Hormonal Contraception in Nepal: A Necessary Enquiry

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Abstract

In recent years, Americans have begun to use Depo only through prescription. Women's organizations and pro-feminist groups have developed a positive attitude towards its use in recent years. They regard Depo as one of the more convenient contraceptive methods; in contrast, oral contraceptive pills are highly used in America. There is a need of study intends to explore the socioeconomic status, uses of female hormonal contraceptives and adverse health effects (including warnings and side effects) of hormone among female. Similarly, norplant and pills are in worldwide use, which have several health effects but to the best knowledge of the researcher, has not been studied in Nepal. So, there is an urgent need of a study focusing mainly on the rising warning effects and side effects due to hormones used by female, in relation to health effects.

Introduction

In Nepal, studies have shown that education is one of the major socioeconomic factors that influence a person’s behaviour and attitudes. In general, the higher the level of education of a woman, the more knowledgeable she is about the use of health facilities, family planning methods, and the health of her children [1]. More than one in two women between the ages of 15-49 have never been to school (nearly 53%), 12 percent have only some primary education, 5 percent have completed primary, 21 percent have only some secondary education, and less than 10 percent have completed secondary or higher level of education. The level of education and economic status are directly associated with exposure to the specific health programs. Respondents who are highly educated and come from wealthier households are more likely to have heard or seen these programs [1]. The relationship between occupation and age is mixed. One notable finding is the relatively high percentage of women (10 percent) between the ages of 25 to 29, employed in sales and services, and men (10 percent) of ages 25-29 engaged in professional, technical and managerial occupations. Place of residence has a significant effect on the type of occupation. As expected, a high proportion of respondents in rural areas, nine in ten employed women and six in ten employed men, are engaged in agricultural work. Overall, 90 percent of pregnancies result in a live birth and 10 percent end as non-live births. Women are more likely to report abortions as spontaneous (5 percent) than they are to report them as induced (2 percent). Two percent of births are reported as stillbirths. There is some variation in pregnancy outcomes across age groups and non live births generally increasing with age. Childbearing begins early in Nepal. The median age at first birth is 19.6 years for the younger cohort (ages 25-29) of women for whom a median age can be computed and varies between 19.9 and 20.1 years among the older cohorts. Almost one-quarter of Nepalese women have given birth before reaching age 18, while over half have had a birth by age 20. The median age at first birth is about 20 years across all age cohorts, indicating virtually no change in the age at first birth. Half of the women have given birth by age 20 and almost 90 percent have given birth by age 25 [1]. Health effects of contraceptives found to be less in Nepal. Bhattrai et al reported that irregular menstrual cycle 54.68 percent, weakness 25.18 percent, headache 8.63 percent and remaining 9.11 were other effects in the use of overall female hormonal contraceptive in Jhojhikatiya of Dhanusa district [2]. The major factor about discontinuation of Depo appears to be the side effects. Majority of acceptors of Depo discontinue it because of side effects immediately after taking the first dose [3]. Female sterilization and injectable contraceptives are the most popular methods among all women who have less than an SLC level of education. In general, as women’s level of education increases they are more likely to use modern spacing methods, especially condoms. There is a direct association between use of modern family planning methods and the number of children women have, except among women with five or more children. Only 7 percent of women with no living children use modern contraception; the percentage increases to 60 percent among women with three to four children and falls to 46 percent among women with five or more children [1]. Trends in current use of family planning can be used to monitor the success of family planning programs over time. The trend in modern contraceptive use among currently married women from 1996 to 2006, data from

