

CONTRACEPTIVE PRACTICE – A FIVE-YEAR REVIEW OF FAMILY PLANNING CLINIC, HAYAT SHAHEED TEACHING HOSPITAL

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SUMMARY

Five year data of the Family Planning Clinic, Hayat Shaheed Teaching Hospital was reviewed from January 1988 to December 1992. The study showed that contraceptive surgery was the most preferred method following in order by oral contraceptive pills, contraceptive injections, intra-uterine contraceptive devices and condoms.

INTRODUCTION

Human fertility can be measured by general fertility rate that is the number of births per year per 1000 women of child bearing age. Age specific fertility rate is the number of births during a year occurring to women of a specified age group per 1000 women of that age range. Total fertility rate is the average size of a completed family. Contraceptive effectiveness can be measured by means of the pearl index which expresses failures in terms of the number of pregnancies per 100 women year of exposure.^{1,7}

The contraceptive methods available include: (i) Steroidal contraception, that is estrogen and progestogen in combination, as monophasic and phasic pills or progestogen alone as progestogen pill, depot injections and implants. (ii) Intrauterine contraceptive devices either as inert or medicated devices. (iii) Barrier contraception, which are condom, diaphragm, cervical cap, foam, gel etc. (iv) Safe period methods. (v) Male and female sterilisation which is the permanent method of contraception.

MATERIAL AND METHODS

From January 1988 till December 1992, different methods of contraception utilized

by the patients were assessed. The family planning team in the hospital comprises doctors and health visitors. The health visitors make the people aware of different methods of family planning available and to promote them to use the method most suitable for them and to help the doctors with their work. There are also extension teams whose job is to arrange laparoscopic sterilization camps at places outside the hospital for people who live far away from the hospital. The number of laparoscopic sterilizations done by extension team are included in total laparoscopic sterilizations. Contraceptive surgery includes laparoscopic sterilisations, sterilisation done with Caesarean section, minilaparotomies and sterilisation done at any other laparotomy.

The number of oral contraceptive pills does not imply the number of patients as at times a single patient may take six months supply at one time, so it means the number of packets of pills used. Similarly condoms and injections do not reflect the number of patients but the number of items used. The only intrauterine devices available with the family planning clinic are the lippes loop and Cu T 380.

TABLE-I
YEARWISE DATA OF THE CONTRACEPTIVE METHODS USE

S. No.	Year	Contra- ceptive Sugery	Injectable Contracep- tive	I.U.C.D.	Oral pils	Condoms	Foam, Gel.
1.	1988	1200	789	502	987	632	52
2.	1989	1454	582	567	655	646	72
3.	1990	1061	563	536	469	108	60
4.	1991	1212	512	351	659	350	25
5.	1992	1790	534	369	461	238	0

RESULTS

Over five years 6710 contraceptive surgical procedures were performed. This included both indoor surgery and surgery by extension group. In 2980 females injectable contraceptives were used. Both Depot provera and Noristerat were available with the centre and were equally used. 2325 intra uterine contraceptive devices were inserted, 3231 packets of oral contraceptive pills, 1974 packets of condom and 155 tubes of foam were utilised. The year wise data is given in Table-1.

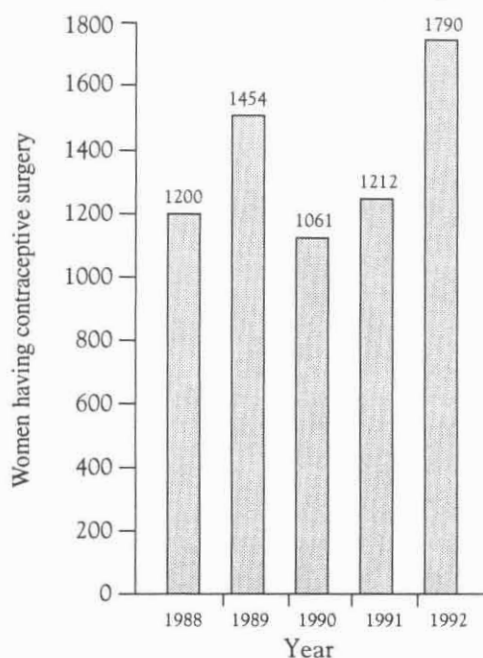
Five years use of each method is plotted graphically showing that contraceptive surgery is going up while the graph for the rest of the methods is either variable or going down proving that people prefer permanent sterilisation once their desired family size is achieved. There was no male sterilisation. (Graph I-VI)

