral contraceptive pill and male condom are the most popular choices.

Switching contraception method is frequent, but main cause for this is their lack of knowledge and proper counseling at the time of initial advice and patients concerns about the hormonal nature of the method not addressed.

However this is the need of time that awareness among the people should be increased and this increasing population should be controlled. Our leadership should take more strong steps to implement the policies for increasing growth rate. Uncontrolled increase in population with unmatched increase in economical and financial growth will further deteriorate the present situation of our economy.

REFERENCES

- Ali M, Rizwan H, Ushijima H. Men and reproductive health in ruralPakistan the case for increased male participation. *Eur J Contraception and Reproductive Health care* 2004; 9: 260-267.
- John MP, Bumin C, Ciloglu GA, Akin A. involving men as partners in reproductive health: lessons learned from turkey. AVSC working paper 1999.
- Esselman J. Male involvement in family planning: A review of experience. Research and reference services, United States Agency for International Development. Center for Development Information and Evaluation. Washington, D.C 1996.
- Oyediran KA, Ishola GP, Fayisetan J. Factors affecting ever married men's contraceptives knowledge and use in Nigeria. *J Biosoc Sci* 2002; 34: 497–510
- Sternberg P, Hublay J. Evaluating men's involvement as a strategy in sexual and reproductive health promotion. *Health Promot Intl* 2004; 19: 389–396.
- Skouby SO: Contraceptive use and behavior in the 21st century: a comprehensive study across five European countries. *Eur J Contracept Reprod Health Care*. 2004, 9: 57-68.
- Mosher WD, Jones J: Use of contraception in the United States: 1982–2008. *Vital Health Stat*. 2010, 23: 1-44.
- Finer LB, Henshaw SK: Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health*. 2006, 38: 90-96.
- Machado RB, de Melo NR, Prota FE, Lopes GP, Megale A: Women's knowledge of health effects of oral contraception in five Brazilian cities. *Contraception*. 2012, 86: 698-703.
- Gould D: Contraception: the changing needs of women throughout the reproductive years. *Nurs Stand*. 2000, 14: 37-43.
- Sköld A, Larsson M: Contraceptive use during the reproductive lifecycle as reported by 46-year-old women in Sweden. *Sex Reprod Health*. 2012, 3: 43-47.
- Rosales C, Mansour D, Cox MA: Does current contraceptive choice correspond with user satisfaction?. *J Obstet Gynaecol*. 2012, 32: 166-172. 10.3109/01443615.2011.638998.
- Ernst U, Baumgartner L, Bauer U, Janssen G: Improvement of quality of life in women using a low-dose desogestrel-containing contraceptive: results of an observational clinical evaluation. *Eur J Contracept Reprod Health Care*. 2002, 7: 238-243.
- Joffe H, Cohen LS, Harlow BL: Impact of oral contraceptive pill use on premenstrual mood: predictors of improvement and deterioration. *Am J Obstet Gynecol*. 2003, 189: 523-530.
- O'Connell K, Davis AR, Kerns J: Oral contraceptives: side effects and depression in adolescent girls. *Contraception*. 2007, 75: 299-304. 10.1016/j.contraception.2006.09.008.
- Ott MA, Shew ML, Ofner S, Tu W, Fortenberry D: The influence of hormonal contraception on mood and sexual interest among adolescents. *Arch Sex Behav*. 2008, 37: 605-613.
- Pearlstein TB, Bachmann GA, Zucar HA, Yonkers KA: Treatment of premenstrual dysphoric disorder with a new drospirenone-containing oral contraceptive formulation. *Contraception*. 2005, 72: 414-421. 10.1016/j.contraception.
- Parsey KS, Pong A: An open-label, multicentre study to evaluate Yasmin, a low-dose combination oral contraceptive containing drospirenone, a new progestogen. *Contraception*. 2000, 61: 105-111. 10.1016/S0010-7824 (00) 00083-4
- Rapkin AJ, Morgan M, Sogliano C, Biggio G, Concas A: Decreased neuroactive steroids induced by combined oral contraceptive pills are not associated with mood changes. *Fertil Steril*. 2006, 85: 1371-1378.
- Yonkers KA, Brown C, Pearlstein TB, Foegh M, Sampson-Landers C, Rapkin AJ: Efficacy of a new low-dose oral contraceptive with drospirenone in premenstrual dysphoric disorder. *Obstet Gynecol*. 2005, 106: 492-501.
- Wellings K, Zhihong Z, Krentel A, Barrett G, Glasier A: Attitudes towards long-acting reversible methods of contraception in general practice in the UK. *Contraception*. 2007, 76: 208-214.
- Gupta S: Weight gain on the combined pill – is it real?. *Hum Reprod Update*. 2000, 6: 427-431.
- Bitzer J, Gemzell-Danielsson K, Roumen F, Marincheva-Petrova M, van Bakel B, Oddens BJ: The CHOICE study: Effect of counseling on the selection of combined hormonal contraceptive methods in 11 countries. *Eur J Contracept Reprod Health Care*. 2012, 17: 65-78.