

The Most Popular Contraceptive among Couples Attending a Tertiary Care Hospital of Quetta

ARJUMAND IFTIKHAR, NADIA KHURSHID, FARHAN SADIQ

ABSTRACT

Aim: To observe the frequency of various contraceptives prescribed over a one year period in a tertiary care hospital of Quetta, Balochistan.

Design: Descriptive study.

Methods: Over a one year period from 1st January 2010 to 31st December 2010, all patients males and females attending a family planning centre of Civil Hospital, Quetta and their chosen method of contraception was recorded. Repeat visits with same method of a patient were not included. Patients who didn't choose any method were also excluded.

Results: A total of 2824 people were included in the study who visited the family planning centre of Sandeman Provincial Civil hospital of Quetta from January to December 2010. Their average age was 31 years (female sterilization), 42 years (male sterilization), 26 years (condoms), 25-26 years (oral pills), 25-29 years (IUCDs), 27-28 years (injectables), 26 years (implanon). None of the client was nulliparous. Sterilization was present in higher age group and higher parity.

Conclusion: Most popular contraceptives were injectables (881/2824), followed by IUCDs (719/2824), female sterilization (562/2824), oral pills (405/2824), condoms (201/2824), implanon (32/2824), and lastly male sterilization (24/2824).

Keywords: Most popular contraceptive, frequency, sterilization

INTRODUCTION

The concept of birth spacing has existed in human mind since time immemorial. Women had been employing methods like herbs, charms; manual and abdominal manipulation to keep away unwanted conception⁴.

Pakistan lags behind most other countries in family planning implementation. It has the highest population growth and is the 6th most populous country of the world causing the 3rd highest net addition to global population after India and China¹. The country's high fertility rate (3.28 children per woman) has caused population to increase 5-fold since independence (from 34.0 million in 1951 to 177.3 million in 2011).^{2,14} Population is expected to become 295 million in the year 2050³, making Pakistan the 4th most populous country⁴. Rapidly growing population is a major obstacle to Pakistan's social progress, economic stability, health, environment, law and order and security¹. Maternal mortality in Pakistan is 280 per 100,000 births and is even pathetic in Balochistan province (786/100,000)^{14,16}.

Family Planning Centre, Sundeman Provincial Civil Hospital Quetta

Correspondence to Dr. Arjumand Iftikhar, Senior Registrar Obs & Gynae, Rashid Latif Medical College, Lahore Email: ajjay_iftikhar@yahoo.com

So the provision of family planning services in Pakistan has become an issue of human rights¹⁴. Contraceptive prevalence in Pakistan has increased from 12% in 1991 to 27% in 1998 and 34% in 2008⁴. Still it is lower than that of India (48%), Bangladesh 58%), Brazil (61%), USA (62%), Iran (65%) and Sri Lanka (70%)^{3,4,9,11}.

Contraceptive use in our teenagers is less than that in advanced countries³. In Brazil, India and China a 3rd or more of all married women have been sterilized⁵. In Pakistan parents of baby girls are less found to be using contraception as shown in a study of Lahore⁴. Province wise contraceptive performance in Oct-Dec 2012 was Sindh (21.1%), Punjab (11.5%), Khyber Pakhtoonkhwah (9.3%) and lowest in Blochistan (0.3%)¹.

MATERIALS AND METHODS

This descriptive study was done in the OPD of family planning centre of Sandeman Provincial Civil Hospital Quetta from 1st January 2010 to 31st Dec 2010. Women who were not fit for any contraception due to pregnancy, women who came for IUCD removal and both males and females who came for repeat visits with a chosen method were excluded from study. All rest of the patients was included in the study.

RESULTS

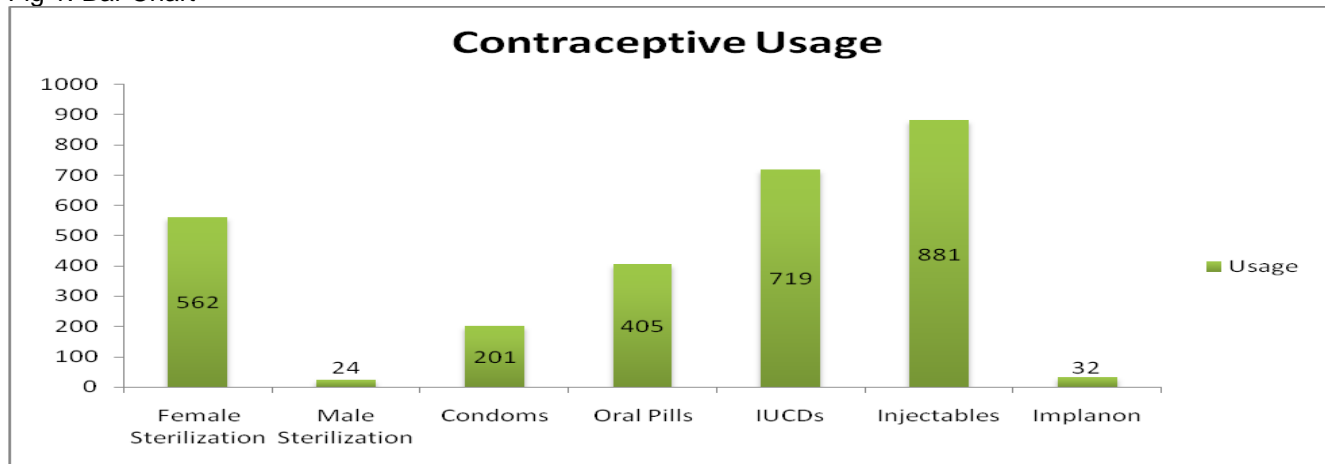
In our one year study, a total of 2906 patients attended family planning centre and 2824 that fulfilled inclusion criteria were included in the study. It was found that injectable contraceptives were the most popular method of contraception (881/2824), followed by IUCDs (719/2824), female sterilization (562/2824), oral pills (405/2824), male condoms (201/2824), implanons (32/2824) and vasectomy (24/2824). The study showed that none of the women were nulliparous and teenagers were rare. Results