DISCUSSION

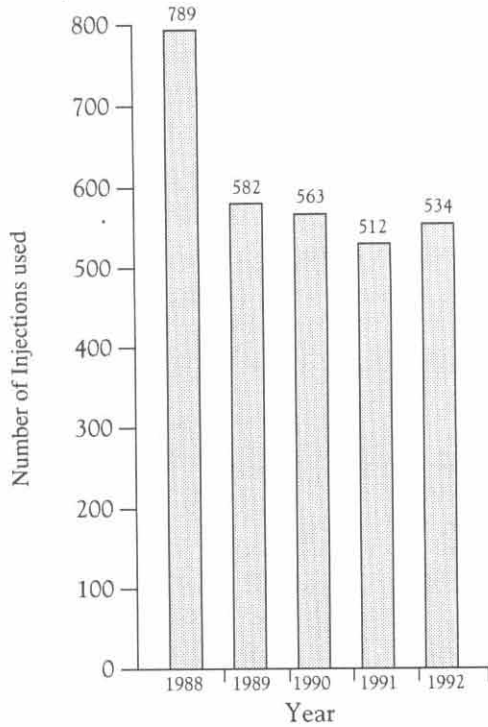
According to Pakistan demographic and health survey (PDHS 1990-91) the fertility rate in Pakistan has declined from 6.4 children in the early 1980s to 6.0 children in the mid 1980s to 5.4 children in late 1980s.⁹ This is due to rapid increase in the age of marriage from 17 to 21 years and a modest rise in contraceptive use. There is a wide disparity between women's knowledge and use of contraceptives in Pakistan.

While 78% of currently married women reported knowing at least one method of contraception, only 21 percent had ever used a method and only 12 percent were currently doing so. Three fourths of the current users were using a modern method and one fourth a traditional method. The two most commonly used methods were female sterilisation 4 percent and condom 3 percent which is in accordance with our study for sterilisation.⁹

Graph — I
CONTRACEPTIVE SURVERY

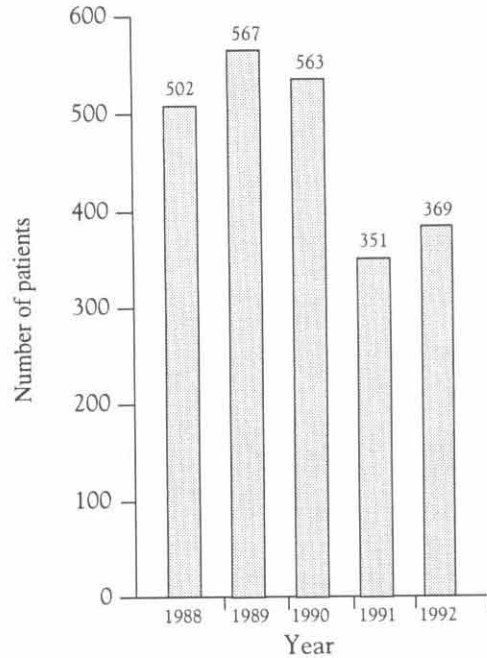


Graph — II
INJECTABLE CONTRACEPTIVE



World wide the history of birth control over 1960 and 1970s was dominated by the success story of oral contraceptive pill following the decline in use of barrier methods like condom, cap, diaphragm and spermicides.⁴ The preference was clearly for method which offered a high measure of protection against unwanted pregnancy but more recently the pill has been losing ground to other methods of contraception. This followed the publicity in 1977 that long term use of oral contraceptives was responsible for increased risk of cardiovascular disease.⁵ Though with the introduction of low dose pill the method regained some popularity in early 1980s. Reports in the literature associating the pill with an increased risk of breast and cervical cancer reinforced the downward trend.^{6,10} A recent report³ enumerates benefits of contraceptive pills rather than disadvantages which are always given full publicity. Similar has been the case with contraceptive devices,

Graph — III
INTRA UTERINE CONTRACEPTIVE DEVICE

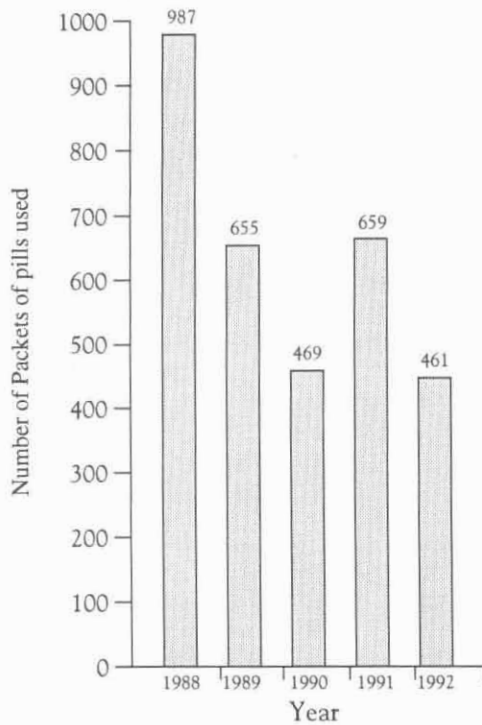


the use of which has fallen since 1979 following the reports linking pelvic infection with this method.

