

Case Report

Female Temporary Contraceptive Method: Availability and Its Effects

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Unintended pregnancy and high fertility pattern continue to be a major public health problem. In response to the increasing trend of population growth, almost all countries of the world have realized and started controlling measures by applying modern techniques of the fertility control. Different complications like weight gaining, irregular and painful menstruation with excessive bleeding exists as side effects of various control mechanism. Depo-Provera was problematic having irregularities on menstruation since last five years. There is lacking of choices contraceptive methods from health facilities. Therefore, there is need of proper promotion to the community as well as availability of all the devices from the grass root level.

Keywords: Family planning; Female Temporary Contraceptives; Fertility control; Nepal

Introduction

Temporary contraceptive devices are also useful tool for limiting births and avoiding unwanted pregnancies. Many controversies and debates related to the availability of contraceptive methods, its use, side effects, continuity and acceptance of the available services remain the issues of present concern. Several correlates such as media exposures, information, religion, social values, norms, cultures etc. have a great impact on the utilization and acceptance of the contraceptive services [1].

Despite the massive provision of contraceptive services, the utilization rate among the beneficiaries is still low [2, 3]. Annual report reveals that Contraceptive Prevalence Rate (CPR) for modern methods has decreased from 45 percent in Fiscal Year (FY) 2069/70 to 44.91 percent in FY 2070/71 [3]. This indicates the drop-out rate in the program which needs to be addressed to improve the CPR level in future. This study explores the consequences and availability of the female temporary contraceptive.

Case Presentation

Thirty five years old woman in Kapilvastu district of Nepal with low socio-economic status was using temporary contraceptive Depo-Provera for the last five years after she gave birth to her first child. She had got side effects of weight gaining. She was 45 Kg before using the contraceptive and she became 75 Kg within five years. She used Depo-Provera to prevent unwanted pregnancy; unfortunately she gained unwanted weight over the period. She also suffers from irregular and painful menstruation with excessive bleeding. Now she is facing the problem of mobility due to obesity. She planned to shift the other methods of contraception but due to the unavailability at the local health center and lack of support from the family she compelled to use it. Due to the fear of family members she used to keep the record card in the health post only. Religion is the main barrier for the use of contraception. Lack of family support and unavailability of other devices in the centers she did not have chance to choice another one

and complain about the device.

Discussion

Global family planning programs have been in existence in the developing world for several decades and are primarily designed to supply couples with the methods of family planning that best suits their needs [4]. Family planning is the key to the reduction of maternal mortality, not only in terms of the prevention of unwanted pregnancies and unsafe abortions, but also through its effect on the composition of childbearing [5]. Measuring the level of awareness of contraception provides a useful measure of the success of information, education and communication activities and help to identify the areas that need to be strengthened [6].

Side effects of contraceptives were reported by the 47.2% subjects who are lower than the study of New Era, 2002 [7] which were 70 percent. In the United States two out of three (64%) women stopped taking the Pill because of side effects that they attributed to the Pill and 13% stopped because they were worried about side effects. About 11% ceased because of menstrual bleeding disturbance, 10% stopped because they got pregnant and 10% considered the Pill too difficult to remember every day. Larsson et al. 1997 reported that 19% at the age of 29 years used an Intra-Uterine Contraceptive Device (IUCD). The IUCD is used by 14% and most common in Asia and the third most widely used contraceptive method in the world is the Pill with 9% of women aged 15 to 49. The male condom is ranked fourth among modern contraceptive methods. With increasing age, women in Sweden tend to shift to IUCD used [8]. There is a shift in the use of modern methods which may be a reflection of the recent shift in emphasis in the Family planning program in Nepal encouraging the use of long-term temporary methods [9]. In the study of New Era 2002, [7] different side effects are highlighted for the reason of discontinuation. Inconvenience was reported 3.93 % which was consistent with the current study done by Brown et al [10].

They were also similar to another study of New Era, [11] and the

study of Ghana women, Pakistan women, Colombia women, women of Egypt, Cameroon are also identified similar reason or factors for the discontinuation of temporary contraceptive method [12]. A similar study done in Western Development Region of Nepal showed that most of the respondent used contraceptive devices- Depo-Provera and Pills in comparison to other devices [13]. Likewise in a colony of Delhi the most preferred method of contraceptive methods was condom while IUCD was least preferred [14].

Conclusions

Temporary contraceptive methods play a crucial role in avoiding unwanted pregnancy and limiting birth. Beside these roles, there are different side effects associated with. There is a need of proper promotion and follow up on as well as information on contraceptives focusing particularly on its side effects. Availability of all the devices from grass root level, awareness on side effects and proper counseling is necessary.

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