

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا
إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم

PSYCHOLOGICAL AND PSYCHIATRIC ASPECTS
OF CONTRACEPTION

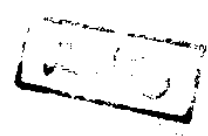
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THESIS

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INTRODUCTION

INTRODUCTION

Demographers, sociologists, economists and psychologists discussed fertility behaviour in developing and developed countries. In earlier researches, psychologists indicated little support for the influence of socio-psychological variables upon fertility behaviour and economic models. However, recent psychological approaches indicated a significant contribution to the understanding of the determinants of human fertility. Psychological aspects of infertility, sexual response and contraception could not be ignored. The emotional reactions of every partner and the society in general does affect the acceptance and the continuous use of contraception .

Several factors could be blamed as opposing reasonable contraception. Extreme poverty , traditional beliefs, ignorance of sex life, female passivity, impulsive or irrational tendencies and/or fear of change can contribute to the failure of contraception programs.

Psychological resistance to contraception need special studies in each community. Socio-cultural resistance includes ideas that contraception is unnatural, immoral, mutilating or too heavy a burden. Medical resistance, either realistic or not, includes fear of side effects such as infertility, pains and cosmetic drawbacks. Psychological resistance may originate from a

desire for pregnancy, fear of loss of femininity, the need for a child for status, creativity or to cement a marital relationship.

Contraceptive consultation is a serious effort, psychological costs of contraception could be minimized, false fears could be avoided and anxiety over contraception failure should be dealt with. Contraception programs should consider the unconscious natural need to have children and the cultural, ethnic and religious local values.

Different methods have been proposed to predict contraceptive behaviour. Good prediction will help in supplying the best service.

Local variables affecting the decision making should also be studied. The proper contraceptive method should be chosen according to these variables.

Contraceptive discontinuation is a common problem which could be partly controlled by considering its psychological causes.

Contraceptive usage is sometimes associated with psychological reactions. These might be non specific to any method such as a threat to harmony in family life, interference with natural sex life, or threats to moral

and religious beliefs.

Furthermore, each contraceptive method might have additional psychological reactions.

Management of pregnant women following contraceptive failure needs delicate approach. It is not without emotional and psychological reactions.

Pregnancy and childbirth in psychiatric patients is a serious matter. It might be the cause of rapid deterioration. Contraception should be considered for the sexually active psychiatric patients. This group of patients is increasing following advances in management of psychiatric patients especially after the adoption of the open-door policy in mental hospitals. Psychologists and psychiatrists are needed for co-operation in public contraception programs. They can help in planning for public propaganda and in understanding the psychology of misuse and rejection of contraceptives.

Drug interaction between various contraceptive methods and different psychiatric drugs needs to be clarified.

The present thesis will review all available literature dealing with the above-mentioned problems. Different opinions will be discussed. Recommendations for contraceptive practice in Egypt will be suggested and ideas for future research will be proposed.

AIM OF WORK

AIM OF THE STUDY

All previous reports investigating the psychogenic and psychiatric aspects of family planning will be studied and compared.

The effects of culture and social climate on the attitudes, ideas and feeling of individuals, medical and paramedical personnel will be presented.

The motives of the individual for requesting or refusing will be discussed. Alternative methods of contraception will be discussed suiting different psychiatric diseases.

The open door policy for contraception will be discussed.

Guiding for optional preparations of the community and individuals for contraception will be indicated. Recommendation for further study of psychological and psychiatric aspects of contraception in Egypt will be presented.

CHAPTER (1)

Socio-psychological Factors Affecting Fertility Behaviour:

- 1- Economic status.
- 2- Traditional values.
- 3- Behavioural process of individuals.
- 4- The effect of the extended family.
- 5- Education.
- 6- Employment.
- 7- Urbanization.

Socio-psychological Factors Affecting Fertility Behaviour Among Different Countries:-

- 1- Jamaica .
 - 2- North Africa and Portuguese immigrant families.
 - 3- Japan.
 - 4- India.
 - 5- Iran.
 - 6- Algeria.
 - 7- Swaziland.
 - 8- Sweden.
 - 9- Denmark.
 - 10- Ethiopia.
 - 11- Taiwan.
- Potential Factors Affecting Fertility in Egypt.

- Contraceptive Habits:

- . Effect of economic status, public information and education on contraceptive habits.
- . Effects of social development on contraceptive habits.
- . Effects of contraceptives on sexual life.
- . Effects of population growth on contraceptive habits.

SOCIO-PSYCHOLOGICAL FACTORS AFFECTING FERTILITY BEHAVIOUR

Fertility behaviour of any individual is affected by several factors. These factors are respected by the people and are difficult to change. One has to study these factors to understand the individual's attitude to contraception.

The main socio-psychological factors that affect fertility behaviour were discussed by several investigators.

Callan (1981) proposed a new approach to the understanding of fertility behaviour. Population psychology is a relatively new field, David et al.(1973) surveyed the psychological aspects of fertility regulating behaviour. Hoffman (1972) revealed the need for carefully selecting the psychological variables to avoid oversimplification of psychological concepts and to develop research within a theoretical frame work.

Whelpton et al.(1966)revealed low correlations between most psychological variables and fertility.Their attempts to predict family size intentions from social psychological variables proved unsuccessful.