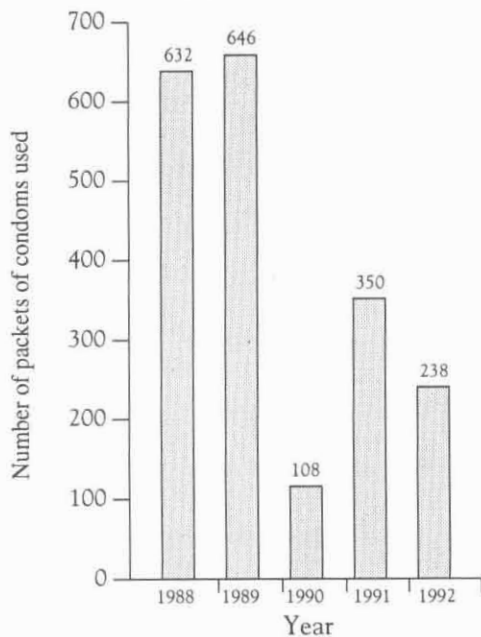
The growing fear of sexually transmitted diseases especially AIDS has again increased the use of condoms and other barrier methods of contraception. There are women who neither want to use oral contraceptive pill nor barrier methods, nor they want to give up the security of a highly effective method, these are the couples who are moving towards sterilisation.

The trends in Pakistan are different. The resources here are limited and education level especially of females is low: 79 percent of women have had no education. Family size is large with a single person responsible for earning. Perinatal and infant mortality rates are high. Inadequate nutrition is a serious problem resulting in stunting of growth of 50 percent of children under the age of 5. In spite of all the above factors the population is growing.¹ Accord-

Graph — IV
ORAL CONTRACEPTIVE PILLS



Graph — V
CONDOMS



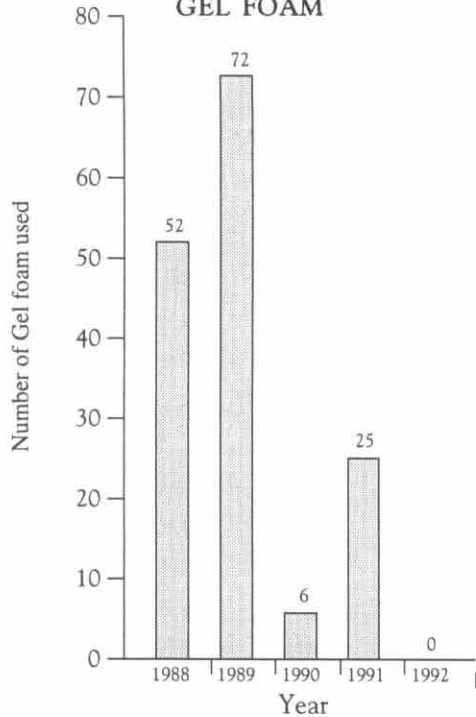
ing to a survey conducted by Agha Khan University students, the population in Pakistan is growing at a rate of 3.1 percent and by the end of the century it will exceed 115 million.⁸ Though the government is trying to provide antenatal care to pregnant mothers, immunisation services for children and family planning service to stop or to space children but there is a big gap to be fulfilled. According the PDHS survey about 25 percent of the currently married women are in need of family planning to stop children and another 12 percent are in need of family planning for child spacing, a total of 73 percent compared to only 12 percent of women who are currently using contraception.⁹ In Pakistan breast feeding has an important place to provide immunisation to children and for birth spacing but the easy availability of milk formulas and a trend to follow the west has effected this method. The current policy of the government to stop the commercials of formula milk and to encourage the breast feeding is an important step to promote family health.

In our society men have an important place in the family and their decisions are usually given more weight, but it has been observed that husbands are not included where family planning is concerned. It is important that husbands should be motivated and included in the family planning education.

There are certain limitations to this study. The data presented here is based on a tertiary referral hospital family planning clinic. Where as facilities for contraceptive surgery are confined to a few selected centres like this, other modes of contraception are freely available everywhere. This data may not necessarily reflect the trends in general practice.

To conclude, five years data from the Family Planning Clinic, Hayat Shaheed Teaching Hospital has been reviewed; trends in various methods have been highlighted

Graph — VI
GEL FOAM



and some suggestions have been put forward to improve the family planning practice in Pakistan.

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