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three DHS surveys conducted in Nepal over the last decade show an impressive increase in the use of modern contraceptives. Comparison of the data from the DHS surveys in Nepal over the last ten years shows that current use of modern contraception has increased from 26 percent in 1996 to 44 percent in 2006, a 70 percent increase over the decade. The increase in the use of modern contraceptive methods is mainly due to increased use of female sterilization, the pill, condoms, and injectables. Use of injectables more than doubled while use of female sterilization increased by 49 percent over the last ten years [1]. In terms of specific modern family planning methods, the percentage of current use accounted for by female and male sterilization together has declined over the last decade. The share of female sterilization decreased from 47 percent of modern methods in 1996 to 41 percent in 2006, while the share of male sterilization declined from 21 percent to 14 percent over the same period. On the other hand, the share of temporary methods rose from 33 percent to 45 percent over the same period, an indication that more women are using contraception to space rather than limit births. Twelve percent of all women first used a method of family planning when they had four or more children. Only 6 percent of all women first used at the time they had no children, and 14 percent first used after the birth of their first child. An understanding of the reasons women give for not using family planning methods is critical to designing programs that could improve the quality of services. Nearly two-thirds of women do not intend to use contraception in the future because of fertility-related reasons. Most of these women (38 percent) report themselves to be subfecund or infecund. Twelve percent of women do not intend to use because of opposition to use, with most of them citing religious opposition as a reason for non-use. Eighteen percent of women cited method-related reasons for non-use, the most important of these being fear of side effects (10 percent). Women age 15-29 are most likely to cite opposition to use (57 percent), with religious opposition being the primary reason (44 percent). Nineteen percent of young women also mentioned method-related reasons; primarily fear of side effects (13 percent), as major reason for non-use in the future [1]. On the other hand, 72 percent of women age 30-49 cited fertility-related reasons for non-use in the future, with 42 percent reporting themselves as subfecund or infecund. Eighteen percent of women in this age group also cited method-related reasons and a fear of side effects (10 percent), as a major reason for non-use in future [1].

There are different methods of modern female temporary hormonal contraception. Here Depo is found highly used in the national health report as between 70-73 percent in all three years 2005/06, 2006/07 and 2007/08. The highest percent of depo used is also proved by NDHS 2006 of Nepal which is found 66.9 percent. Likewise, family planning pills ranks second, in those years pills user were around 25 percent. In this period, Norplant user ranked third, which was nearly 4 percent in every year. The Nepal government has developed the clinical protocol for reproductive health which mentions the warning signs and side effects of different female family planning used in modern hormonal contraceptive methods. At present female hormonal methods are available worldwide. In Nepal, injectable hormones, oral pills hormone and implant hormones are in practice. So far, a study has not yet been done about those effects among women who have been using such hormonal contraceptive from the government service in Pokhara city. All health facilities of government including several NGOs and medical shops are providing such female contraceptive methods, with or without prescriptions. The most widely known method of modern contraceptive usage among currently married women are injectables 99 percent, contraceptive pills is known by 95 percent and 84 percent married women know of implants. 31 percent of married women currently would prefer to use injectables [1]. In recent years, Americans have begun to use Depo only through prescription. Women’s organizations and pro-feminist groups have developed a positive attitude towards its use in recent years. They regard Depo as one of the more convenient contraceptive methods; in contrast, oral contraceptive pills are highly used in America. There is a need of study intends to explore the socioeconomic status, uses of female hormonal contraceptives and adverse health effects (including warnings and side effects) of hormone among female. Similarly, norplant and pills are in worldwide use, which have several health effects but to the best knowledge of the researcher, has not been studied in Nepal. So, there is an urgent need of a scientifically designed study focusing mainly on the rising warning effects and side effects due to hormones used by female, in relation to health effects [4-7]. What would be the level of use and the health effects of those contraceptives in Pokhara city? Such studies with a larger sample size to represent the population so far known have not been done in this regard. The study should explore such questions as

1. What are the demographic characteristics of the women who used modern temporary hormonal contraceptive?
2. What is the occupation of the women using those hormones?
3. What is the education level of the women who are adopting hormones?
4. What is the income level of her family using the hormones?
5. What is the health effect of those women who are using the modern method of female temporary family planning hormonal contraceptive?

Conclusion

Couples of fertile age in those days are in search of family planning contraceptives. It increases as the rate of literacy goes up. Males have only one method of temporary method, they have no options but women have more choices about modern temporary contraceptive methods. In Nepal, four female modern contraceptive methods are being used, and they are included in the regular health service and are provided free of cost in government organizations. It is already mentioned that those methods are not free of adverse health effects. The usage patterns and any adverse health effects arising from the usage of these common contraceptive methods must be studied on a wider scale and scope in Nepal for any effective recommendations.

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