were analyzed using SPSS version 6.0 and frequencies of various contraceptives were tabulated. The above table and bar graph show very decreased uptake of Implanon probably because it involves a surgical procedure and of vasectomy (probably due to a male dominated society). Injectables due to their effectiveness and easy availability were chosen more by women¹⁴. This probably was due to illiteracy and lower socioeconomic status of majority of couples coming to the family planning centre.

Table 1: Frequency of Contraceptive Usage

| Contraceptive | Treatment | Usage | Average Age | Average Parity |
|----------------------|-----------------------------|-------|-------------|----------------|
| Female Sterilization | T.Ligation/Stitch removed | 562 | 31 | 7 |
| Male Sterilization | Vasectomy | 24 | 42 | 7 |
| Condoms | Condoms | 201 | 26 | 4 |
| Oral Pills | OCP/Oral Pills | 405 | 26 | 4 |
| | Exclon | 363 | 25 | 3 |
| IUCDs | Cut 380A done/Cut follow up | 719 | 25 | 4 |
| | Multiload 375A done/ | 437 | 27 | 4 |
| | Multiload follow up | 264 | 29 | 6 |
| | Yuang Gong done | 15 | | |
| Injectables | Inj Megestron | 881 | 27 | 5 |
| | Inj Norigest | 575 | 28 | 5 |
| Implanon | Implanon done/ follow up | 32 | 26 | 4 |

Fig 1: Bar Chart



DISCUSSION

Our study reveals that injectable contraceptives are preferably picked up by couples in Quetta for family planning. This is akin to the study done in Peshawar where illiterate women were more found to be using injectables as compared to literate women who used more pills and condoms. In 2010, in Peshawar the most popular contraceptive was injectables (46.7%) followed by pills (17.1%), IUCDs (17.1%), tubal ligation (10.5%), and male condoms (8.6%)¹⁴. An

incidence as high as 24/2824 of vasectomy in Balochistan shows that it is going on lines of the developed world where men are more picking vasectomy due to its ease and safety⁴. This is in contrast to Lahore and distt. Jamshoro and Tando Allah Yar of Sindh where vasectomy has never been practised^{3,4}. Almost none of the women in this study was nulliparous showing that women here don't start contraception unless they have produced one or more children. This compares with rest of Pakistan where just 9.9% of women use contraception

between marriage and first pregnancy, 50% in China, 20% in Iran and 19.7% in India⁷.

Popular contraceptives vary in different parts of the world. Canadian unmarried women between 15-17 years mostly prefer oral pills and condoms and people aged 35-44 years prefer sterilization. Male sterilization is twice as common as female sterilization⁸. In USA, pill (27.5% of all contraceptives) is the most popular method followed by female sterilization¹¹. Oral pills are also the most popular contraceptive in Brazil (48.8%) and Denmark^{4,12}. In UK in 2008-9 oral pills (25% of women) and male condoms (25%) were the most popular methods of contraception¹³. UK's 2000-1 data shows teenage girls <16 years to be using primarily male condoms and 4/10 using oral pills for contraception⁶. In Russia, abortion (67%) has been the primary means of preventing births followed by condoms which are primarily used to prevent STDs and not for contraception. Hormonal contraceptives and IUCDs use is nonexistent¹⁵. In Nigeria, IUCDs were the most popular method (74.6% of all contraceptives)¹⁴.

Thus the most popular contraceptive in Quetta may vary in future with changes in education level and awareness, but the need is to promote the practice of family planning here through television and other media, by emphasizing the link between overpopulation and poverty, illiteracy and unemployment as being done by Iranian government⁹. Effective counseling will be able to eliminate fears of side effects of contraceptives among nonusers. Pakistani women especially those in Balochistan have religious constraints intention to have son and other problems like method failure in way of contraception. Also they need cooperation of husband and in laws to do contraception³. So healthcare personnel should focus extensively on giving necessary information and consultation to their husbands also in selecting most favorite and safe method of family planning¹⁰. Affordable prices and doorstep availability of condoms in far flung areas of Balochistan can increase contraceptive uptake³.

All this will help to attain MDGs target by 2015 of reducing Pakistan's fertility to 2.1 births per woman².

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